VacCiencia

FINLAY EDICIONES

Boletín Científico

No. 3 (1-15 febrero/2026)

EN ESTE NÚMERO

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

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

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Oxford scientists aim to boost cancer vaccine discovery

Feb 1. The University of Oxford has launched the AI Cancer Scientist, a research project that will combine artificial intelligence (AI), automation, and supercomputing to transform the early-stage development of cancer vaccines.

"Oxford scientists are aiming to speed up cancer vaccine discovery using advanced technology."

Funded by the Advanced Research and Invention Agency (ARIA), the project aims to reshape the traditionally slow process.

Dr Lennard Lee, associate professor at the Centre for Immuno-Oncology and project lead, said: "As a doctor, I see every day how urgently patients need better options.

"As a scientist, I see how slow and fragmented discovery can be.

"This project brings those together by creating new ways to explore cancer biology at a pace and scale that have not been possible before.

"We have brought together our best scientists and leading minds, and by combining AI, automation, and deep biological expertise, we aim to focus discovery where it matters most for patients."

Current vaccine development typically takes 10 to 15 years due to the separation of hypothesis generation, experimentation, and data analysis.

The new approach will merge these steps into a single, continuous workflow using automated research pods.

The system will allow AI to generate and refine vaccine hypotheses, design and conduct immune-function experiments, analyse results, and improve vaccine targets and formulations.

By integrating modelling, experimentation, and computation into a closed loop, the team will assess whether AI Scientist approaches can deliver a step change in the speed and efficiency of translating cancer immunology into patient-ready vaccine candidates.

Cancer remains one of the world's leading causes of death, with millions diagnosed each year and many cancers still lacking effective, long-term treatments.

Although immunotherapies have improved outcomes for some patients, expanding their benefits will require a better understanding of immune responses across different cancer types.

Ant Rownstron, chief technology officer at ARIA, said: "We chose to support the AI Cancer Scientist because it tackles a genuinely hard scientific world-wide problem where speed and scale are part of the solution.

"Cancer vaccine discovery provides a demanding real-world test of whether integrated AI systems can reason, plan, and run experiments in ways that meaningfully change how science is done."

The project is part of ARIA's wider AI Scientist programme, a national effort to determine whether autonomous systems can perform the full scientific process under real-world conditions.

Insights from the work are expected to contribute to the UK's wider ambitions in AI-enabled scientific discovery.

Fuente: Oxford Mail. Disponible en https://n9.cl/2mw3wc

Lessons Learnt From COVID-19 Vaccine Hesitancy: The Role of Culturally Concordant Providers

Feb 1. Vaccine uptake during the pandemic had varied widely within the US with the lowest rates of vaccine uptake in predominantly southern states. While vaccine hesitancy is prevalent in the public, higher rates of vaccine hesitancy are seen among African Americans and Hispanics. The discrepant vaccine hesitancy is salient since minorities have been particularly hit hard by the pandemic with disproportionately higher rates of infection and morbidity. Recent data show disparities in vaccination rates among minorities in some parts of the US showing White residents to be twice as likely to receive the COVID-19 vaccine compared to their Black counterparts. This perspective discusses factors related to higher vaccine hesitancy among minorities and outlines the experience of a culturally concordant physician champion improving vaccine uptake at an academic medical center. Lessons from the last pandemic might help us better prepare for future ones and cope with a changing landscape that fosters political influence on vaccine uptake. Based on the lessons, we propose a new model for vaccine hesitancy, the 6C model.

COVID-19 vaccine development has been a great success story of our times. Operation Warp Speed had invested Billions of dollars towards the efforts on vaccine development in an unprecedented public-private partnership. Pfizer/BioNTech was the first vaccine to obtain emergency use authorization (EUA) in the UK and the US. This is quite a triumph, to develop, test, and get FDA approvals within 10 months of the pandemic, a process that would have taken more than a decade under usual circumstances. Moderna was the second vaccine to receive EUA, followed by the single-dose Janssen vaccine. However, there have been significant challenges in distribution and mass vaccination with widespread variation between different countries and ethnicities. As of May 21, 2021, 127 million Americans have been fully vaccinated, amounting to 39% of the US population. In contrast, only 4.9% of the world population is fully vaccinated. Within the US, there is wide variation as well with states in the North East, such as Maine, have over half the population fully vaccinated, whereas the southern states, such as Mississippi, have just over a quarter of the population fully vaccinated. Some of these variations could be explained by the demographic and ethnic composition of the states.

While the COVID vaccines were being developed, there was mixed support in the public for the same. A survey of over 1000 US adults showed that only 49% were willing to take a vaccine developed for COVID, much less than the 70% needed for achieving herd immunity. Interestingly, in the same survey, while 20% said that they would not take the vaccine, the other 30% were unsure. These middle 30% could potentially be persuaded by messaging either from science or anti-vaccine activists. As the COVID vaccines became available for the public, vaccine hesitancy and refusal loomed as major problems as anti-vaccine activists gained traction. Vaccine hesitancy is defined as the delay or refusal to be vaccinated despite its availability. This complex issue is both context and culture-specific. Vaccine use behavior is well described by the 5C model. The 5C model uses the health behavior model and the theory of planned behavior to break down vaccine hesitancy into distinct categories of a) complacency, b) convenience, c) confidence, d) calculation (risk vs. benefit), and e) collective responsibility.

Vaccine hesitancy in the war against COVID-19

If the development of the vaccines was a monumental task, getting them into the arms of a critical mass of people to generate herd immunity was an equally challenging task. The World Health Organization describes vaccine hesitancy as one of the top health threats globally. Vaccine hesitancy preceded the COVID-19 pandemic in the US and is on the rise during the pandemic, fueled by myths and misconceptions, conspiracy theories, and statements from antivax groups. Two recent studies of nationally representative samples found the vaccine hesitancy for COVID vaccines ranging from 22-25% in the US. Even more alarmingly, another study (N=1878) found that there was a high prevalence of vaccine hesitancy in African Americans, Hispanics, those with children at home, individuals with lower education and incomes, and those residing in rural areas.

This is salient since minorities have been particularly hit hard by the pandemic with disproportionately higher rates of infection and morbidity. Yet, it has been found that minorities are especially concerned about being made “guinea pigs,” and have lower levels of trust in the Government compared to their White counterparts due to prior and ongoing experiences. Disparities in vaccination rates among minorities have also begun to increase, with data in Michigan showing that White residents are twice as likely to receive the COVID-19 vaccine compared to their Black counterparts. Areas such as Detroit and Genesee County, which have some of the highest populations of African Americans in Michigan, have some of the lowest vaccination rates in the state. The concept of “Black Immunity” for COVID-19 has been reported early in the pandemic and may be shifting with the increase in numbers among the minorities. Overcoming vaccine hesitancy, particularly among minorities, is critical, as it was estimated that at least 70% of the US population needs to be vaccinated with the COVID-19 vaccine to achieve herd immunity.

Factors related to higher vaccine hesitancy among minorities

Higher rates of vaccine hesitancy among minorities are multifactorial including lower access and interaction with healthcare professionals, historical biomedical and healthcare-related mistrust, lower participation of minorities in clinical trials, and cost-related concerns. Our recent collective effort to reckon the systemic racism in US healthcare has unfortunately picked fresh the wounds dating back to the Tuskegee and the Henrietta Lacks experiences, further alienating minorities. Another important factor that leads to vaccine hesitancy is the low levels of community engagement seen in the COVID-19 vaccine development. Politicization of pandemic response has further diminished trust in the COVID-19 vaccine.

Vaccine hesitancy may be reduced by educating the general population and the populations with vaccine hesitancy, investing in building trust, increasing transparency in Government contracts, establishing contracts with minority-based businesses, and engaging a nongovernmental “honest broker” organization to monitor vaccine access. We posit that all factors in the 5C model are either influenced by or need to be informed by cultural sensitivity to bridge the chasm of vaccine hesitancy among minorities. One such important factor in patient acceptance of a vaccine intervention is providing unequivocal recommendation(s) from a culturally concordant healthcare provider. Hence, we discuss the role of a culturally concordant healthcare provider in improving vaccine uptake among minorities.

Lessons learned at an academic center in vaccine study and reducing hesitancy

Our site participated in one of the COVID vaccine clinical trials as part of the Department of Veterans Affairs' involvement in Operation Warp Speed. Unprecedented administrative, regulatory, and Public Affairs Service support was offered to our team. Our hospital made an entire unit available for the clinical trial, multiple personnel were hired, and others reassigned to the study. Ad-hoc regulatory meetings were conducted to fast-track approvals, incredible support was extended from the Central Office, and significant safety enhancements were quickly accomplished in pharmacy, laboratory, and testing rooms. It truly started at a warp speed. Several tools were made available for recruitment, including traditional tools such as flyers and database queries from a group of participants who had provided consent to be contacted for future studies. Non-traditional recruitment tools, such as the Office of Public Affairs sending out public safety announcements and the Volunteer Service putting together a care package for study participants, were also used. Despite the sponsor cutting back recruitment goals and one of the study team members contracting COVID-19, recruitment was highly successful with a culturally concordant provider as the driver of recruitment.

Culturally concordant physician champion breaks barriers

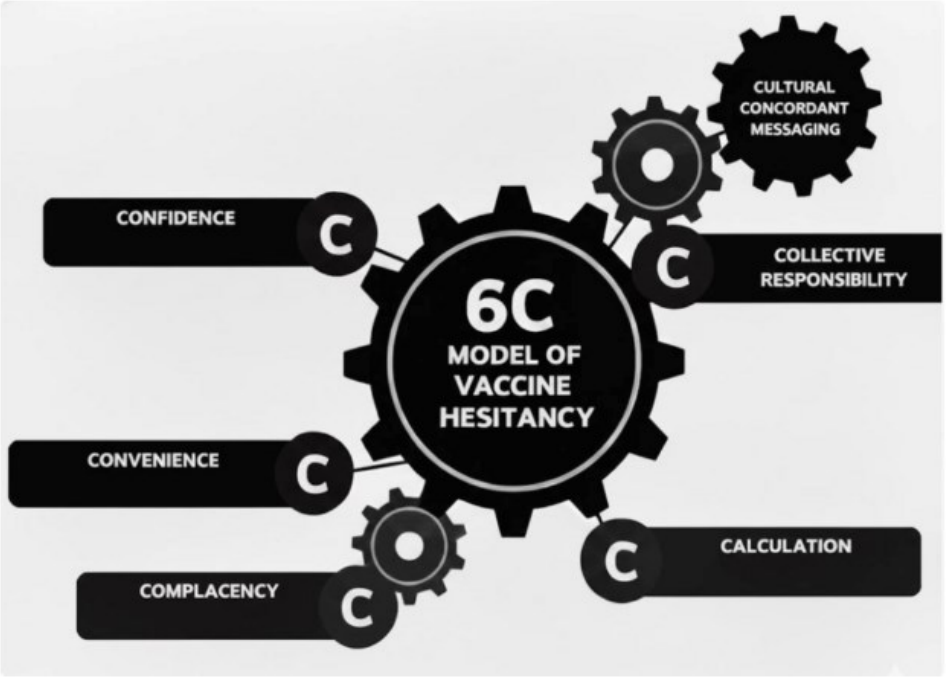
A registry of persons interested in participation in a COVID-19 vaccine trial was the first source of recruitment, followed by outreach and education by physician champions. The registry had 11.5% minorities and 30% women. Overall success in recruiting from the registry was 4.5% of the participants contacted. Two physician champions accounted for over half of the recruitment, and their success in recruitment was up to 14.3% of the participants contacted. Overall, 12.5% of minority recruitment was from the registry and self-referral each, while the physician champions accounted for 75% of the minority recruitment. A culturally concordant physician was over 17 times more successful in minority recruitment than another physician champion (14.3% vs. 0.8%), finally accounting for 62.5% of the minorities recruited in the study.

Final considerations

While COVID-19 vaccines were developed at a Warp speed, uptake varied widely based on geography and ethnicity. Vaccine hesitancy was disproportionately high among minorities reflecting in lower vaccination rates. One of the factors for higher vaccine hesitancy among minorities is their underrepresentation in clinical trials. The COVID-19 vaccine trials were no exception, with 10% Black and 13% Latinx in the Pfizer/BioNTech study. The database provided by a reputable national recruitment site only had 11.5% of minorities, although oversampling was employed to obtain a better representation of minorities.

Although investigators from minority backgrounds are underrepresented in biomedical research, in our experience, they have a lot of sway in improving minority participation. We posit that all factors in the 5C model of vaccine hesitancy are either influenced by or need to be informed by cultural sensitivity to bridge the chasm of vaccine hesitancy among minorities. We propose a 6C model of vaccine hesitancy with culturally concordant messaging at the top guiding all interventions.

Culturally concordant messaging includes the use of down-to-earth language, strategic self-disclosure, use of open-ended questions, emphasizing safety of the family, and staying away from political discussions and scare tactics.



6C model of vaccine hesitancy.

These strategies were used successfully by the physician champions, resulting in higher rates of minority participation at our site. It was evident that the participants banked heavily on the pre-existing trust in the relationship with a culturally concordant provider, as many said, “I’m here because Dr. M told me about this and she would not have told me this, if it were not good for me”.

Albeit from a single site, our experience emphasizes the need for culturally concordant physicians and healthcare providers in improving COVID-19 vaccine uptake among minorities. There have been a lot of creative ways to improve vaccine uptake, including the $1 million lottery offered in the state of Portland, employers providing incentives (both monetary and non-monetary) for vaccination, and celebrities endorsing vaccination. Adding the voice of a culturally concordant physician to these efforts has the potential to further improve vaccine uptake.

Lessons from this report are particularly relevant today as the Centers for Disease Control and Prevention (CDC) recently cut the number of recommended childhood vaccines from 17 to 11 and placed some well-accepted vaccines under “Shared Decision Making” rubric. Having trusting relationships with providers is critical in arriving at medically appropriate decisions. It’s never been more urgent to have culturally concordant physicians at the discussion table.

Fuente: Cureus. Disponible en https://n9.cl/fxrma

La OMS advierte: los recortes de financiación ponen "en riesgo" los sistemas sanitarios globales

Feb 2. La Organización Mundial de la Salud (OMS) advirtió este lunes que los recortes en la ayuda internacional y las persistentes brechas de financiación están socavando el sistema sanitario mundial. Esto ocurre en un momento en que aumentan los riesgos de pandemias, las infecciones farmacorresistentes y la fragilidad de los servicios de salud, declaró el director general de la agencia de la ONU.

Dirigiéndose a la Junta Ejecutiva de la OMS en Ginebra, Tedros Adhanom Ghebreyesus subrayó el impacto de las reducciones de personal el año pasado debido a "recortes significativos en nuestra financiación", que han tenido graves consecuencias.

"Los recortes repentinos y severos a la ayuda bilateral también han causado enormes perturbaciones en los sistemas y servicios de salud en muchos países", dijo a ministros de salud y diplomáticos, describiendo 2025 como "uno de los años más difíciles" en la historia de la agencia.

Aunque la OMS logró mantener en funcionamiento su trabajo para salvar vidas, Tedros afirmó que la crisis de financiación expuso vulnerabilidades más profundas en la gobernanza sanitaria mundial, particularmente en países de ingresos bajos y medios que luchan por mantener servicios esenciales.

Altos riesgos

La crisis de financiación es parte de un repliegue más amplio de la financiación internacional para la salud, lo que obliga a los países a tomar decisiones difíciles, añadió.

"En respuesta a los recortes de fondos, la Organización Mundial de la Salud está apoyando a muchos países para sostener servicios de salud esenciales y hacer la transición de la dependencia de la ayuda hacia la autosuficiencia", dijo Tedros, señalando la movilización de recursos internos –incluyendo impuestos más altos al tabaco, el alcohol y las bebidas azucaradas– como una estrategia clave.

Sin embargo, la escala de las necesidades no cubiertas sigue siendo enorme. Según la OMS, 4600 millones de personas aún carecen de acceso a servicios de salud esenciales, mientras que 2100 millones enfrentan dificultades financieras debido a los costos sanitarios. Al mismo tiempo, el mundo enfrenta una escasez proyectada de 11 millones de trabajadores de la salud para 2030, más de la mitad de ellos enfermeras.

Una crisis más profunda evitada

Tedros dijo que la OMS ha evitado una crisis financiera más grave solo porque los Estados Miembros acordaron aumentar sus contribuciones obligatorias, reduciendo la dependencia de la agencia de los fondos voluntarios asignados.

"Si no hubieran aprobado el aumento de las contribuciones obligatorias, estaríamos en una situación mucho peor de la que estamos", dijo a la Junta.

Gracias a esas reformas, la OMS ha movilizado alrededor del 85% de los recursos necesarios para su presupuesto básico para 2026-27. Pero Tedros advirtió que será "difícil movilizar" el 15% restante, especialmente en un entorno global de financiación complicado.

Aunque el 85% suena bien, el entorno es muy difícil", dijo, advirtiendo sobre "bolsas de pobreza" en áreas prioritarias con fondos insuficientes, como la preparación para emergencias, la resistencia a los antimicrobianos y la resiliencia climática.

Se han logrado avances

A pesar del clima financiero, se han logrado avances notables en los últimos meses.

Tedros destacó la adopción el año pasado del Acuerdo sobre Pandemias y de las Enmiendas al Reglamento Sanitario Internacional (RSI), destinadas a fortalecer la preparación tras la COVID-19.

La OMS también amplió la vigilancia de enfermedades, implementó sistemas de inteligencia

epidémica impulsados por inteligencia artificial (IA) y apoyó a los países en la respuesta a cientos de emergencias sanitarias en 2025, muchas de las cuales nunca llegaron a la atención pública porque los brotes se contuvieron a tiempo.

Sin embargo, una de cada seis infecciones bacterianas en el mundo ya es resistente a los antibióticos, dijo Tedros, describiendo la tendencia como preocupante y acelerada en algunas regiones.

'La solidaridad es la mejor inmunidad'

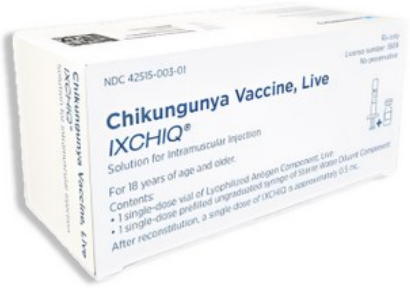
"La pandemia nos enseñó muchas lecciones a todos, especialmente que las amenazas globales exigen una respuesta global", afirmó Tedros. "La solidaridad es la mejor inmunidad".

Advirtió que sin una financiación predecible y suficiente, el mundo corre el riesgo de estar menos preparado para la próxima emergencia sanitaria.

"Esta es su OMS", concluyó Tedros dirigiéndose a la Junta. "Su fuerza es su unidad. Su futuro es su elección".

Fuente: Noticias ONU. Disponible en https://n9.cl/mnk1g

Valneva and Instituto Butantan Announce Initiation of a Pilot Vaccination Campaign in Brazil with Single-Shot Chikungunya Vaccine IXCHIQ®



Feb 3. Valneva SE (Nasdaq: VALN; Euronext Paris: VLA), a specialty vaccine company and Instituto Butantan, one of the world's largest biomedical research centers, today announced the initiation of a Pilot Vaccination Strategy (PVS) in Brazil using Valneva's single-shot chikungunya vaccine, IXCHIQ®. The pilot vaccination program will serve as the basis for post-marketing commitment studies evaluating the effectiveness and safety of IXCHIQ® in a real-world setting and generating real-world evidence in a large population.

The PVS, agreed between the Brazilian Ministry of Health (MoH) and Instituto Butantan, will be implemented in ten Brazilian municipalities strategically selected based on epidemiological and operational criteria in support of the PVS. In line with the current IXCHIQ® label in Brazil, adults aged 18 to 59 years will be invited to participate, with the objective of achieving 20% to 40% vaccine coverage within the target population. Valneva, through its partner Instituto Butantan, will donate up to 500,000 doses of IXCHIQ® to the Brazilian MoH, for use in the program. IXCHIQ® was granted marketing approval in Brazil in individuals 18 years of age and older by the Brazilian Health Regulatory Agency (ANVISA) in April 2025, marking the world's first approval of a chikungunya vaccine in an endemic country.

Juan Carlos Jaramillo M.D., Chief Medical Officer of Valneva, said, "Contributing to this large-scale pilot vaccination strategy underscores our continued commitment to supporting global preparedness

against the growing threat of chikungunya. With IXCHIQ® already available in several markets, generating robust real-world data in regions with active CHIKV transmission remains critical. This program is expected to provide additional evidence of the vaccine's performance and further reinforce its public health value."

Esper Kallas M.D., Ph.D., Director, Instituto Butantan, outlined the path towards the PVS, stating: "This program stems from a deeply rigorous scientific collaboration between Valneva, Instituto Butantan, and leading arbovirus experts. Through continuous engagement with the Ministry of Health, regional health secretaries, and ANVISA, I am confident that we have built a program that is both robust and regulatory-compliant. These combined efforts are expected to enable timely access to vaccination and reduce the significant public health burden posed by this arboviral disease."

The World Health Organization has called for urgent action to prevent a potential major chikungunya epidemic from sweeping the globe. So far, Brazil has reported the highest number of chikungunya cases worldwide, with over one million cases between January 2019 and July 2024, including 263,502 cases in 2024 alone, which resulted in 246 deaths.

Valneva and Instituto Butantan signed an agreement in January 2021 for the technology transfer of Valneva's chikungunya vaccine to Instituto Butantan, which will develop, manufacture and commercialize the vaccine in Latin America. This collaboration falls within the framework of the funding agreement between Valneva and the Coalition for Epidemic Preparedness Innovations (CEPI), with support from the European Union.

About Chikungunya

Chikungunya virus (CHIKV) is a mosquito-borne viral disease spread by the bites of infected Aedes mosquitoes which causes fever, severe joint and muscle pain, headache, nausea, fatigue and rash. Joint pain is often debilitating and can persist for weeks to years. In 2004, the disease began to spread quickly, causing large-scale outbreaks around the world. Since the re-emergence of the virus, CHIKV has now been identified in over 110 countries in Asia, Africa, Europe and the Americas. Between 2013 and 2023, more than 3.7 million cases were reported in the Americas and the economic impact is considered to be significant. The medical and economic burden is expected to grow with climate change as the mosquito vectors that transmit the disease continue to spread geographically. As such, the World Health Organization (WHO) has highlighted chikungunya as a major public health problem.

About Valneva SE

We are a specialty vaccine company that develops, manufactures, and commercializes prophylactic vaccines for infectious diseases addressing unmet medical needs. We take a highly specialized and targeted approach, applying our deep expertise across multiple vaccine modalities, focused on providing either first-, best- or only-in-class vaccine solutions. We have a strong track record, having advanced multiple vaccines from early R&D to approvals, and currently market three proprietary travel vaccines. Revenues from our growing commercial business help fuel the continued advancement of our vaccine pipeline. This includes the only Lyme disease vaccine candidate in advanced clinical development, which is partnered with Pfizer, the world's most clinically advanced tetravalent Shigella vaccine candidate, as well as vaccine candidates against other global public health threats. More information is available at www.valneva.com.

About Instituto Butantan

Instituto Butantan is the main producer of immunobiological products and vaccines in Brazil. Instituto Butantan carries out scientific missions domestically and abroad through the Pan American Health Organization, the World Health Organization, UNICEF and the United Nations. The Institute collaborates with other agencies of the São Paulo State Secretariat of Health and the Brazilian Ministry of Health for the improvement of overall health in Brazil. It acts in partnership with various universities and entities such as the Bill & Melinda Gates Foundation for the achievement of its institutional objectives. For more information please visit the Institute website at www.butantan.gov.br.

About CEPI

CEPI was launched in 2017 as an innovative partnership between public, private, philanthropic and civil organizations. Its mission is to accelerate the development of vaccines and other biologic countermeasures against epidemic and pandemic disease threats and enable equitable access to them. CEPI has supported the development of more than 70 vaccine candidates or platform technologies against multiple known high-risk pathogens and is advancing the development of rapid response platforms for vaccines against a future Disease X. Central to CEPI's pandemic-beating five-year plan for 2022-2026 is the '100 Days Mission' to compress the time taken to develop safe, effective, globally accessible vaccines against new threats to just 100 days.

Fuente: BUSINESS INSIDER. Disponible en https://n9.cl/six3w

WHO's assessment shows improved flu vaccines could save up to 6 million lives

Feb 3. A new report from World Health Organization (WHO) estimates that broad use of improved seasonal influenza vaccines could prevent 6.6 to 18 billion additional influenza cases, 2.3 to 6.2 million deaths, and 21 to 57 million disability-adjusted life years (DALYs) globally between 2025 and 2050.

The Full Value of Improved Influenza Vaccine Assessment, published in January, evaluates the health, economic, and policy impacts of next-generation influenza vaccines and identify barriers to their uptake. More effective and long-lasting flu vaccines would be an economic boon for most WHO member states, the report said.

Cost savings for low- and middle-income countries

The analysis shows that overall, the market size for seasonal influenza vaccines is large and will remain so for the foreseeable future, which ensures the commercial viability of the vaccines. Moreover, seasonal flu vaccines can be cost-saving or cost-effective in many countries when priced appropriately.

> ***"These vaccines have the potential to reduce the global burden of influenza significantly."***

"By addressing key challenges in vaccine development, decision-making, market demand, health and economic impact, financial viability, and implementation, these vaccines have the potential to reduce

the global burden of influenza significantly and to improve health outcomes, particularly in low- and middle-income countries," the report said.

Fuente: CIDRAP. Disponible en https://n9.cl/tryvv

¿Cuáles son las nuevas dosis de vacunas actualizadas contra la COVID-19 para 2026?

"El Ministerio de Salud de Colombia dio a conocer las nuevas dosis de las vacunas contra la covid-19 que están disponibles en el país."

Feb 3. El Ministerio de Salud de Colombia anunció la disponibilidad en el país de nuevas dosis de vacunas contra la COVID-19, actualizadas para enfrentar las variantes más recientes del virus SARS-CoV-2.

La decisión fue plasmada en la Resolución 118 de 2026, que ajusta los lineamientos técnicos y operativos del Plan Nacional de Vacunación.

Las nuevas vacunas corresponden a biológicos de plataforma ARN mensajero (ARNm), diseñados específicamente para brindar mayor protección frente a la variante LP.8.1, actualmente una de las más circulantes a nivel mundial y recomendada por organismos internacionales como la Organización Mundial de la Salud (OMS).

¿Cuáles son las nuevas vacunas disponibles?

De acuerdo con la resolución, Colombia contará con las siguientes vacunas actualizadas:

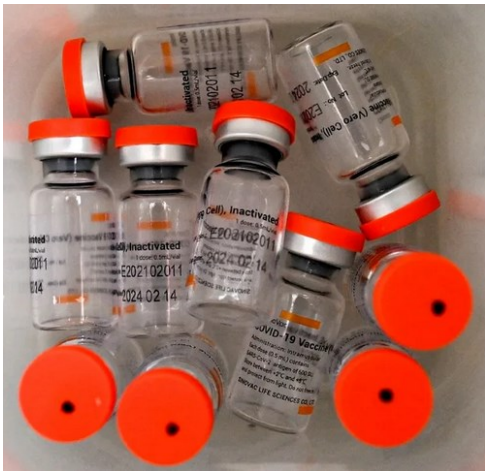
- Comirnaty LP.8.1, del laboratorio Pfizer-BioNTech.
- Spikevax LP.8.1, del laboratorio Moderna.

Ambos biológicos han demostrado respuestas inmunitarias mejoradas frente a las variantes dominantes y emergentes del virus, superando la efectividad de versiones anteriores adaptadas a linajes previos como JN.1 y KP.2.

¿A quiénes están dirigidas las nuevas dosis?

El Ministerio de Salud reiteró que la vacunación contra la COVID-19 continúa siendo una herramienta clave para prevenir complicaciones graves y muertes, especialmente en poblaciones vulnerables. Por ello, las nuevas dosis están priorizadas para:

- Personas mayores de 60 años.
- Personas con comorbilidades que aumentan el riesgo de complicaciones.
- Talento humano en salud.
- Personas inmunocomprometidas.
- Gestantes mayores de 12 años, a partir de la semana 12 de gestación (con vacuna Pfizer).



En estos grupos se recomienda la aplicación de dosis adicionales o de refuerzo, siempre que hayan transcurrido al menos seis meses desde la última dosis recibida contra la COVID-19.

Vacunación flexible y combinada

Uno de los puntos clave de la nueva normativa es que las vacunas contra la COVID-19 pueden aplicarse de manera simultánea con otros biológicos del Programa Ampliado de Inmunización (PAI), incluida la vacuna contra la influenza, sin necesidad de respetar intervalos específicos entre aplicaciones.

Esta medida busca facilitar el acceso a la vacunación, reducir oportunidades perdidas y fortalecer las coberturas, especialmente en jornadas integradas de salud.

Según datos oficiales citados en la resolución, durante 2025 Colombia registró 119 fallecimientos asociados a COVID-19, de los cuales casi el 70 % correspondieron a personas mayores de 60 años.

Aunque se evidencia una disminución sostenida de casos y hospitalizaciones, el ministerio advirtió que el virus sigue circulando y evolucionando, lo que hace necesaria la actualización periódica de las vacunas.

Puntos a favor

1. Actualización científica oportuna

La resolución se basa en evidencia científica reciente y en recomendaciones de la OMS, EMA y FDA, ajustando la vacunación a la evolución real del SARS-CoV-2 y a las variantes predominantes (LP.8.1). Esto fortalece la eficacia de la respuesta sanitaria.

2. Enfoque en grupos de mayor riesgo

Prioriza adecuadamente a: Personas mayores de 60 años, Personas con comorbilidades

Inmunocomprometidos, Gestantes y Talento humano en salud. Esto permite optimizar recursos, reducir hospitalizaciones y prevenir muertes evitables.

3. Uso de vacunas ARNm con alto perfil de seguridad

La continuidad con plataformas ARN mensajero (Pfizer y Moderna) respalda la política pública en biológicos con amplia evidencia de seguridad y efectividad, especialmente frente a enfermedad grave y muerte.

4. Flexibilidad operativa del esquema

La posibilidad de coadministrar vacunas COVID-19 con otros biológicos del PAI facilita la logística, reduce barreras de acceso y mejora coberturas, especialmente en territorios rurales y dispersos.

5. Fortalecimiento de la vigilancia y trazabilidad

El énfasis en:

- Registro obligatorio en PAIWEB.
- Control de dosis no usadas.
- Reporte de pérdidas y fallas.
- Mejora la transparencia, la rendición de cuentas y el control sobre bienes públicos.

6. Protección del derecho a la información

La actualización del consentimiento informado refuerza el principio de autonomía del paciente, con información clara sobre beneficios, riesgos y alternativas.

Fuente: LA FM. Disponible en https://n9.cl/pvnfm

Korea runs landmark pandemic simulation exercise to strengthen outbreak readiness

Feb 4. A pioneering fictional pandemic simulation exercise is being held in the Republic of Korea by the Korean Government, the Coalition for Epidemic Preparedness Innovations (CEPI) and the International Vaccine Institute (IVI) to explore opportunities to strengthen Korean readiness to rapidly develop and test new vaccines in the event of a future pandemic threat.

The tabletop exercise is the first of its kind to be held in Korea and the region with the Government's Ministry of Food Drug & Safety (MFDS), a World Health Organization-listed regulatory authority, and the world-leading Korea Disease Control and Prevention Agency (KDCA).

The meeting brings together several expert organisations based in Korea working across pandemic preparedness—from threat detection through to licensure of life-saving medical tools—to simulate a realistic scenario imagining that a never-seen-before fictitious deadly virus is spreading fast and infecting people. Using skills, knowledge and plans developed during COVID-19 and in the years since the pandemic, attendees will be invited to discuss how they would work together across research and development, manufacturing and other parts of the vaccine chain to improve readiness and identify bottlenecks ahead of a potential health emergency.

The exercise will enhance Korea's real-world response readiness by strengthening the scientific, regulatory and manufacturing capabilities needed to rapidly develop new vaccines against emerging epidemic and pandemic threats.

The objective is to increase pandemic preparedness at a country level to enable a response that is rapid, granular and tailored to local needs - while also strengthening resilience at regional and global levels.

"This exercise serves as an opportunity to comprehensively assess the capabilities required for the rapid development and regulatory approval of vaccines under a simulated real world crisis scenario, while also outlining key directions for future preparedness," says Dr. Oh Yu kyoung, Minister of Food and Drug Safety. "Through continued collaboration with international organizations and relevant partners, MFDS will further strengthen its regulatory response framework to ensure that vaccines can be swiftly approved and safely delivered, even in the midst of public health emergencies."

"Rapid vaccine development and supply during a pandemic is a national priority directly tied to protecting people's health and a core pillar of national security," says Dr. Lim Seung-kwan, Commissioner of KDCA. "This joint tabletop exercise with the Ministry of Food and Drug Safety, CEPI, and IVI serve as an important opportunity to review a seamlessly functioning regulatory pathway and system for vaccine development and clinical trials, even in infectious disease crisis situations, and to elevate Korea's capability to carry out the 100 Days Mission to the next level."

"COVID-19 devastated communities across the globe and the threat of another outbreak of similar magnitude remains very real," says Dr Richard Hatchett, CEO of CEPI. "We cannot afford to repeat the mistakes of the past. By conducting this fictional pandemic exercise, Korea continues to demonstrate its global leadership in health security. Under a whole-of-government approach working with Korea's world-leading biotech sector, these proactive steps will both identify strengths and pinpoint where further action is needed. I'd like to thank our partners and exercise participants for their vital contributions to building a world ready to contain the next outbreak."

CEPI is working with partners around the world to compress the time taken to develop safe, effective and accessible vaccines against new pandemic threats to just 100 days. The goal, known as the 100 Days Mission, is endorsed by Korea. Acting in a third of the time it took to develop the first COVID-19 vaccines could help stop a pandemic in its tracks, saving millions of lives and preventing widespread economic losses.

"Korea is rapidly emerging as a leader in vaccines and pandemic readiness," says Dr. Jerome Kim, Director General of IVI. "Collaborative exercises like this —grounded in robust partnerships and

realistic scenarios—play a vital role in strengthening national preparedness and global health security. IVI is pleased to work alongside national and international agencies as well as leading industry partners on this important initiative. By aligning science, policy, and industry, we can turn pandemic preparedness into concrete action and ensure the timely development of vaccines and equitable access for all."

The event will run for two days in Seoul.

The Republic of Korea is a key investor in and partner to CEPI. The pandemic preparedness organisation supports 28 Korean partners working to advance the 100 Days Mission and strengthen pandemic preparedness. Korean organisations are also part of CEPI's global networks including the Centralised Laboratory Network, Vaccine Manufacturing Network and Adjuvant Library.

Fuente: CEPI. Disponible en https://n9.cl/oryet

Vaccine conspiracies as global health policy

Feb 5. Gavi, the global organization that finances and distributes vaccines in poorer countries, finds itself in a funding standoff with the United States, Reuters reports.

For reference, "the U.S. previously contributed around 13% of Gavi's funding," and still has outstanding funds owed to the organization from the Biden era.

The issue at hand?

You might assume this is tied to America's broader reworking of the global health budget, but… it is not. Instead, the Trump administration has told the global vaccine group "to phase out shots containing thimerosal as a condition of providing the group with funding."

If you (like me) have made it this far in your life without needing to know what thimerosal is, let me present you with the disappointing news: It is a benign preservative at the center of several vaccine/autism conspiracy theories.

Peter Hotez, director of the Texas Children's Hospital Center for Vaccine Development, and one of the world's foremost experts on vaccine development and vaccine misinformation, cautioned against "sanewashing" conspiracy claims or even detailing them next to mainstream vaccine science, which creates a "false equivalency," as if both sides deserve equal weight.

"The thimerosal/autism link was debunked many years ago through both large epidemiological studies and even nonhuman primate neurodevelopment studies," Hotez said, with the overwhelming fatigue of somebody who has explained this several hundred times before. "Many of these false links were popularized by [U.S. Health and Human Services Secretary Robert F. Kennedy Jr.'s] discredited 2005 article published in Rolling Stone and Salon magazines, since retracted by the editors." As for the ultimate impact on Gavi, it remains to be seen whether the administration follows through, or whether Gavi decides to cave to the anti-science demand.

But "it's tragic for the world's children that now their access to vaccines and immunizations could be imperiled by this kind of pseudoscience," Hotez said.

Fuente: HEALTH BEAT. Disponible en https://n9.cl/2wbhtv

Delonix Bioworks Receives Dual Regulatory Clearance for Novel MenB Vaccine DX-104 in China and Australia

Feb 6. Delonix BioworksSearch company, a clinical-stage biotechnology company developing next-generation bacterial vaccines, has achieved a significant regulatory milestone with dual clearances for its Group B meningococcal (MenB) vaccine candidate DX-104Search drug. The company received Investigational New Drug (IND) clearance from China's National Medical Products Administration (NMPA) in February 2026, following successful completion of Clinical Trial Notification (CTN) procedures and ethics committee approval in Australia in January 2026.

The dual regulatory approvals enable Delonix to initiate Phase I clinical trials in the near term to evaluate the safety and immunogenicity of DX-104Search drug in human subjects, marking the company's transition into clinical-stage development.

- Delonix Bioworks has received IND clearance from China's NMPA and completed CTN procedures in Australia for DX-104, a novel Group B meningococcal vaccine candidate.
- The engineered vaccine uses Delonix's proprietary OMV Plus® platform and demonstrated robust serum bactericidal antibody responses without external adjuvants in preclinical studies.
- Phase I clinical trials will evaluate safety and immunogenicity, targeting a significant unmet need as serogroup B accounts for approximately 50% of invasive meningococcal disease cases globally.

Addressing Critical Unmet Medical Need

Invasive meningococcal diseaseSearch disease (IMDSearch disease) represents a life-threatening bacterial infection that disproportionately impacts infants, adolescents, and young adults. Serogroup B has emerged as a predominant cause of IMD globally, accounting for approximately 50% of cases with a rising prevalence trend. Despite the commercial success of existing vaccines like GSKView company profile's Bexsero® and PfizerView company profile's Trumenba®—with BexseroView drug details recording approximately $1.58 billion in sales in 2025—significant global gaps in access and strain coverage remain.

Novel OMV Plus® Platform Technology

DX-104Search drug is an engineered MenB vaccine candidate developed using Delonix's proprietary OMV Plus® platform. The platform leverages precisely engineered outer membrane vesicles (OMVs) with intrinsic adjuvant properties to optimize immunogenicity. This approach represents a differentiated strategy in the meningococcal vaccine landscape.

In preclinical studies, DX-104Search drug induced robust serum bactericidal antibody (SBA) responses without the need for external adjuvants, demonstrating the potential efficacy of the OMV Plus® platform. The vaccine candidate has also achieved commercial-scale production with high batch-to-batch consistency, ensuring a reliable global supply chain as the candidate advances toward potential commercialization.

Strategic Global Development

"The dual regulatory clearances in China and Australia mark a transformative milestone for Delonix BioworksSearch company as we transition into a clinical-stage company," said Qiubin Lin, CEO and

Founder of Delonix Bioworks. "This is a crucial step in our global strategy to deploy engineered bacterial vaccines that are designed to be highly immunogenic, well-tolerated, and scalable. We are committed to addressing the urgent unmet medical needs of patients worldwide."

The regulatory clearances position Delonix to compete in a substantial market opportunity, as demonstrated by the commercial success of existing MenB vaccines. The company's focus on engineered bacterial vaccines with enhanced immunogenicity profiles could potentially address current limitations in strain coverage and global access that characterize the current treatment landscape.

Fuente: MET PATH. Disponible en https://n9.cl/vf657v

Analyzing the Competitive Landscape of the Meningococcal Conjugate Market

Feb 7. The Meningococcal Conjugate market plays a crucial role in global health by providing vaccines that protect against meningococcal disease, a potentially life-threatening condition. Evaluating leading companies within this space is essential for stakeholders, including consultants, corporate strategists, and investors, who are keen on understanding the dynamics of this vital industry. The insights gleaned from analyzing this market help inform strategic decisions and investments vital for enhancing public health initiatives.

Methodology of Analysis

Companies in the Meningococcal Conjugate market are typically analyzed based on their strategic positioning, innovation capabilities, product portfolios, and contributions to the ecosystem. This qualitative assessment framework allows stakeholders to understand the broader impact these companies have on market trends and growth opportunities.

Key Companies Operating in the Meningococcal Conjugate Market

- Sanofi Pasteur: Renowned for its extensive vaccine portfolio, Sanofi Pasteur focuses on developing high-quality vaccines. The company is strategically positioned to address the growing global demand for meningococcal vaccines.
- Pfizer: A leader in the pharmaceutical sector, Pfizer actively invests in research and development. Its focus on advancing vaccine technology underscores its commitment to combating infectious diseases, including meningococcal infections.
- Glaxo Smith Kline: With a robust expertise in vaccine development, Glaxo Smith Kline is pivotal in the Meningococcal Conjugate market, leveraging its innovative capabilities to bring forward new vaccination solutions.
- Hualan Biological Engineering: This company plays a significant role in the market by offering a range of biological products, with a keen interest in expanding its influence in the meningococcal vaccine segment.
- JN International Medical Corporation: Focused on enhancing healthcare access, JN International Medical Corporation is engaged in the distribution of vital vaccines including those for meningococcal disease.
- Baxter International: Known for its specialized healthcare products, Baxter contributes to the meningococcal vaccine landscape through its focus on public health and extensive distribution networks.
- Merck: A key player in pharmaceutical innovations, Merck emphasizes preventive healthcare through vaccines, playing an essential role in the fight against meningococcal disease.
- Serum Institute of India: As one of the largest vaccine manufacturers in the world, Serum Institute of India is instrumental in producing vaccines that are vital for combating numerous infectious diseases, including meningococcal infections.
- Biomed: Focused on developing innovative healthcare solutions, Biomed is carving a niche in the Meningococcal Conjugate market, emphasizing research-driven approaches.
- Novartis: With a commitment to advancing healthcare, Novartis is involved in the development of vaccines that target critical health challenges, including meningococcal disease.

Overall Competitive Landscape and Market Direction

The Meningococcal Conjugate market is characterized by a mix of established players and emerging innovators, each contributing to the growth and evolution of the industry. With an increasing focus on public health and vaccine accessibility, the market is poised for significant advancements. Stakeholders are encouraged to closely monitor these developments to align with emerging opportunities in the Meningococcal Conjugate market.

Research Resources

To delve deeper into comprehensive datasets and structured analysis of the Meningococcal Conjugate market, visit Statshub.ai for specialized insights.

Fuente: LinkedIn. Disponible en https://n9.cl/4hpga

Could a new vaccine help stop the deadly MERS coronavirus?

Feb 9. An experimental vaccine against the Middle East respiratory syndrome coronavirus (MERS-CoV) has produced durable immune responses lasting at least two years in human volunteers – a milestone that researchers say strengthens global pandemic preparedness.

"Early trial results suggest an experimental vaccine gives long-lasting immunity against the Middle East respiratory syndrome (MERS) coronavirus."

Although the new study did not test whether the vaccine prevents infection or severe disease, it suggests that long-lasting immunity against MERS could be achievable through immunisation.

- MERS is a rare but often deadly coronavirus infection that circulates in camels and can spill over into humans in unpredictable outbreaks. There is currently no licensed vaccine or specific treatment, making prevention a key goal for global health preparedness.
- A new study published in Nature Communications found that an experimental vaccine known as MVA-MERS-S called triggered immune responses that lasted at least two years after participants received three doses of it. Many still had virus-blocking antibodies and T cells, which are both important for long-term immune memory.
- The findings show that long-lasting immunity against MERS is possible. However, the study did not test whether the vaccine actually prevents infection or severe disease, and delivering multiple doses may be challenging in emergency outbreak settings.

What is MERS?

First discovered in Saudi Arabia in 2012, Middle East respiratory syndrome (MERS) is a severe respiratory disease with a fatality rate of up to 36%. It continues to circulate in animal reservoirs like dromedary camels.

It belongs to the same family of viruses that cause COVID-19, severe acute respiratory syndrome (SARS) and common colds, and has been responsible for more than 2,600 human infections in at least 27 countries since it first emerged.

[The study] shows that we can develop vaccines that not only have short-term effects but also elicit long-lasting immune responses. This knowledge is crucial for containing future outbreaks at an early stage, particularly in high-risk populations, and for better protecting society.

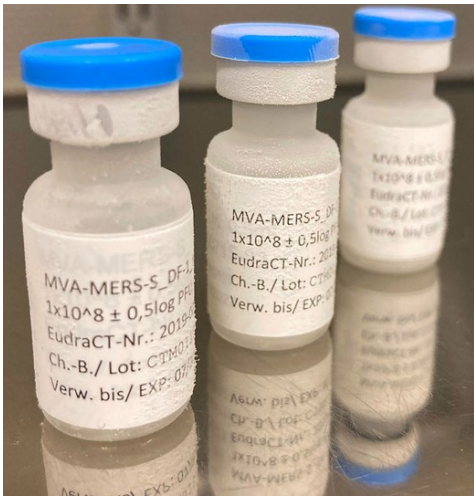
- Prof Marylyn Addo, the study's scientific lead and director of the IIRVD

While human cases remain rare, its high death rate and sporadic outbreaks have made it a priority pathogen for research and development by the World Health Organization (WHO). To date, no licensed vaccine against MERS exists – although several are in development – and there is no specific antiviral therapy.

How does the experimental MERS vaccine work?

The vaccine candidate, known as MVA-MERS-S, is a viral-vector vaccine similar in concept to the Oxford AstraZeneca COVID-19 vaccine.

Both use a harmless virus (the vector) to deliver genetic instructions that teach the immune system to recognise a dangerous pathogen.



In this case, the vector is Modified Vaccinia Ankara – a highly weakened poxvirus that has been engineered so it cannot replicate in human cells – that has been genetically tweaked to deliver the instructions for making the MERS coronavirus spike protein to human cells.

After vaccination, these cells briefly produce the MERS spike protein, which acts as a training signal for the immune system. It means that if a vaccinated person later encounters the real MERS coronavirus, their immune system should be able to recognise the spike protein quickly and respond faster and more effectively.

How effective is this MERS vaccine candidate?

An earlier phase I clinical trial in healthy adults in Germany and the Netherlands found the vaccine to be safe and capable of inducing both antibody and T-cell responses, after participants received three doses delivered in a prime-boost schedule over several months. This means they received an initial dose, followed by booster shots to reinforce and extend protection.

The latest study, published in Nature Communications, analysed immune markers in 48 of these participants two years after their final dose.

The researchers found that a substantial proportion still had neutralising antibodies capable of blocking the virus, along with specialised immune cells known as T cells. Notably, antibody levels at this point were comparable to those seen after the second vaccination.

“That we were able to measure such a stable immune response two years after the last vaccination was by no means a given,” said study author Dr Leonie Mayer from the Institute for Infection Research and Vaccine Development (IIRVD) at the University Medical Center Hamburg-Eppendorf. “Our results show that an additional booster vaccination significantly improves long-term immunity.”

What are the implications of this research?

While no vaccine against MERS has yet been licensed, these long-term results help to close an important knowledge gap by showing that vaccine-induced immunity can persist well beyond the first few months after immunisation – a key consideration for diseases that flare up unpredictably, such as MERS.

“This study represents another important step in global preparedness for emerging viruses,” said Prof Marylyn Addo, the study’s scientific lead, and director of the IIRVD. “It shows that we can develop vaccines that not only have short-term effects but also elicit long-lasting immune responses. This knowledge is crucial for containing future outbreaks at an early stage, particularly in high-risk populations, and for better protecting society.”

Despite the encouraging results, the researchers stress that strong immune responses don’t automatically mean real-world protection. The study wasn’t designed to test whether the vaccine prevents MERS infection or severe illness, and scientists still don’t know exactly what level of immunity is needed to achieve this.

Also uncertain is how practical it would be to deliver a booster dose several months after the initial immunisations during a fast-moving outbreak.

"As MVA-MERS-S requires at least two doses to elicit neutralising antibodies, this vaccine might be less optimal for emergency vaccination schemes in an acute outbreak setting," the researchers said.

However, they added that the vaccine could still play an important role in preparedness and prevention, particularly for people at elevated risk of exposure: "While a three-dose schedule may not be practical for a sudden MERS outbreak, it could offer long-lasting protection for those already at highest risk of infection. This includes camel workers in regions where MERS-CoV is actively circulating among camel herds," Mayer told VaccinesWork.

Are other vaccines against the MERS coronavirus being developed?

Several other MERS coronavirus vaccines are in development, though none have yet been approved for use. A handful have reached early human trials, including a DNA-based vaccine co-developed by GeneOne Life Science in South Korea and US-based Inovio Pharmaceuticals, and a viral vector vaccine from the Oxford Vaccine Group, which uses the same adenovirus vector as the Oxford AstraZeneca COVID-19 vaccine.

Further approaches – including protein subunit and nanoparticle vaccines – are being tested in laboratories and animal studies.

Fuente: GAVI. Disponible en https://n9.cl/q0n64

México firma acuerdo con Liomont y Moderna para producir vacunas con ARN mensajero

Feb 9. La Presidenta Claudia Sheinbaum Pardo anunció que el Gobierno de México firmó un acuerdo con las farmacéuticas Liomont y Moderna para producir vacunas de ARN mensajero en el país.

De acuerdo con la mandataria, gracias a este convenio se podrán fabricar biológicos contra la COVID-19, además de que contribuirá a que se desarrollen más investigaciones para producir distintos tipos de fármacos, como una vacuna contra el dengue e incluso contra el cáncer.

"El convenio permitirá que en el país se desarrollen investigaciones para producir nuevas vacunas."

Este lunes, la Jefa del Ejecutivo estuvo presente en una reunión con representantes de ambas farmacéuticas, en la cual también participó la Secretaría de Salud del Gobierno federal y Laboratorios de Biológicos y Reactivos de México (Birmex).

Acuerdo ayudará a impulsar investigación

El anuncio del acuerdo fue hecho por medio de un video compartido por la propia Presidenta Sheinbaum a través de sus redes sociales, donde envió el siguiente mensaje:

"Hoy es un día muy importante para nuestro país, estamos firmando un acuerdo entre Moderna, que es una de las empresas mundiales que realiza la vacuna de ARN mensajero, ustedes la recordarán del COVID, que fue una de las vacunas que se pusieron en México y en otros países del mundo. Con Moderna, con la empresa Liomont y con Birmex, que es del Estado Mexicano, estamos firmando un acuerdo para la producción de vacunas aquí en México", explicó.

La mandataria destacó que este convenio de colaboración también permitirá que en el país se desarrollen investigaciones conjuntas para producir otro tipo de vacunas además de la que es contra la COVID-19, como biológicos contra el dengue e incluso contra el cáncer.

"No solamente es la producción de vacunas para COVID-19, sino también otro tipo de vacunas y quizá lo más importante, es que va a haber desarrollo de investigación científica conjunto de las y los investigadores mexicanos en biomedicina y otras áreas para poder desarrollar otras vacunas que nos interesan en nuestro país, por ejemplo, la vacuna del dengue o incluso vacuna contra el cáncer", apuntó.

Finalmente, Sheinbaum aseveró que el acuerdo firmado por el Gobierno federal con Liomont y Moderna tiene el objetivo de que México se convierta en una potencia científica en el futuro.

Fuente: Sin Embargo. Disponible en https://n9.cl/qajb0

K-Bio Continues Development of 'Next-Generation Vaccines' for the Post-COVID

Feb 10. As infectious disease threats persist even after the pandemic, calls are growing for the development of domestically produced vaccines designed for the post-COVID era. Although large-scale vaccination demand has declined as COVID-19 has subsided, competition to develop so-called "next-generation vaccines," which take into account the emergence of new variants and the re-emergence of zoonotic viruses, is gaining momentum.

Domestic pharmaceutical bio companies are continuing their challenge to develop domestic mRNA vaccines. / AI-generated images

According to industry sources, Korean pharmaceutical and biotech companies are shifting their focus away from short-term markets centered on existing COVID-19 vaccines and toward platforms and broad-spectrum immunization strategies premised on future pandemics.

GC Pharma recently completed dosing of the first participant in a domestic Phase 1 clinical trial of its messenger ribonucleic acid (mRNA) COVID-19 vaccine candidate, GC4006A. The company received approval for its Phase 1 investigational new drug (IND) application from the Ministry of Food and Drug Safety in December last year and plans to evaluate the safety and immunogenicity of the vaccine in healthy adults aged 19 to 64.

GC4006A is based on the company's proprietary mRNA platform. GC Pharma explained that non-clinical studies demonstrated antibody production and immune responses comparable to those of existing commercial vaccines. Based on the results of the Phase 1 trial, the company has also presented a roadmap to submit an IND application for a Phase 2 trial in the second half of this year.

GC Pharma is continuing its research after being selected as a Phase 1 clinical research support company under the "Pandemic Preparedness mRNA Vaccine Development Support Program," led by the Korea Disease Control and Prevention Agency and the Korea Health Industry Development Institute.

SK Bioscience has taken a step further by focusing on the development of a universal vaccine targeting the broader "coronavirus family," including COVID-19. The company has initiated a global Phase 1/2 clinical trial in Australia for its vaccine candidate GBP511, which targets the sarbecovirus subgenus.

Sarbecoviruses are a higher-level group that includes SARS-CoV-2, encompassing not only currently circulating variants but also SARS-like novel coronaviruses that could potentially be transmitted from animals to humans. Rather than a "catch-up vaccine" tailored to individual variants, SK Bioscience aims to create a "preemptive defensive shield" that induces broad immune responses across the entire virus family.

The GBP511 trial involves approximately 368 adults aged 18 and older and evaluates different dosage levels with and without an adjuvant. The study also compares the candidate with the mRNA vaccine Comirnaty to assess safety, tolerability, and immunogenicity.

After determining the optimal dose, the company plans to expand the trial to include a larger adult population and elderly participants to further verify immunogenicity and safety. At each stage, cross-reactive immune responses across the sarbecovirus family will be assessed to evaluate the feasibility of a universal vaccine.

As its technological foundation, the candidate incorporates core technologies from Skycovione, Korea's only domestically developed COVID-19 vaccine that achieved commercialization in 2022. According to the company, the project combines Skycovione's recombinant protein platform, SK Bioscience's genetic recombination technology, and self-assembling nanoparticle design technology from the University of Washington's Institute for Protein Design.

While multiple universal coronavirus vaccine development efforts are underway globally, many remain at the early research stage. Against this backdrop, the entry into global Phase 1/2 clinical trials marks the first case among this vaccine category to reach the clinical testing phase.

The push by Korean companies to develop next-generation vaccines stems from the continuous emergence of variants that are difficult to counter with existing products. The Coalition for Epidemic Preparedness Innovations (CEPI) has emphasized the limitations of conventional approaches that

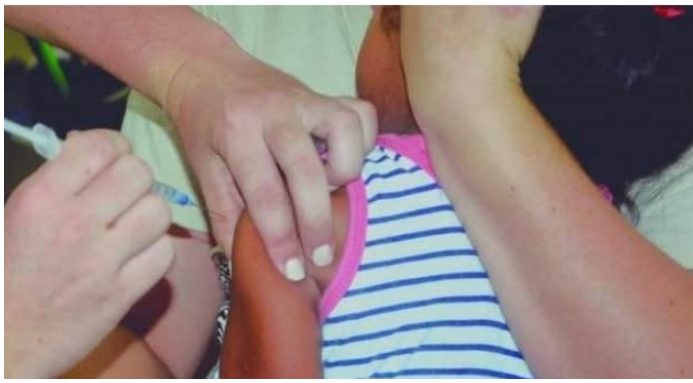
target specific variants or pathogens, while supporting the development of universal coronavirus vaccines capable of providing broad protection across the betacoronavirus family, including SARS and MERS.

According to market research firm Coherent Market Insights, the global COVID-19 vaccine market is estimated to be worth approximately USD 50.6 billion in 2025 and is expected to grow at a compound annual growth rate of 7.4% from 2025 to 2032, reaching around USD 83.4 billion.

An industry official said, “Next-generation vaccines are not limited to a single product. They require the internalization of advanced platforms such as mRNA to enable rapid responses to emerging pathogens, strategies that aim for broad immunity across entire virus families like sarbecoviruses, and the capability to advance clinical development in tandem with support from governments and international organizations.” The official added, “The moves by GC Pharma and SK Bioscience represent K-Bio’s efforts to address unfinished challenges left by the pandemic and prepare for future public health security threats.”

Fuente: IT.CHOSUN. Disponible en https://n9.cl/eujorg

Los científicos cubanos siguen dando buenas noticias



11 feb. El Palacio de la Revolución volvió a ser escenario de una certeza: el saber acumulado por Cuba es, hoy más que nunca, una de sus mayores fortalezas. Allí, en la tradicional reunión de expertos y científicos para temas de Salud, el Presidente Miguel Díaz-Canel Bermúdez escuchó lo que ya muchos intuyen: incluso en tiempos difíciles, la ciencia cubana sigue dando buenas noticias.

Las trajo el Instituto Finlay de Vacunas (IFV), que desarrolla un programa de vacunas antineumocócicas conjugadas con resultados que asombran por su eficacia y por el contexto en que se obtienen.

La bacteria *Streptococcus pneumoniae* es la principal causa de enfermedades bacterianas invasivas en la infancia temprana. Neumonía, meningitis, sepsis: en el mundo aún mueren millones. Pero en Cienfuegos, entre 2017 y 2019, se vacunó a más del 90 % de los niños de uno a cinco años. El resultado, pese al inevitable paréntesis de la COVID-19, fue contundente: la tasa de enfermedad invasiva —la que mata— cayó a cero en los vacunados.

Los no vacunados, en cambio, siguieron enfermando.

María Eugenia Toledo Romaní, líder del proyecto, lo explicó con cifras que no admiten matices: mientras los niños vacunados ingresan en terapia intensiva por neumonía severa a una tasa de 3,14, los no vacunados lo hacen a 123,67. El riesgo es 3,48 veces mayor para quienes no recibieron la vacuna.

Pero el mérito no es solo epidemiológico. Es también científico y político. El candidato vacunal de 11 serotipos que suma cuatro al anterior de siete— saltó directamente a fases 2-3 de ensayo clínico, sin pasar por fase uno. Lo permitió la madurez tecnológica alcanzada durante la lucha contra la COVID-19 y la confianza regulatoria del Cedmed. Y se hizo, como casi todo en este país, en la atención primaria de Salud, en consultorios, en barrios de La Habana, Cienfuegos y Santiago de Cuba.

«Una vida que hayamos salvado es suficiente para todo el esfuerzo que hayamos hecho», dijo Yury Valdés Balbín, director general del IFV. «Eso es lo que nos ha enseñado la Revolución».

Y mientras el mundo mira hacia vacunas de 16 serotipos, el presidente de Vacunas Finlay S.A., Vicente Vérez Bencomo, advierte: no podemos conformarnos. «Para seguir por encima de 16, tenemos que dar saltos tecnológicos. Competir con los mejores».

Esa, también, es una máxima de Fidel. Y la ciencia cubana la cumple.

Fuente: Portal del Ciudadano de La Habana. Disponible en https://n9.cl/bpt8h

Indonesia strengthens genome research to anticipate future diseases

Feb 12. Indonesia is stepping up its investment in genome research as part of a national strategy to anticipate future diseases and strengthen public health resilience, as reported by ANTARA.

"National research agencies expand biomedical collaboration and genomic surveillance to support personalised healthcare and pandemic preparedness."

The National Research and Innovation Agency (BRIN) has confirmed its readiness to integrate into the Biomedical Genome Science Initiative, a programme led by the Ministry of Health aimed at building a comprehensive genomic research ecosystem in the country.

A key component of the initiative is the development of the Indonesia Nucleotide Archive (INNA), a national repository for nucleotide sequences and related metadata aligned with international standards. The archive is expected to enhance data integration and support large-scale genomic analysis.

BRIN also plans to expand genomic surveillance systems to monitor emerging and re-emerging infectious diseases, including influenza, Nipah virus, antimicrobial resistance and tuberculosis. Such surveillance aims to provide early warning mechanisms and strengthen national health security.

In parallel, researchers are advancing biomarker studies to identify genetic risk factors within the Indonesian population. This approach could enable earlier detection of disease predispositions and support more precise, individualised treatment strategies.

At the policy level, the government intends to establish a research consortium to enhance cooperation in tackling complex and hard-to-treat illnesses using precision medicine approaches.

The integration of genomic technologies into healthcare delivery is expected to provide personalised diagnostic results and tailored follow-up care, marking a significant step towards a more predictive and preventive health system.

Fuente: TV BRICS. Disponible en https://n9.cl/p56el

AMA Launches Independent Vaccine Review After CDC Criticism

Feb 13. HealthDay News — Two major medical groups will begin reviewing vaccine safety and effectiveness after major changes at the U.S. Centers for Disease Control and Prevention (CDC) have raised alarms among experts.

The effort focuses on flu, COVID-19 and RSV ahead of fall virus season.

The American Medical Association (AMA) and the Vaccine Integrity Project at the University of Minnesota announced Tuesday that they are creating an independent system to review scientific evidence on vaccines.

The effort, the agency's said, will focus first on vaccines for flu, COVID-19 and respiratory syncytial virus (RSV) ahead of the fall respiratory virus season.

The groups say their goal is not to issue vaccine recommendations, but to provide trusted, science-based reviews that doctors, state health officials and others can use when making vaccination decisions.

In a joint statement, the organizations said the CDC's vaccine review process has "effectively collapsed," making an independent review necessary.

For decades, vaccine guidance in the United States came from a CDC advisory panel known as the Advisory Committee on Immunization Practices (ACIP).

That group reviewed large amounts of safety and effectiveness data before deciding which vaccines should be recommended and for whom.

While the guidance was not legally binding, it was widely followed by doctors, schools and insurers.

That system changed dramatically earlier this year.

U.S. Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. removed all 17 members of the panel and replaced them with a new group that includes several vaccine skeptics.

Officials have also blocked several medical groups from participating in the analysis of vaccines for the committee.

Since then, the panel has made decisions that many public health experts strongly oppose, including a vote to end the long-standing recommendation that all newborns receive the hepatitis B vaccine.

"It shows the considerable concern around where we are going with evidence-based recommendations," Dr. Jeanne Marrazzo, CEO of the Infectious Diseases Society of America, told *The Washington Post*.

"This signals a really important foray for them to come into this space," Marrazzo, former director of the National Institute of Allergy and Infectious Diseases, added.

The AMA's involvement is especially notable. The organization has traditionally focused on physician reimbursement, billing and medical practice issues, not large-scale public health evidence reviews.

Leaders say the change reflects how serious this situation has become.

Michael Osterholm, director of the University of Minnesota Center for Infectious Disease Research and Policy, told *The Post* that the initiative is about filling "a huge black hole in public health and medical practice."

Andrew Nixon, a spokesperson for HHS, said the "claim that ACIP's evidence-based process has collapsed is categorically false. ACIP continues to remain the nation's advisory body for vaccine recommendations driven by gold standard science."

He added, "While outside organizations continue to conduct their own analyses and confuse the American people, those efforts do not replace or supersede the federal process that guides vaccine policy in the United States."

But concern has mounted ever since routine childhood vaccine recommendations were scaled back earlier this year. The move bypassed CDC experts and the advisory panel altogether.

"It is our duty as health care professionals to work across medicine, science and public health to make sure the U.S. has a transparent, evidence-based process by which vaccine recommendations are made," said Dr. Sandra Adamson Fryhofer, an AMA trustee and the organization's liaison to the CDC vaccine panel.

"Together, we are committed to ensuring the American public has clear, evidence-based guidance that inspires confidence when making important vaccination decisions," she added.

The Vaccine Integrity Project has already conducted evidence reviews of COVID-19, flu and RSV vaccines in 2025 and is now reviewing data on the HPV vaccine.

Fuente: The Cardiology Advisor. Disponible en https://n9.cl/to0wk

WHO grants prequalification to new polio vaccine

Feb 14. The World Health Organisation (WHO) has granted prequalification to a new novel oral polio vaccine type 2 (nOPV2), in a move it said will support global efforts to eradicate the disease, WAM reports.

In a statement, the organisation said the prequalification confirms that the vaccine meets international standards for quality, safety and efficacy, allowing United Nations agencies such as the UN Children's Fund (UNICEF) to procure and distribute it for immunization campaigns.

WHO noted that the vaccine is designed to be less likely to mutate compared to previous oral polio vaccines, thereby reducing the risk of triggering new outbreaks, while maintaining its ability to stop virus transmission.

Previously, it was reported Brazil launches the world's first single-dose dengue vaccine.

Fuente: Kazinform International News Agency. Disponible en https://n9.cl/03ffa

Virus respiratorio sincitial en niños: así funciona la inmunización con anticuerpos monoclonales

Feb 15. Aunque normalmente solo ocasiona síntomas leves como tos o mucosidad, el virus respiratorio sincitial (VRS) es la principal causa de infección grave de las vías respiratorias bajas en población infantil menor de un año. Este patógeno puede producir cuadros graves de bronquiolitis que requieren ingreso hospitalario sobre todo en población infantil menor de 6 meses o con enfermedades pulmonares o cardíacas.

De hecho, el VRS es el causante de una importante carga de enfermedad y mortalidad a nivel mundial. Según una revisión sistemática, se asocia a 1 de cada 28 muertes en niños menores de 6 meses. Los autores de este estudio estimaron que la tasa de hospitalización por VRS era de 20,2 por 1 000 niños/año en menores de 6 meses, y ligeramente más elevada en menores de 3 meses (24,7 hospitalizaciones por 1 000).

Los datos a nivel europeo todavía son escasos, y el Centro Europeo para la Prevención y el Control de Enfermedades (ECDC) indica que el VRS es responsable de la hospitalización de alrededor de 250 000 niños menores de 5 años, algunos de los cuales requieren cuidados intensivos.

En España se estima que hubo más de 13 000 hospitalizaciones por VRS en menores de 1 año durante la temporada 2022-2023.

¿Qué es el nirsevimab?

Las niñas y los niños pequeños cuentan con un sistema inmunitario inmaduro, incapaz de producir una respuesta robusta frente a un virus como el VRS, por lo que tienen mayor riesgo de complicaciones y hospitalizaciones. La buena noticia es que, en esta población, la infección por VRS se puede prevenir a través de inmunización pasiva mediante la administración de anticuerpos monoclonales.

A diferencia de las vacunas, que estimulan el sistema inmune generando a los 10-14 días los anticuerpos frente a la infección, los anticuerpos que se administran en la inmunización pasiva confieren protección inmediata. El anticuerpo monoclonal se une al VRS y evita que el virus se fusione con las células de las vías respiratorias, evitando así formas graves de la infección en términos de hospitalizaciones, ingresos en unidades de cuidados intensivos o mortalidad.

La inmunización en población infantil mediante la administración de un anticuerpo monoclonal –principalmente nisevimab (Beyfortus)– se introdujo en algunos países en la temporada 2023-2024. En

España, su administración a recién nacidos ha alcanzado, en promedio, coberturas superiores al 90 %.

¿A quién debe administrarse?

El nirsevimab está indicado para prevenir la infección por VRS en bebés de hasta 6 meses y en menores de 2 años con condiciones de riesgo. Específicamente, se recomienda a los siguientes grupos:

Prematuros de menos de 35 semanas, antes de cumplir 12 meses de edad.

Menores de 2 años con alguna de las siguientes condiciones de riesgo:

a) Cardiopatías congénitas, displasia broncopulmonar o cirugía cardíaca con bypass cardiopulmonar.

b) Condiciones de base que suponen un riesgo de padecer bronquiolitis grave por VRS como inmunodepresión, errores congénitos del metabolismo, enfermedades neuromusculares, dolencias pulmonares graves, síndromes genéticos, fibrosis quística o malformaciones esofágicas.

Todos los menores de 6 meses (nacidos en las fechas que indiquen las autoridades sanitarias).

Impacto de la introducción del nirsevimab

Las primeras evaluaciones han mostrado alta efectividad en la prevención de hospitalizaciones por VRS en población infantil tras su introducción en países de Europa y Estados Unidos.

En particular, un estudio realizado en España durante la primera temporada de administración del nirsevimab (2023-2024) estimó una efectividad para prevenir hospitalizaciones por VRS cercana al 80 % en recién nacidos. Un estudio europeo mostró estimaciones similares en menores de 6 meses durante la temporada 2024-2025.

Además, esta elevada efectividad ha supuesto una reducción del 75 % en el número de hospitalizaciones por VRS durante la temporada 2023-2024 en España en el grupo de menores de 1 año, lo que supone cerca de 10 000 hospitalizaciones evitadas. Estas cifras se mantuvieron en la temporada 2024-2025, en comparación con las hospitalizaciones por VRS observadas durante el periodo 2022-2023 en el mismo grupo de edad.

Teniendo en cuenta estos datos, se ha estimado que sería necesario inmunizar a 41 lactantes para prevenir 1 hospitalización por VRS en menores de 6 meses, que son los que tienen un mayor riesgo de complicaciones si padecen la infección por este virus.

En conclusión, los programas de inmunización pasiva con el nirsevimab han mostrado una elevada efectividad e impacto en la reducción de las hospitalizaciones debidas a la infección por VSR en las primeras temporadas de su implantación. En los próximos años se deberá comparar la eficacia de esta medida frente a la vacunación de mujeres embarazadas y valorar el uso de vacunas en adultos de edad avanzada y con determinadas condiciones de alto riesgo.

Fuente: THE CONVERSATION. Disponible en https://n9.cl/e3eb4

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PMID: 41213280

Patentes registradas en Patentscope

Estrategia de búqueda: *(Vaccine) AND DP:([01.02.2026 TO 15.02.2026]) as the publication date 50 records.*

1.WO/2026/034617VACCINE PREPARATION HAVING LONG-TERM STORAGE STABILITY

WO - 12.02.2026

Clasificación Internacional A61K 39/09

Nº de solicitud PCT/JP2025/028262Solicitante BIOSIENSE CO., LTD.Inventor/a OKUTANI Asuka

The present disclosure relates to a technique for stably storing an inactivated vaccine against type II streptococcosis in fish. The present disclosure relates to, for example, a lyophilizate of an inactivated vaccine against type II streptococcosis in fish, the lyophilizate comprising: inactivated cells of a causative bacterium of type II streptococcosis; and a cryoprotectant. The present disclosure relates to, for example, a method for storing an inactivated vaccine against type II streptococcosis in fish, the method comprising refrigerating the inactivated vaccine at 10°C or lower, the inactivated vaccine comprising inactivated cells of a causative bacterium of type II streptococcosis, and being in a lyophilized form.

2.WO/2026/025554IMMUNOGENIC MYCOPLASMA PNEUMONIAE POLYPEPTIDE EPITOPE AND RECOMBINANT PROTEIN CONTAINING SAME, AND MYCOPLASMA PNEUMONIA VACCINE

WO - 05.02.2026

Clasificación Internacional C07K 14/30

Nº de solicitud PCT/CN2024/113022Solicitante HANGZHOU QIANDAI BIOTECHNOLOGY CO., LTD.Inventor/a ZHOU, Xuefei

Provided is an immunogenic Mycoplasma pneumoniae polypeptide epitope, which is a polypeptide epitope derived from the key adhesion proteins P1, P30, P40/90 and P116 of type I and type II Mycoplasma pneumoniae, and/or the CARDS toxin thereof. Further provided is a recombinant protein, which contains one or more of the immunogenic Mycoplasma pneumoniae polypeptide epitopes. Further provided is a vaccine for preventing Mycoplasma pneumonia infections, which vaccine provides protection against at least one of type I and/or type II Mycoplasma pneumonia infections, and is characterized in that the vaccine contains the recombinant protein and is a vaccine capable of providing safe and effective protection against Mycoplasma pneumonia infections.

3.202600342O7VACCINE COMPOSITION FOR SUBLINGUAL ADMINISTRATION

US - 05.02.2026

Clasificación Internacional A61K 39/215

Nº de solicitud 18864380Solicitante EPS INNOVATIVE MEDICINE (JAPAN) CO., LTD.Inventor/a Tetsuro YAMAMOTO

This is to provide a vaccine composition suitable for sublingual administration, a method of producing vaccine and a method of administering vaccine.

This is to provide a vaccine composition for sublingual administration in a subject comprising an immune antigen and an adjuvant.

4.202600417S0VACCINE CONSTRUCTS COMPRISING TUBERCULOSIS ANTIGENS

US - 12.02.2026

Clasificación Internacional A61K 39/04

Nº de solicitud 19099567Solicitante UNIVERSITY OF CAPE TOWNInventor/a Munyaradzi N. MUSVOSVI

The present invention relates to polygenic nucleic acid constructs comprising nucleotide sequences encoding *Mycobacterium tuberculosis* antigens and to mRNA vaccine constructs transcribed or obtained therefrom. Also provided are lipid nanoparticles including the mRNA vaccine constructs and vaccine compositions comprising the constructs described. The constructs, lipid nanoparticles containing them, and vaccine compositions described may be useful in methods for eliciting a protective immune response against *Mycobacterium tuberculosis* in a subject.

5.4692111IMPFSTOFF AUS DER UNTEREINHEIT DER 7-KOMPONENTEN ANTIGEN-AFRIKANISCHEN SCHWEINEPEST

EP - 11.02.2026

Clasificación Internacional C07K 14/01

Nº de solicitud 24788022Solicitante LANZHOU VETERINARY RES INSTITUTE CHINESE ACADEMY OF AGRICULTURAL SCIENCESInventor/a ZHENG HAIXUE

The present disclosure belongs to the field of biotechnology, and specifically relates to a seven-component antigen African swine fever subunit vaccine. The present disclosure first provides an African swine fever virus antigen protein combination composed of the African swine fever virus P34

protein, P30 protein, P54 protein, A104R protein, C129R protein, X protein, and Y protein. This African swine fever virus antigen protein combination can induce a strong immune response in the host. Furthermore, the present disclosure provides a seven-component antigen African swine fever subunit vaccine including the aforementioned African swine fever virus antigen protein combination. The seven-component antigen African swine fever subunit vaccine exhibits good immunoprotection rates against challenge with the parental virulent African swine fever virus strain, poses no biosafety risks, overcomes the difficulty that existing African swine fever subunit vaccines domestically and internationally cannot provide effective immunoprotection for pigs, and demonstrates the feasibility of the research approach for African swine fever subunit vaccines.

6.20260041759COVID19 mRNA Vaccine

US - 12.02.2026

Clasificación Internacional A61K 39/215

Nº de solicitud 18696353Solicitante Board of Regents, The University of Texas SystemInventor/a Haitao Hu

A solution has been discovered that provides a more effective Coronavirus vaccine. The solution is an mRNA vaccine encoding a SARS-CoV-2 nucleoprotein (N) (mRNA-N) in combination with an mRNA vaccine encoding SARS-CoV-2 spike protein(S) (mRNA-S). Chemically modified mRNA-N (pseudouridine) and/or chemically modified mRNA-S (pseudouridine) can be synthesized and packaged in lipid nanoparticles (LNP). In mouse and hamster models, it was shown that mRNA-N alone is immunogenic and can significantly diminish viral loads in the mouse lung after prime-boost intramuscular immunization. In addition, the combinatorial mRNA-N/mRNA-S vaccination induces substantially stronger protection against SARS-CoV-2 than vaccination with mRNA-S alone.

7.WO/2026/026264ANTI-FIBROTIC PEPTIDE, VACCINE, PREPARATION METHOD FOR PEPTIDE VACCINE, AND USE THEREOF

WO - 05.02.2026

Clasificación Internacional C07K 14/47

Nº de solicitud PCT/CN2025/100875Solicitante SICHUAN UNIVERSITYInventor/a WEI, Xiawei

In order to explore more peptides for use as peptide vaccines against fibrotic diseases, provided are an anti-fibrotic peptide, a vaccine, a preparation method for a peptide vaccine, and a use thereof. Major histocompatibility complex-restricted peptides derived from six fibrosis-specific proteins MAF, FNDC3A, TOP2A, TNS3, APBB2 and OLFML2b are used as targets for the treatment and prevention of fibrotic diseases, and these six peptides are used as vaccines, so that multiple fibrotic diseases,

such as pulmonary, hepatic, and pancreatic fibrosis, are significantly prevented and treated by inhibiting fibrosis-induced pathological changes and collagen fiber deposition.

8.202600417 61PHARMACEUTICAL COMPOSITION FOR RESISTING INFECTION WITH SARS-COV-2 OR MUTANT THEREOF, AND COMBINED DRUG THEREOF

US - 12.02.2026

Clasificación Internacional A61K 39/215

Nº de solicitud 18881413Solicitante WESTVAC BIOPHARMA CO., LTD.Inventor/a Xiawei WEI

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

9.4687919BIOLOGISCHE REAKTIONSMODIFIKATOREN ZUR BEHANDLUNG VON PATIENTEN MIT UNTERPERFORMIERENDEN IMMUNSYSTEMEN UND ZUSAMMENSETZUNGEN DAVON

EP - 11.02.2026

Clasificación Internacional A61K 31/7084

Nº de solicitud 24713488Solicitante HELMHOLTZ ZENTRUM INFEKTIONSFORSCHUNG GMBHInventor/a RUBIDO JULIO CESAR AGUILAR

In the present invention, the cyclic-di-nucleotides or their compositions are used as biological response modifiers to improve the immune response of subject with underperforming immune systems with low/non-responsiveness to vaccine antigens or underperforming immune response to

pathogens. The formulations of the present invention are capable of modifying the biological response in the way of abrogating the non-responsiveness resulting in the development of a high avidity immune response preventing the disease caused by infectious agents, in particular from viruses, with the capacity to evade the mechanisms of immune surveillance and consequently suppress the induction of a high avidity and effective adaptive response. The present invention also comprises the formulations of cyclic di-nucleotides, which may be administered alone, in combination with other biological response modifiers or in vaccine formulations with antigens. The proposed invention also includes the method of preventing or treating acute respiratory infections, preventing the severity of the disease and blocking transmission by inducing an immune response at the entry site (nasopharyngeal mucosa), preventing or reducing person-to-person pathogen/virus transmission in pre-emptive vaccine formulations as well as in formulations used for pre-/post exposure prophylaxis of acute respiratory infections.

10.20260041751FUSION PROTEIN AND VACCINE

US - 12.02.2026

Clasificación Internacional A61K 39/09

Nº de solicitud 18852392Solicitante THE RESEARCH FOUNDATION FOR MICROBIAL DISEASES OF OSAKA UNIVERSITYInventor/a Yasuo Yoshioka

The present invention provides a fusion protein which is useful as a vaccine antigen against infectious diseases. A fusion protein including (a) a combination of hemagglutinin and an N-terminal domain of SARS-COV-2, (b) a combination of PspA and a receptor binding domain of SARS-COV-2, (c) a combination of hemagglutinin and respiratory syncytial virus G protein, or (d) a combination of PspA and hemagglutinin, is useful as a vaccine antigen against infectious diseases.

11.20260034209CORONAVIRUS VACCINE, PRODUCTION AND APPLICATION

US - 05.02.2026

Clasificación Internacional A61K 39/215

Nº de solicitud 19056786Solicitante TURKIYE BILIMSEL VE TEKNOLOJIK ARASTIRMA KURUMUInventor/a MERT DOSKAYA

An SARS-COV-2 recombinant Spike protein is provided. The research process of the protein is as follows: the dominant strain in circulation was identified by screening clinical samples of SARS-COV-2 patients and its mutations in Turkey were evaluated by sequencing the Spike gene. Sequencing data and in silico methods were used to design the Spike antigen and then the novel Spike antigen was docked with the human ACE2 (Angiotensin Converting Enzyme-2) receptor to determine the

binding energy. After DNA vaccine construction, HEK293T cells were transfected and analyzed for protein expression capacity by IFA, Western blot and RT-qPCR, then BALB/c mice and K18-hACE2 transgenic mice were immunized with DNA vaccine administered intramuscularly (IM) and intradermally (ID) using an electroporator device three times on days 0, 14 and 56. Humoral and cellular immune responses were then analyzed using recombinant ELISA, Western blot, surrogate virus neutralization assay, microneutralization assay, Cytokine ELISA and flow cytometry.

12.20260041762METHOD FOR MANUFACTURING INACTIVATED SARS-COV-2 VACCINE, INACTIVATED SARS-COV-2 VACCINE, METHOD FOR PURIFYING SARS-COV-2 OR INACTIVATED SARS-COV-2, AND SARS-COV-2 ANTIGEN COMPOSITION OR INACTIVATED SARS-COV-2 ANTIGEN COMPOSITION

US - 12.02.2026

Clasificación Internacional A61K 39/215

Nº de solicitud 19100009Solicitante KM Biologics Co., Ltd.Inventor/a Minako Okumura

The present invention relates to a production method of an inactivated SARS-CoV-2 vaccine, the method including: a step of bringing a SARS-CoV-2 containing solution or an inactivated SARS-CoV-2 containing solution into contact with a cellulose sulfate ester gel at a pH of 8 or more and 10 or less to adsorb the SARS-CoV-2 or the inactivated SARS-CoV-2 to the gel; then removing impurities; and then eluting and recovering the SARS-CoV-2 or the inactivated SARS-CoV-2.

13.WO/2026/026951BVDV-IBRV BIVALENT MRNA VACCINE AND USE THEREOF

WO - 05.02.2026

Clasificación Internacional C07K 19/00

Nº de solicitud PCT/CN2025/112130Solicitante JIANGSU SYNTHGENE BIOTECHNOLOGY CO., LTD.Inventor/a TONG, Kun

Provided are a BVDV-IBRV bivalent mRNA vaccine and the use thereof. The mRNA vaccine of the present application contains a polynucleotide sequence of any one of SEQ ID NOs: 42-77, and can be used for treating or preventing bovine viral diarrhea virus infections and/or infectious bovine rhinotracheitis virus infections, or treating or preventing bovine viral diarrhea and/or bovine rhinotracheitis.

14.WO/2026/030145RECOMBINANT VACCINIA VECTORS AND METHODS OF USE THEREOF

WO - 05.02.2026

Clasificación Internacional C12N 15/86

Nº de solicitud PCT/US2025/039233Solicitante THE REGENTS OF THE UNIVERSITY OF CALIFORNIAInventor/a SCHIEFERECKE, Adam Joseph

The disclosure provides recombinant vaccinia vectors (rVACV) comprising variant A34R proteins. As compared to a vaccinia vector comprising the wild-type A34R protein, the rVACVs described herein exhibit increased production of extra-cellular enveloped virion (EEV). Also described herein are variant A34R proteins, nucleic acids encoding variant A34R proteins, and cells containing the nucleic acids encoding variant A34R proteins. The disclosure further provides methods of producing rVACV by culturing the cells containing the nucleic acids encoding variant A34R proteins and purifying the rVACV. Furthermore, provided are methods of treating a cancer in a subject by administering to the subject rVACVs comprising the variant A34R proteins.

15.WO/2026/030505ESCRT-INDEPENDENT EVLP INDUCING DOMAINS

WO - 05.02.2026

Clasificación Internacional A61K 39/215

Nº de solicitud PCT/US2025/039970Solicitante VACCINE COMPANY, INC.Inventor/a WEIDENBACHER, Payton Anders-Benner

Disclosed herein are polynucleotides that encode fusion proteins, wherein the fusion proteins comprise an antigenic polypeptide and an ESCRT-independent eVLP inducing domain (EIEIDo) and polypeptides encoded by the same. Also provided herein are related compositions, methods of making, and methods of using. In certain embodiments, EIEIDos and fusion proteins of the disclosure are useful for the production of enveloped virus-like particles (eVLPs), for use in the prevention and treatment of diseases or disorders.

16.20260034180COMPOSITIONS, KITS, METHODS, AND METHODS OF ADMINISTRATION RELATING TO EDWARDSIELLA PISCICIDA VACCINE AND/OR ANTIGEN DELIVERY VECTOR SYSTEMS

US - 05.02.2026

Clasificación Internacional A61K 35/74

Nº de solicitud 19100617Solicitante University of Florida Research Foundation, Inc.Inventor/a Roy CURTISS, III

In one aspect, the disclosure relates to recombinant bacterial vectors including a gene encoding at least one antigen from *Aeromonas hydrophila* or tilapia lake virus, methods of making the same, vaccines incorporating the same, and methods of inducing an immune response in the subject and/or preventing infection by a pathogen in the subject using the same. In one aspect, the subject is a fish in an aquaculture system. In an aspect, the vector or vaccine can be administered by bath immersion or intracoelomic injection and, in some cases, can confer protection against an additional pathogen such as, for example, *Edwardsiella piscicida*. In any of these aspects, the vectors are susceptible to antibiotics and do not persist in the environment.

17.20260034201COMBINATION THERAPY WITH NEOANTIGEN VACCINE

US - 05.02.2026

Clasificación Internacional A61K 39/00

Nº de solicitud 18996152Solicitante BioNTech US Inc.Inventor/a Kristen N. Balogh

The present disclosure relates to neoplasia vaccine or immunogenic composition administered in combination with other agents, such as checkpoint blockade inhibitors for the treatment or prevention of neoplasia in a subject

18.20260041760IMMUNE PROPHYLAXIS, THERAPY AND VACCINE FOR COVID-19 AND ITS EMERGING VARIANTS

US - 12.02.2026

Clasificación Internacional A61K 39/215

Nº de solicitud 18800016Solicitante Kumarpal A. SHAHInventor/a Kumarpal A. SHAH

Prophylaxis, immune therapy and vaccine strategies for Covid-19 variants and comorbid conditions such as aging, diabetes, cancer, tuberculosis or HIV. In one mode of invention, the role of the C3

Amplification loop is defined and how it derails the SNS functions or immune function at fluid and tissue levels. The plasticity in subverting C3 amplification control mechanism contribute to survival strategies of SARS-CoV-2 that contributes to various variants that can be reactivated at any stage of life based on immune system of patient that may get compromised with comorbid diseases such as aging, diabetes, cancer and HIV. Therapeutic modulation takes into consideration plasticity of different patient needs and their comorbid conditions by developing varying formulation methods and its combination approaches.

19.WO/2026/027752LIVE ATTENUATED *E. COLI* VACCINE

WO - 05.02.2026

Clasificación Internacional A61K 39/108

Nº de solicitud PCT/EP2025/072220Solicitante INSTITUT FÜR VIROLOGIE UND IMMUNOLOGIE (IVI)Inventor/a SCHÄREN, Olivier Pascal

The present invention relates to live attenuated bacteria which persist in a subject and their use in vaccine compositions. In particular, the invention is directed to mutant strain *E.coli* vaccines which are useful for poultry, and especially chickens.

20.20260034206VACCINE PLATFORM

US - 05.02.2026

Clasificación Internacional A61K 39/215

Nº de solicitud 18033648Solicitante PÉCSI TUDOMÁNYEGYETEMInventor/a Antal TAPODI

The invention relates to a vaccine platform, comprising a lipid binding amino acid sequence and an oligomerization sequence. In particular, the lipid binding amino acid sequence and an oligomerization sequence are derived from filensin, a protein with no or minimal immunogenicity. Filensin has an extremely strong membrane binding capacity and oligomerization property, making it an ideal carrier for an antigenic moiety. An immunization platform comprising a nucleic acid sequence(s) coding for a lipid binding amino acid sequence and an oligomerization sequence is also provided.

21.4686480LEBENDER ATTENUIERTER E. COLI IMPFSTOFF

EP - 04.02.2026

Clasificación Internacional A61K 39/108

Nº de solicitud 24192291Solicitante INST FUER VIROLOGIE UND IMMUNOLOGIE IVIInventor/a SCHÄREN OLIVIER PASCAL

The present invention relates to live attenuated bacteria which persist in a subject and their use in vaccine compositions. In particular, the invention is directed to mutant strain E .coli vaccines which are useful for poultry, and especially chickens.

22.20260041757THERMOSTABLE MUCOSAL VACCINE COMPOSITIONS AND METHODS

US - 12.02.2026

Clasificación Internacional A61K 39/205

Nº de solicitud 19295239Solicitante GLOBAL HEALTH SOLUTIONS, INC.Inventor/a Bradley Burnam

Methods for stabilizing a liquid vaccine for mucosal use are provided. In certain aspects, the methods may include combining a liquid comprising at least one antigen or antigen encoding composition with a petrolatum carrier.

23.20260041756INFLUENZA B VIRUS REPLICATION FOR VACCINE DEVELOPMENT

US - 12.02.2026

Clasificación Internacional A61K 39/145

Nº de solicitud 19240777Solicitante Wisconsin Alumni Research Foundation (WARF)Inventor/a Yoshihiro Kawaoka

The invention provides a composition useful to prepare high titer influenza B viruses, e.g., in the absence of helper virus, which includes internal genes from an influenza B virus vaccine strain or isolate, e.g., one that is safe in humans, for instance, one that does not result in significant disease, that confer enhanced growth in cells in culture, such as MDCK cells, or in eggs.

24.4687967IMPFSTOFFFORMULIERUNGEN AUF BASIS VON MENINGOKOKKENPROTEIN UND VERFAHREN ZUR HERSTELLUNG DAVON

EP - 11.02.2026

Clasificación Internacional A61K 39/095

Nº de solicitud 24778491Solicitante SERUM INSTITUTE OF INDIA PVT LTDInventor/a PISAL SAMBHAJI SHANKAR

Present invention provides fusion proteins with desired reduction in factor H binding, particularly the present invention provides optimized manufacturing process for fusion proteins and formulations comprising the fusion proteins. Present invention provides an efficient platform process for manufacturing an effective vaccine formulation against Neisseria meningitidis that meets multiple criteria including improved immunogenicity, safety, stability, and affordability.

25.WO/2026/030201VACCINE ANTIGENS AND USE THEREOF

WO - 05.02.2026

Clasificación Internacional C07K 14/005

Nº de solicitud PCT/US2025/039454Solicitante MOREHOUSE SCHOOL OF MEDICINEInventor/a GRAHAM, Barney S.

A hybrid protein comprises a first domain comprising a sequence encoding a surface protein of an enveloped RNA virus and a second domain comprising a sequence encoding an ectodomain of a type 2 transmembrane domain protein, wherein the second domain is located at the C-terminal of the first domain. The hybrid protein or an mRNA encoding such protein can be used as a vaccine against the infection of the enveloped RNA virus.

26.WO/2026/030491AFRICAN SWINE FEVER VIRUS VACCINE COMPOSITIONS AND METHODS OF MAKING AND USING THE SAME

WO - 05.02.2026

Clasificación Internacional A61K 39/12

Nº de solicitud PCT/US2025/039948Solicitante KANSAS STATE UNIVERSITY RESEARCH FOUNDATIONInventor/a LAM, Truong, Quang

A safe and effective live-attenuated virus (LAV) vaccine candidate VNUA-ASFV-LAVL3 is presented herein. It exhibits significant attenuation of virulence in pigs across different doses (103, 104, and 105

TCID50). VNUA-ASFV-LAVL3 is efficiently cleared from the blood by 14-17 days post-infection, even at the highest dose (105 TCID50). Importantly, the attenuation observed in vivo does not compromise the ability of VNUA-ASFV-LAVL3 to induce protective immunity. Vaccination with VNUA-ASFV-LAVL3 elicits robust humoral and cellular immune responses in pigs, achieving 100% protection against a lethal wild-type ASFV (genotype II) challenge at all tested doses (103, 104, and 105 TCID50). Furthermore, a single vaccination (104 TCID50) provides protection for up to 2 months. In some forms, VNUA-ASFV-LAVL3 is represented by SEQ ID NO. 1 or sequences having at least 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, or 100% sequence identity thereto.

27.WO/2026/036093THERMOSTABLE MUCOSAL VACCINE COMPOSITIONS AND METHODS

WO - 12.02.2026

Clasificación Internacional A61K 39/00

Nº de solicitud PCT/US2025/041359Solicitante GLOBAL HEALTH SOLUTIONS, INC.Inventor/a BURNAM, Bradley

Methods for stabilizing a liquid vaccine for mucosal use are provided. In certain aspects, the methods may include combining a liquid comprising at least one antigen or antigen encoding composition with a petrolatum carrier.

28.4687961NEMATODENIMPFSTOFF

EP - 11.02.2026

Clasificación Internacional A61K 39/00

Nº de solicitud 24781377Solicitante NEW ZEALAND INSTITUTE FOR BIOECONOMY SCIENCE LTDInventor/a UMAIR SALEH

The present invention is directed to a vaccine comprising recombinant antigens derived from the parasitic nematode Teladorsagia circumcincta, which will raise an immune response in farmed and wild ruminants that are susceptible or predisposed to infection by one or more nematode worm species.

29.WO/2026/034613MRNA VACCINE ADJUVANT

WO - 12.02.2026

Clasificación Internacional A61K 39/39

Nº de solicitud PCT/JP2025/028245Solicitante DAIICHI SANKYO COMPANY, LIMITEDInventor/a

OKA, Tatsuya

The present invention provides an adjuvant comprising a B-type CpG oligodeoxynucleotide (CpG ODN), a modification thereof, or a complex thereof, to be administered together with an mRNA vaccine in which mRNA is encapsulated in particles. The adjuvant contains the B-type CpG ODN that is present independently of the particles that encapsulate mRNA. This adjuvant can enhance antigen-specific cytotoxic T cell (CTL) induction by mRNA vaccines.

30.202600417 54NANOPARTICLE COMPLEXES FOR ENHANCED SAFETY

US - 12.02.2026

Clasificación Internacional A61K 39/12

Nº de solicitud 19259545Solicitante HDT Bio Corp.Inventor/a Taishi Kimura

The disclosure provides compositions, methods of treatment, and methods of making and using compositions to deliver a nucleic acid to a subject that, optionally, have reduced reactogenicity and promotes a local innate immune response in the subject while promoting an adaptive immune response. Compositions described herein include nanoparticles, optionally including an inorganic particle, capable of admixing with nucleic acids encoding proteins, antibodies, or immunomodulators. Methods of using the compositions as a therapeutic vaccine for the treatment of an infection or cancer are also provided.

31.4690211SYSTEME UND VERFAHREN ZUR ERKENNUNG, ÜBERWACHUNG UND INTERAKTIVEN ANZEIGE VON ZIRKULIERENDEN INFEKTIONSKRANKHEITEN UND IHRER EIGENSCHAFTEN

EP - 11.02.2026

Clasificación Internacional G16B 20/50

Nº de solicitud 24721333Solicitante BIONTECH SEInventor/a FU YUNGUAN

The present disclosure, among other things, provides technologies for identifying, characterizing, and/or monitoring variant sequences of a particular reference infections agent. Among other things, systems, methods, and architectures described herein provide visualization and decision support tools that can, e.g., facilitate decision making processes by local authorities and improve pandemic response in terms of, e.g., resource allocation, policy making, and speed tailored vaccine development. The present disclosure also provides tools for analyzing circulating variants to predict mutations likely to increase immune evasion of infectious agents.

32.WO/2026/029847METHODS AND COMPOSITIONS FOR PANDEMIC INFLUENZA VACCINE

WO - 05.02.2026

Clasificación Internacional C12N 15/86

Nº de solicitud PCT/US2025/031490Solicitante ARCTURUS THERAPEUTICS, INC.Inventor/a SULLIVAN, Brian

Provided herein are RNA molecules encoding viral replication proteins and antigenic proteins or fragments thereof. Also provided herein are compositions that include RNA molecules encoding viral replication proteins and antigenic proteins or fragments thereof, and lipids. RNA molecules and compositions including them are useful for inducing immune responses.

33.WO/2026/030724SARS-COV-2 VACCINE

WO - 05.02.2026

Clasificación Internacional A61K 39/12

Nº de solicitud PCT/US2025/040365Solicitante THE UNITED STATES OF AMERICA, AS REPRESENTED BY THE SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICESInventor/a PIERSON, Theodore

Provided herein are recombinant SARS-CoV-2 Spike proteins and fragments thereof comprising the receptor binding domain (RBD), which have utility, for example, for elicitation of an immune response to SARS-CoV-2 in a subject. Also provided are nucleic acid molecules and vectors encoding these proteins, as well as methods of their use and production. In several implementations, the disclosed recombinant SARS-CoV-2 Spike proteins and fragments thereof comprising the RBD, can be used to generate an immune response to SARS-CoV-2 in a subject, for example to treat or prevent or reduce the severity of SARS-CoV-2 infection.

34.20260042828PEPTIDES AND COMBINATION OF PEPTIDES FOR USE IN IMMUNOTHERAPY AGAINST CANCERS

US - 12.02.2026

Clasificación Internacional C07K 16/18

Nº de solicitud 19309388Solicitante Immatics Biotechnologies GmbHInventor/a Toni WEINSCHENK

The present description relates to peptides, proteins, nucleic acids and cells for use in immunotherapeutic methods. In particular, the present description relates to the immunotherapy of

cancer. The present description further relates to tumor-associated T-cell peptide epitopes, alone or in combination with other tumor-associated peptides that can for example serve as active pharmaceutical ingredients of vaccine compositions that stimulate anti-tumor immune responses, or to stimulate T-cells ex vivo and transfer into patients. Peptides bound to molecules of the major histocompatibility complex (MHC), or peptides as such, can also be targets of antibodies, soluble T-cell receptors, and other binding molecules.

35.4691486VERFAHREN ZUR HERSTELLUNG EINES ALUMINIUMBASIERTEN ADJUVANS MIT VERBESSERTER WIRKSAMKEIT

EP - 11.02.2026

Clasificación Internacional A61K 39/39

Nº de solicitud 24781312Solicitante SK BIOSCIENCE CO LTDInventor/a LEE JEONG MIN

The present disclosure provides: a method of preparing an aluminum-based adjuvant having enhanced efficacy, the method comprising a plurality of processes of performing an autoclave treatment process; an aluminum-based adjuvant prepared by the method; an immunogenic composition including the aluminum-based adjuvant; and a kit including the immunogenic composition. The aluminum-based adjuvant prepared by the method may be used to improve the safety and effectiveness of conventional vaccine formulations, including polysaccharide vaccines and polysaccharide-protein conjugate vaccines.

36.WO/2026/030249COMPOSITIONS FOR ALZHEIMER'S DISEASE VACCINES

WO - 05.02.2026

Clasificación Internacional A61K 9/127

Nº de solicitud PCT/US2025/039534Solicitante THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORKInventor/a LOVELL, Jonathan

Described herein is an active Alzheimer's Disease (AD) immunotherapy based on a nanoparticle vaccine comprising a plurality of Aβ peptides and/or a plurality of tau peptides. These peptides may correspond to both soluble and aggregated targets and are displayed on the surface of immunogenic liposomes in an orientation that maintains reactivity with epitope-specific monoclonal antibodies. Also provided are methods of making and using same.

37.WO/2026/030759POLYNUCLEOTIDE INFLUENZA VACCINE ENCODING HEMAGGLUTININ AND NEURAMIDASE

WO - 05.02.2026

Clasificación Internacional A61K 39/145

Nº de solicitud PCT/US2025/040564Solicitante DUKE UNIVERSITYInventor/a HEATON, Nicholas

The present invention provides compositions comprising one or more polynucleotides that encode a neuraminidase (NA) polypeptide and a hemagglutinin (HA) polypeptide separated by a furin cleavage site and a self-cleaving 2A polypeptide. Methods of using these compositions to induce an immune response to influenza in a subject are also provided.

38.WO/2026/030428PROSTATE-SPECIFIC ANTIGEN PEPTIDES AND USES THEREOF

WO - 05.02.2026

Clasificación Internacional A61K 39/00

Nº de solicitud PCT/US2025/039840Solicitante REGENERON PHARMACEUTICALS, INC.Inventor/a SALZLER, Robert

The present disclosure provides isolated peptides derived from prostate-specific antigen, peptide-based molecules (e.g., peptide-MHC (pMHC) complexes), polynucleotides and vectors encoding the peptides or peptide-based molecules, pharmaceutical compositions (e.g., vaccine compositions), and their use for treatment or prevention of prostate cancer. The present disclosure also provides binding moieties that bind to the peptides or peptide-based molecules disclosed herein, and their use for treatment or prevention of prostate cancer.

39.20260041764EXTRACELLULAR VESICLES FOR VACCINE DELIVERY

US - 12.02.2026

Clasificación Internacional A61K 39/385

Nº de solicitud 19365432Solicitante LONZA SALES AGInventor/a Raymond J. MONIZ

The present disclosure relates to extracellular vesicles (EVs), e.g., exosomes, comprising a payload (e.g., an antigen, adjuvant, and/or immune modulator) and/or a targeting moiety. Also provided herein are methods for producing the EVs (e.g., exosomes) and methods for using the EVs (e.g., exosomes) to treat and/or prevent diseases or disorders, e.g., cancer, graft-versus-host disease (GvHD), autoimmune disease, infectious diseases, or fibrotic diseases.

40.20260041749VACCINE AGAINST PANCREATIC CANCER, AND MEDICAL USE THEREOF

US - 12.02.2026

Clasificación Internacional A61K 39/00

Nº de solicitud 18706832Solicitante YUANBEN (ZHUHAI HENGQIN) BIOTECHNOLOGY CO., LTD.Inventor/a Jiong CAI

An anti-tumor fusion protein can inhibit the growth of MUC1-positive tumor cells, and can inhibit the growth of pancreatic cancer tumor cells. The fusion protein may contain protein MBP and protein MUC1-N. An amino acid sequence of the fusion protein is set forth in SEO ID NO.3. The fusion protein can be used for the prevention and/or treatment of pancreatic cancer.

41.P20251619PNEUMOCOCCAL CONJUGATE VACCINE FORMULATIONS

HR - 13.02.2026

Clasificación Internacional C07K 14/34

Nº de solicitud P20251619TSolicitante Merck Sharp & Dohme LLCInventor/a William J. Smith

42.20260041745NOVEL CRS FRAGMENT PEPTIDE WITH IMMUNOPOTENTIATING ACTIVITY, AND USE THEREOF

US - 12.02.2026

Clasificación Internacional A61K 39/00

Nº de solicitud 18873183Solicitante ZYMEDI CO., LTD.Inventor/a Seongmin CHO

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

43.WO/2026/036134PRECISION IMMUNOSCORE FOR STAPHYLOCOCCUS AUREUS

WO - 12.02.2026

Clasificación Internacional A61K 39/12

Nº de solicitud PCT/US2025/041486Solicitante WASHINGTON UNIVERSITYInventor/a BUBECK-WARDENBURG, Juliane

Provided herein are methods and systems for use in determining risk of a Staphylococcus infection, predicting efficacy of a Staphylococcus vaccine, and prognosing clinical outcomes on a subject exposed to Staphylococcus. Methods of treating subject identified as having or at risk of a Staphylococcus infection are further provided.

44.WO/2026/035909SPLIT FORMULATED TRANS-AMPLIFYING RNA FLU VACCINE

WO - 12.02.2026

Clasificación Internacional A61K 39/145

Nº de solicitud PCT/US2025/041032Solicitante AMPLITUDE THERAPEUTICS, INC.Inventor/a SAGO, Cory, Dane

This disclosure relates to split-formulated influenza vaccines and methods of immunizing a subject against influenza using the same.

45.321836RESPIRATORY SYNCYTIAL VIRUS mRNA VACCINE, AND PREPARATION METHOD THEREFOR AND USE THEREOF

IL - 01.02.2026

Clasificación Internacional A61K 39/12

Nº de solicitud 321836Solicitante HANGZHOU TIANLONG PHARMACEUTICAL CO., LTD.Inventor/a SONG, Gengshen

46.4687853LIPIDNANOPARTIKELZUSAMMENSETZUNGEN

EP - 11.02.2026

Clasificación Internacional A61K 9/51

Nº de solicitud 24718379Solicitante UNIV COPENHAGENInventor/a FOGED CAMILLA

The present invention relates to the field of lipid nanoparticles (LNPs). In particular, the present invention relates to an LNP composition comprising a cationic or cationically ionisable lipid or lipid-like material, a helper lipid, a lipopolymer, and a monomycoloyl glycerol (MMG) analogue. The LNP composition is particularly useful as a vaccine composition.

47.WO/2026/030253HUMAN PAPILLOMAVIRUS (HPV) VACCINES

WO - 05.02.2026

Clasificación Internacional A61K 39/12

Nº de solicitud PCT/US2025/039540Solicitante GRITSTONE BIO, INCInventor/a TEIGLER, Jeffrey

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

48.20260041712VACCINE ADJUVANTS AND FORMULATIONS

US - 12.02.2026

Clasificación Internacional A61K 33/243

Nº de solicitud 19368791Solicitante The Cleveland Clinic FoundationInventor/a Vincent K. TUOHY

Compositions comprising an antigen, a carbohydrate, and a metabolizable oil, methods of administering such compositions to a subject, methods of making such compounds, and related compositions, methods, and uses.

49.WO/2026/027700MODIFIED RIBONUCLEIC ACIDS

WO - 05.02.2026

Clasificación Internacional C12P 19/34

Nº de solicitud PCT/EP2025/072104Solicitante KLINIKUM DER UNIVERSITÄT MÜNCHENInventor/a DING, Xiaoyan

The invention relates to messenger RNAs comprising modified nucleotides, methods of synthesizing such messenger RNAs, and pharmaceutical and vaccine compositions comprising messenger RNAs comprising modified nucleotides for use in treatment.

50.4691484INFLUENZA-MRNA-IMPFSTOFFE

EP - 11.02.2026

Clasificación Internacional A61K 39/145

Nº de solicitud 25222768Solicitante CUREVAC SEInventor/a JASNY EDITH

The present invention relates to mRNA sequences usable as mRNA-based vaccines against infections with influenza viruses. Additionally, the present invention relates to a composition comprising the mRNA sequences and the use of the mRNA sequences or the composition for the preparation of a pharmaceutical composition, especially a vaccine, e.g. for use in the prophylaxis or treatment of influenza virus infections. The present invention further describes a method of treatment or prophylaxis of infections with influenza virus using the mRNA sequences.

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

Estrategia de búqueda: *vaccine.ti. AND @PD>="20260201"<=20260215 24 records*

Document ID	Title	Inventor	Applicant Name
US 20250049908 A1	HIV VACCINES AND METHODS OF USING	Li; Jiani et al.	Gilead Sciences, Inc.
US 20250049910 A1	Immunogenic Constructs And Vaccines For Use In The Prophylactic And Therapeutic Treatment Of Diseases Caused By SARS-CoV-2	Ebert; Peter et al.	Nykode Therapeutics ASA,Adaptive Biotechnologies Corporation
US 20250049902 A1	Method of Developing a Peptide-Based Vaccine Conjugated with 1V209	HUANG; Jiandong et al.	VERSITECH LIMITED
US 20250049912 A1	Multicistronic Vaccine and Methods for Producing and Using the Same	Upadhyay; Arun Kumar et al.	Ocugen, Inc.
US 20250049202 A1	HOLDER FOR VACCINE GUNS	Davis; Seth Joseph	Davis; Seth Joseph

US 20250049907 A1	BRUCELLA CANIS VACCINE FOR DOGS	Arenas Gamboa; Angela M. et al.	THE TEXAS A&M UNIVERSITY SYSTEM
US 12220451 B2	Cell-based vaccine compositions and methods of use	Gunn; Michael D. et al.	Duke University
US 12220458 B2	Antigen-surface-coupled liposome vaccine for non-human animals	Uchida; Tetsuya et al.	NATIONAL FEDERATION OF AGRICULTURAL COOPERATIVE ASSOCIATIONS,Uchida; Tetsuya
US 12220457 B2	Modified CMV gB protein and CMV vaccine including same	Torikai; Masaharu et al.	KM Biologics Co., Ltd.
US 12220455 B2	Coronavirus vaccine compositions and methods	Sullivan; Sean Michael et al.	Arcturus Therapeutics, Inc.
US 20250041407 A1	VARICELLA ZOSTER VIRUS (VZV) VACCINE	Ciaramella; Giuseppe	ModernaTX, Inc.
US 20250041405 A1	IMMUNOGENIC AND VACCINE COMPOSITIONS AGAINST SARS-CoV-2	CHO; MICHAEL WAN	Iowa State University Research Foundation, Inc.
US 20250041395 A1	RECOMBINANT HEGF-CRM197 TUMOR THERAPEUTIC VACCINE FORMULATION	ZHANG; Wenyao et al.	SHANGHAI HUIMMUTECH BIOTECHNOLOGY CO., LTD
US 20250041414 A1	DENDRITIC CELL CANCER VACCINE AND APPLICATION THEREOF	LIU; Mi et al.	SUZHOU ERSHENG BIOMEDICAL CO., LTD.
US 20250041406 A1	RECOMBINANT MULTIVALENT VACCINE	YAN; Huimin et al.	SHANGHAI PUBLIC HEALTH CLINICAL CENTER
US 20250041400 A1	RSV VACCINE	LALIBERTE; Jason Paul et al.	AstraZeneca AB
US 20250041399 A1	CMV-BASED HUMAN PAPILLOMAVIRUS VACCINES	ARVIN; Ann M. et al.	VIR BIOTECHNOLOGY, INC.

US 20250041397 A1	EXPRESSION OF BORRELIA BURGDORFERI OUTER SURFACE PROTEIN A IN PLANTS AND PLANT PRODUCED VACCINE FOR SAME	Howard; John et al.	Applied Biotechnology Institute, Inc.
US 12214026 B2	Vaccine for falciparum malaria	Kurtis; Jonathan et al.	Rhode Island Hospital,Seattle Children's Hospital
US 12214034 B2	Vaccines against HPV and HPV-related diseases	Oh; Sangkon et al.	BAYLOR RESEARCH INSTITUTE
US 12214052 B2	Nanoparticle platform for antibody and vaccine delivery	Julien; Jean-Philippe et al.	The Hospital for Sick Children,The Governing Council of the University of Toronto
US 12214032 B2	Porcine Reproductive and Respiratory Syndrome vaccine virus	Wu; Stephen Qitu et al.	Elanco US, Inc.,Elanco UK AH Limited
US 12214030 B2	Self-adjuvanting Yersinia outer membrane vesicle as a vaccine against plague, anthrax and pseudomonas infection	Sun; Wei	Albany Medical College
US 12215342 B2	Method for preparing PEI-lipid nanoparticles used for delivering a mRNA vaccine and transfecting stem cells	Zheng; Bin et al.	Healthina Stem Cell Industry Platform (Tianjin) Limited,Tangyi Holdings(Shenzhen) Limited

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Edición: Annia Ramos Rodríguez aramos@finlay.edu.cu
Randelys Molina Castro rmolina@finlay.edu.
Claudia Camejo Salas ccamejo@finlay.edu.cu
Yamira Puig Fernández yamipuig@finlay.edu.cu

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