



EN ESTE NÚMERO

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

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

- Tendencias que están redefiniendo el futuro de las vacunas.
- Noticias más recientes en la Web sobre vacunas.
- Artículos científicos más recientes de Medline sobre vacunas.
- Patentes más recientes en PATENTSCOPE sobre vacunas.
- Patentes más recientes en USPTO.

Tendencias que están redefiniendo el futuro de las vacunas

El panorama del desarrollo de vacunas estará experimentando una transformación profunda en 2026, impulsada por la innovación tecnológica y un enfoque en la equidad global. Las principales tendencias se alejan de los métodos tradicionales para abrazar plataformas más rápidas, precisas y accesibles.

A continuación, se exponen las principales tendencias actuales, organizadas en cinco ejes fundamentales que están marcando el rumbo de la vacunología en el presente año.



Maduración y expansión de la tecnología ARN mensajero

La tecnología de ARN mensajero (ARNm), que demostró su potencial durante la pandemia de COVID-19, está consolidándose y expandiendo a nuevas fronteras.

Más allá de la COVID-19: Estamos presenciando su aplicación para otras enfermedades. Un hito esperado para 2026 es la posible aprobación por la FDA de la primera vacuna de ARNm contra la influenza estacional (mRNA-1010, de Moderna). Esto podría revolucionar la efectividad de la vacuna contra la gripe al permitir una producción más rápida y una mejor correspondencia con las cepas circulantes.

Segunda generación: La investigación se centra en mejorar la seguridad y tolerabilidad de estas vacunas. Por ejemplo, la compañía NeoVac ha anunciado resultados positivos de una plataforma de ARNm de "próxima generación" que utiliza nanopartículas lipídicas (LNP) optimizadas para ofrecer un perfil de seguridad superior en comparación con las vacunas actuales.

Vacunas combinadas: La industria busca simplificar la vacunación. Se espera la posible aprobación de la vacuna combinada de COVID-19 y gripe, de Moderna (mRNA-1083), que podría administrarse en una sola dosis.

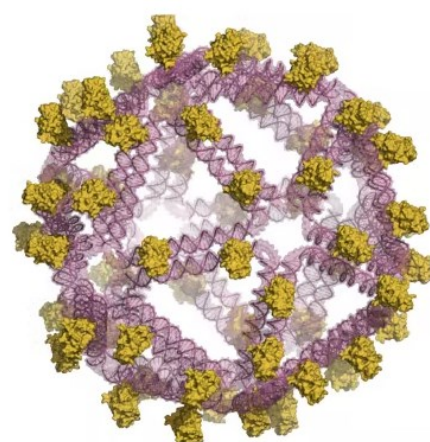
Nuevas fronteras: La plataforma ARNm se está probando para enfermedades complejas como el VIH, utilizando un enfoque de "entrenamiento inmunológico" paso a paso para generar anticuerpos de amplio espectro.

Innovación en Plataformas: Más Allá del ARNm

La necesidad de una respuesta aún más rápida a patógenos emergentes está impulsando el desarrollo de otras plataformas con enfoques novedosos y complementarios.

Vacunas ultrarrápidas: Investigadores de la Universidad de Virginia (UVA) han desarrollado una plataforma que promete diseñar una nueva vacuna para “pruebas en tan solo 3 semanas”, superando incluso la velocidad del ARNm. Este método, de muy bajo costo (potencialmente menos de \$1 por dosis) y que no requiere congelación, utiliza bacterias inactivadas para producir la vacuna, lo que facilitaría enormemente su distribución global.

Vacunas de ADN “origami” para una respuesta más enfocada: Un desafío en vacunas complejas (como la del VIH) utiliza la técnica de ADN origami para crear partículas similares a virus (VLP) que pueden presentar antígenos de forma altamente organizada. Un estudio publicado recientemente en *Science* demostró que estas vacunas pueden enfocar la respuesta inmune en el objetivo deseado sin generar respuestas “fuera de blanco” contra la armazón de la vacuna, un obstáculo clave en el desarrollo de vacunas contra el VIH.



Nuevos Adyuvantes: Grandes farmacéuticas como Sanofi están adquiriendo empresas para hacerse con plataformas de adyuvantes más potentes, como CpG 1018, que puede inducir una respuesta inmune más rápida y fuerte, mejorando la eficacia de vacunas de proteínas recombinantes.

Mimetismo Viral: Se están desarrollando sistemas virales "miméticos" que replican características de patógenos peligrosos sin causar enfermedad. Esto permite investigar vacunas en laboratorios de menor bioseguridad, acelerando la investigación y abaratando costos.

La revolución de la Inteligencia Artificial en el diseño de vacunas

La Inteligencia Artificial (IA) ya no es una promesa futura, sino una herramienta clave en el presente del desarrollo de vacunas.

Diseño de vacunas asistido por IA: La IA está revolucionando la forma en que se identifican los objetivos de las vacunas. Algoritmos de aprendizaje automático pueden analizar enormes bases de datos genómicos para predecir qué proteínas virales tienen más probabilidades de desencadenar una respuesta inmune potente. Esto acelera drásticamente la identificación de candidatos y optimiza las formulaciones para maximizar la eficacia y minimizar efectos secundarios.

Validación con modelos computacionales: La integración de la biología computacional y la inmunología está transformando el diseño de vacunas en una disciplina basada en datos. Se han desarrollado más de 250 herramientas que ayudan en el mapeo de epítomos, la predicción de

estructuras y el análisis de la interacción huésped-patógeno. Un estudio reciente publicado en *PLoS One* sobre una vacuna contra la COVID-19 utilizó enfoques de inmunoinformática para diseñar una vacuna de multi-epítipo dirigida específicamente a mutaciones de variantes como Ómicron, todo ello mediante simulaciones computacionales antes de pasar a la fase experimental.



Enfoque en nuevas enfermedades y grandes mercados

Las compañías están aplicando estas nuevas tecnologías a necesidades médicas no cubiertas y mercados lucrativos.

Primera vacuna contra la enfermedad de Lyme en 30 años: El candidato vacunal VLA15 de Pfizer, de proteína recombinante, podría convertirse en la primera vacuna contra la enfermedad de Lyme en décadas. Se espera que los resultados de los estudios de fase 3 se conozcan en el primer semestre de 2026 y que se solicite su aprobación a lo largo del año.

Protección de larga duración contra la gripe: Merck está apostando por un enfoque diferente con CD388, un conjugado fármaco-Fc (DFC, por sus siglas en inglés) de acción prolongada. Con un solo estudio de fase 3 en curso, este “escudo antiviral” podría ofrecer protección durante toda la temporada, especialmente valioso para personas inmunocomprometidas que no responden bien a las vacunas tradicionales.

Salud Global y Enfermedades Olvidadas: Existe un movimiento hacia la autosuficiencia regional. Por ejemplo, la empresa sudafricana Biovac comenzará un ensayo de fase 3 para su vacuna contra el cólera, un hito para el desarrollo de vacunas en África.

Nuevas Formas de Administración y Estrategias Globales

Más allá de la composición de la vacuna, cómo se administra y se distribuye globalmente también está evolucionando.

Vacunas mucosales y sin aguja: Se están explorando vacunas de administración intranasal (para generar inmunidad en las mucosas, la primera barrera de entrada de virus) y la tecnología de parches de microagujas que está avanzando significativamente. Un consorcio europeo ha seleccionado a la compañía Vaxxas y sus socios para desarrollar una vacuna contra la influenza estacional y pandémica que se administraría con un parche de alta densidad (HD-MAP, por sus siglas en inglés), lo que podría mejorar la estabilidad de la vacuna, aumentar la aceptación y facilitar su aplicación.

Protección a los más vulnerables: Se espera que en 2026 se priorice la implementación de vacunas ya existentes pero cruciales, como la vacuna contra el Virus Sincitial Respiratorio (VRS) para mujeres embarazadas, que protege a los recién nacidos en sus primeros meses de vida, cuando son más vulnerables.

Un Ecosistema Global más Fuerte y Equitativo

Fortalecimiento de la Producción Local: Hay una clara tendencia a descentralizar la fabricación de vacunas, con inversiones significativas para aumentar la capacidad de producción en regiones como África y América Latina. Esto busca garantizar un acceso más equitativo y una respuesta más rápida a futuras epidemias.

Modelos de infección controlada: El uso de modelos de infección controlada en humanos, en los que voluntarios se exponen de forma segura a un patógeno, se está consolidando como una forma ética y acelerada de obtener pruebas de eficacia en etapas tempranas.

La tendencia en el desarrollo de vacunas en 2026, se caracterizará por diversificación y especialización. Sobre la base sólida de las plataformas probadas durante la pandemia y la integración de la IA como herramienta estándar, los científicos están construyendo un ecosistema de vacunas más rápido, más inteligente y con mayor alcance, que promete proteger a la humanidad contra un espectro mucho más amplio de amenazas para la salud, con un fuerte compromiso con la equidad y la preparación global para futuras pandemias.

Fuentes

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Noticias en la Web

¿Por qué Cuba prioriza el desarrollo de vacunas antineumocócicas?

16 feb. Actualmente, el Instituto Finlay de Vacunas acelera el desarrollo de los candidatos Quimi-Vio 11 (en ensayos clínicos fase II-III) y Quimi-Vio 16, con el objetivo de proteger a la población más vulnerable mediante una tecnología de conjugación de probada eficacia y seguridad. En reciente reunión del Presidente cubano con expertos y científicos para temas de salud, se expusieron los avances observados en el programa de desarrollo de vacunas conjugadas antineumocócicas en nuestro país.

Para conocer más detalles sobre tan promisorio línea investigativa que lidera el Instituto Finlay de Vacunas (IFV), perteneciente al Grupo Empresarial BioCubaFarma, Granma conversó con la doctora Darielys Santana Medero, jefa del proyecto vinculado a esa temática, asumido por la entidad hace más de 20 años.

La enfermedad neumocócica es causada por la bacteria *Streptococcus pneumoniae* (neumococo) y puede conducir a enfermedades invasivas graves, como meningitis aguda y neumonías complicadas con derrame pleural, además de sinusitis, otitis media bacteriana e infecciones del torrente sanguíneo, comentó Santana Medero.

«Estas dolencias aparecen con más frecuencia y gravedad en los niños menores de cinco años y también en el adulto mayor. De manera particular, las dos primeras mencionadas y las sepsis pueden tener un curso severo y causar la muerte.

«Así, la enfermedad neumocócica invasiva suele alcanzar alrededor de un 8 % de mortalidad en niños con meningitis y un 5 % en casos de neumonía, cifras que son superiores en personas de avanzada edad».

De acuerdo con los estimados de la Organización Mundial de la Salud (OMS), pese a las altas coberturas de vacunación en el orbe, estas dolencias causan, anualmente, un aproximado de 1,6 millones de defunciones en todo el planeta, incluyendo cerca de 800 000 niños menores de cinco años. La mayor cantidad ocurre en países en vías de desarrollo.

En Cuba, la cuarta causa de muerte es la neumonía e influenza. Una parte significativa de esos fallecimientos obedecen a la bacteria *Streptococcus pneumoniae*.

Precisó la doctora Darielys Santana que el neumococo se transmite a través de gotas y secreciones respiratorias, especialmente al toser o estornudar. Muchas personas, fundamentalmente niños, pueden ser portadores de la bacteria sin presentar síntomas, lo que facilita su propagación.

«El neumococo es el segundo agente causante de neumonías adquiridas en la comunidad que



Darielys Santana, líder del Proyecto de vacunas conjugadas antineumocócicas, afirmó que la vacuna registrada protege contra los siete serotipos de mayor circulación.

Foto: Juvenal Balán.

requieren hospitalización (después del Virus Sincitial Respiratorio), lo mismo en adultos que en los infantes.

«Hoy está documentada la existencia de más de cien serotipos diferentes de la referida bacteria, de los cuales entre 20 y 30 son los de mayor relevancia en la aparición de las enfermedades señaladas. De ahí la importancia de ir al desarrollo de vacunas multivalentes, que garanticen una mayor protección de los grupos poblacionales más expuestos».

MERITORIO EMPEÑO TECNOLÓGICO

Bajo la premisa de ser un centro de investigación, desarrollo y producción, el IFV fue fundado en 1991, y en la actualidad suministra ocho vacunas al Sistema Nacional de Salud y varios ingredientes farmacéuticos activos, necesarios para la elaboración de otros productos de ese tipo fabricados en Cuba.

Dentro de sus principales líneas de trabajo, resalta el Programa de desarrollo de vacunas conjugadas multivalentes contra los neumococos, emprendido hace más de dos décadas, cuyo resultado más prominente es la creación de la vacuna antineumocócica Quimi-Vio® (heptavalente), registrada en 2024, por el Centro para el Control Estatal de Medicamentos, Equipos y Dispositivos Médicos (Cecmed).

Según detalló la doctora Darielys Santana, la misma protege contra siete de los serotipos más frecuentes a nivel mundial y de mayor circulación en el país.

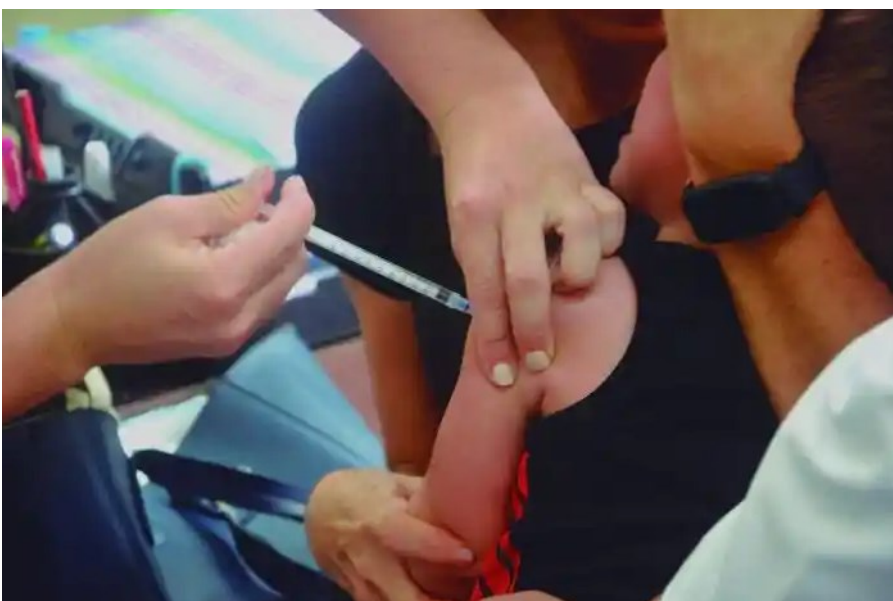
«El proceso de obtención enfrentó una elevada complejidad científica, química, analítica y tecnológica, factores que ponen de manifiesto la relevancia de este resultado de la biotecnología cubana.

«Las evidencias observadas permiten demostrar los impactos favorables reportados con su aplicación. Baste decir que, entre 2017 y 2019, se vacunaron en la provincia de Cienfuegos el 93 % de los niños entre uno y cinco años.

«Si antes las tasas de mortalidad por meningitis y otras enfermedades invasivas producidas por el neumococo estaban en el orden de 3,1 y 9,1 por cada 10 000 infantes en ese grupo de edades, después de terminada la vacunación, y pese a sufrir luego el impacto de la covid-19, las tasas bajaron a cero y así se han mantenido hasta la actualidad.

Para el caso de los niños que ingresan en la terapia intensiva por causa de una neumonía severa, la tasa de incidencia en los vacunados es de 3,14, contra la de 123,67 registrada en los no vacunados, recalcó.

El doctor en Ciencias Químicas Yury Valdés Balbín, director general del IFV, indicó a este diario que el mayor esfuerzo en el programa de vacunas conjugadas contra el neumococo se concentra hoy en lograr, durante 2026, el registro sanitario del candidato vacunal Quimi-Vio 11, el que incorpora cuatro



nuevos serotipos con una relevante incidencia en la aparición de las enfermedades provocadas por la bacteria.

«Tiene la particularidad de tener al adulto mayor como población diana, junto a los lactantes. En estos momentos se realizan los ensayos clínicos fase II-III en ambos grupos etarios, el de los adultos en instituciones de Salud de La Habana, y en el caso de los niños, en las provincias de Cienfuegos, Santiago de Cuba y, próximamente, también en la capital.

«Dicho candidato vacunal tiene un desarrollo acelerado, basado en la misma plataforma tecnológica de conjugación y proteína portadora, que la vacuna Quimi-Vio® (heptavalente). Ese enfoque ha posibilitado avanzar con celeridad en la estrategia de evaluación clínica, tras la demostración de seguridad e inmunogenicidad de esta última».

En el adulto mayor el esquema es de una sola dosis, mientras en los lactantes es de tres a los dos, cuatro y 11 meses de nacido, aseveró el doctor Valdés Balbín.

Destacó que el IFV trabaja, asimismo, en otro candidato vacunal contra 16 serotipos (Quimi-Vio 16), que añade cinco más en términos de la relevancia epidemiológica con respecto a su antecesora inmediata. Actualmente, se encuentra en proceso de evaluación en animales de laboratorio.

Todos los ensayos de las vacunas conjugadas antineumocócicas tienen lugar en la atención primaria de Salud, y ello implica un reto muy grande, que solo un sistema social como el nuestro es capaz de asumir, recalcó el Director general de la entidad.

El nombre Quimi-Vio rinde merecido tributo a la memoria de la científica Violeta Fernández Santana, una de las principales investigadoras y promotoras de este proyecto, fallecida en noviembre de 2011.

Fuente: CMHW. Disponible en <https://n9.cl/apnw1>

WHO Agency Seeks \$2.5 Billion to Strengthen Global Epidemic Preparedness

Feb 17. The Coalition for Epidemic Preparedness Innovations (CEPI) has launched a five-year strategy, CEPI 3.0, aimed at strengthening global preparedness for epidemic and pandemic threats. The organisation has called for an additional \$2.5 billion in funding to reinforce worldwide disease defenses, bringing the total required for full implementation to \$3.6 billion. With \$1.1 billion already secured, CEPI is seeking further contributions from governments, philanthropic organisations, and development partners.



CEPI 3.0 is scheduled to begin in 2027 and responds to the increasing frequency and severity of outbreaks from deadly diseases such as Nipah, Ebola, Chikungunya, and Marburg. The coalition notes that another pandemic on the scale of COVID-19 remains a significant risk, with the potential for enormous economic and social consequences.

At the heart of the strategy is CEPI's 100 Days Mission, which aims to develop safe, effective, and accessible vaccines against viruses with pandemic potential within 100 days of their identification. The plan outlines three interconnected priorities to enable faster, more equitable outbreak responses worldwide.

First, CEPI seeks to generate scientific tools and knowledge across viral families identified by the World Health Organization as capable of causing a Public Health Emergency of International Concern or a pandemic. Second, the organisation will advance rapid-response vaccine platform technologies and integrate them into regional manufacturing networks, working closely with regulators to provide access to critical performance data and facilitate accelerated assessment of candidate vaccines.

Finally, CEPI will rigorously support and test global scientific and manufacturing networks that can be activated quickly to deliver on the 100 Days Mission, spanning early research and development through large-scale production. This approach is designed to enable rapid vaccine development, faster manufacturing scale-up, accelerated regulatory review, and improved equity in vaccine distribution from the outset of outbreaks.

Fuente: Funds for NGOs. Disponible en <https://n9.cl/2knvnh>

La Comisión Europea aprueba la vacuna mNexspike de Moderna frente a la COVID-19

17 feb. La Comisión Europea ha concedido la autorización de comercialización a mNexspike (mRNA-1283), una nueva vacuna desarrollada por Moderna para la inmunización activa frente a la COVID-19 causada por el SARS-CoV-2 en personas de 12 años o más.

Esta autorización de comercialización se produce tras la opinión positiva adoptada por el Comité de Medicamentos de Uso Humano (CHMP) de la Agencia Europea de Medicamentos (EMA) y supone la tercera vacuna de Moderna autorizada en la Unión Europea, junto con Spikevax (COVID-19) y mNexspike (virus respiratorio sincitial), lo que refuerza la cartera de vacunas respiratorias de la compañía en Europa. La autorización es válida en los 27 Estados miembros de la Unión Europea, así como en Islandia, Liechtenstein y Noruega. Moderna prevé que mNexspike esté disponible en Europa conforme a los plazos regulatorios y a las vías de acceso al mercado local.



"Acogemos con satisfacción la decisión de la Comisión Europea, que refleja la solidez de los datos científicos que respaldan mNexspike y nuestro compromiso continuo con el avance de vacunas innovadoras para las poblaciones con mayor riesgo", ha señalado Stéphane Bancel, director ejecutivo de Moderna. "La COVID-19 se ha convertido en una enfermedad respiratoria endémica con una carga desproporcionada de enfermedad grave en los adultos mayores. Europa representa una región clave para las vacunas frente a los virus respiratorios y nos complace disponer de una vacuna que ayudará a proteger a los europeos cuando el mercado de la COVID de la UE vuelva a abrirse a partir de este año en algunos mercados".

La decisión de la Comisión Europea está respaldada por los resultados de un ensayo clínico de fase 3, aleatorizado, ciego y con control activo, en el que participaron aproximadamente 11.400 personas de 12 años o más. El objetivo principal de eficacia del estudio fue demostrar la no inferioridad de la eficacia de la vacuna frente a la COVID-19 a partir de los 14 días tras la administración de mNexspike en comparación con la vacuna de referencia, mRNA-1273 (Spikevax), la vacuna original frente a la COVID-19 de Moderna. Los participantes recibieron una dosis de 10 µg de mNexspike o una dosis

de 50 µg de Spikevax. mNexspike mostró una eficacia relativa de la vacuna un 9,3% superior en comparación con Spikevax en personas de 12 años o más y, en un análisis descriptivo por subgrupos, una eficacia relativa un 13,5 % mayor en adultos de 65 años o más.

En el ensayo de fase 3, se observó que mNexspike presentaba un perfil de seguridad similar al de Spikevax, con menos reacciones locales y reacciones sistémicas comparables. Las reacciones adversas más frecuentes fueron dolor en el lugar de la inyección, fatiga, dolor de cabeza y mialgia.

Moderna ya ha recibido la aprobación regulatoria de mNexspike en Estados Unidos, Canadá y Australia, y continúa tramitando autorizaciones en otros mercados de todo el mundo.

Fuente: Gaceta de Salud. Disponible en <https://n9.cl/ghjys>

GSK's RSV Vaccine Moves Closer to China Approval

Feb 18. GSK has announced that its regulatory application for Arexvy (Respiratory Syncytial Virus [RSV] vaccine, [recombinant, adjuvanted]) has been accepted for review by China's Center for Drug Evaluation (CDE). The submission seeks approval for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV) in adults aged 60 years and older.

"Regulatory filing for Arexvy has been accepted for review in China for adults aged 60 and older, where RSV affects millions each year."

If approved, Arexvy would become the first vaccine available in China to help protect this age group from the potentially serious consequences of RSV disease. RSV is estimated to affect more than six million adults aged 60 and older in China each year, resulting in over 350,000 RSV-related hospitalizations.

The regulatory submission is supported by a robust clinical data package, including positive phase 3 results from a trial in adults aged 60 and older in China (NCT06551181). The study met all primary endpoints and showed an acceptable safety profile. A regulatory decision is expected in 2027.

Arexvy contains recombinant RSV glycoprotein F stabilized in the prefusion conformation (RSVPreF3), combined with GSK's proprietary AS01E adjuvant system. As with any vaccine, a protective immune response may not be elicited in all vaccinees.

The vaccine has been approved for the prevention of RSV-LRTD in adults aged 60 years and older in more than 65 countries. It is also approved for adults aged 50–59 at increased risk due to certain underlying medical conditions in more than 60 countries, including the US and Japan. In the European Economic Area, it is approved for adults aged 18 and older.

RSV in adults



RSV is a common contagious virus affecting the lungs and breathing passages, impacting an estimated 64 million people globally each year. Adults may face increased risk due to advanced age, immune-compromised status, or underlying health conditions.. Compared with children, adults hospitalized for RSV are at higher risk of severe complications, more costly treatments, and higher fatality rates, and the true burden may be underestimated due to lack of routine testing.

Fuente: The Medicine Maker. Disponible en <https://n9.cl/wrm42>

A comprehensive review of the Meningococcal Vaccine market including market trends and segmentation from 2026 to 2033

Feb 19. The futuristic approach to gathering insights on the Meningococcal Vaccine Market involves leveraging advanced data analytics, artificial intelligence, and real-time epidemiological tracking. By integrating diverse data sources, such as health records, vaccination rates, and emerging disease patterns, stakeholders can develop a comprehensive understanding of market dynamics and consumer behavior. This proactive strategy enables a more responsive approach to vaccine development and distribution, anticipating trends and potential outbreaks. The insights gained can significantly influence policy-making, funding allocations, and targeted marketing campaigns, shaping future market trends. As a result, the Meningococcal Vaccine Market grows with a CAGR of 7.8% from 2026 to 2033, reflecting increasing awareness, technological advancements, and improved healthcare access globally. This growth underlines the vital role of innovative data gathering in steering market trajectories and ensuring effective disease management.

Revolutionary Trends Shaping the Meningococcal Vaccine Market Dynamics

Revolutionary trends redefining the Meningococcal Vaccine Market include the advancement of multi-valent vaccines, which protect against multiple serogroups, enhancing efficacy. Increased public awareness and vaccination campaigns contribute to higher demand, particularly in outbreak-prone areas. Technological innovations in vaccine delivery, like microneedles, offer pain-free administration, improving acceptance. Additionally, collaborations between governments and biotech firms foster faster development and distribution. Emerging markets are seeing a rise in investment, driven by growing healthcare infrastructure. Lastly, personalized medicine approaches are gaining traction, aligning vaccine strategies with individual health profiles, which could optimize vaccine impact.

Product Types Analysis in the Meningococcal Vaccine Market

- ⇒ Meningitis A
- ⇒ Polysaccharide Meningitis AC
- ⇒ Meningitis ACYW



Meningococcal vaccines include several types, such as Meningitis A, Polysaccharide Meningitis AC, and Meningitis ACYW, each contributing uniquely to market demand. Meningitis A targets specific regions with high prevalence and is vital for mass vaccination campaigns, while Polysaccharide Meningitis AC offers broader coverage for strains A and C, appealing to travelers and adolescents. Meningitis ACYW provides protection against serogroups A, C, Y, and W-135, making it essential for college students and military recruits. These vaccines promote public health and safety, fostering consumer confidence and encouraging immunization initiatives, ultimately driving market growth.

Product Applications and Market Growth Trends in the Meningococcal Vaccine Market

- ⇒ 6 Months-15Year
- ⇒ over 3 Year
- ⇒ over 2 Year
- ⇒ over 3 Months

Meningococcal vaccines are crucial in preventing invasive meningococcal diseases across various age groups. In children aged 6 months to 15 years, the vaccine helps build immunity during formative years when susceptibility is high. For those over 3 years, it is essential for school-aged children who gather in groups, increasing transmission risk. In individuals over 2 years, especially young adults, vaccination is vital during college years, where close living quarters can facilitate outbreaks. For infants over 3 months, early vaccination ensures timely protection during critical developmental stages. The fastest-growing segment is the vaccine for 6 months to 15 years, driven by increased awareness of meningococcal disease, expanded vaccination recommendations, and school mandates enhancing uptake.

Transformational Impact of Meningococcal Vaccine Market Disruptions

Recent disruptions in the Meningococcal Vaccine Market have significantly transformed the landscape. The COVID-19 pandemic heightened the focus on vaccine development and distribution, prompting rapid advancements in production and logistics. This urgency catalyzed digitalization, streamlining supply chains and enhancing communication between stakeholders, thereby increasing access and awareness among consumers. Additionally, the convergence of industries, such as biotechnology and pharmaceuticals, has fostered innovative partnerships that drive research and development, leading to more effective vaccines.

As a result, market strategies now emphasize agility and responsiveness to emerging health threats, while consumer behaviors have shifted towards a heightened demand for transparency and efficacy in vaccination. The market is increasingly driven by informed consumers who seek convenient access to vaccination services, compelling companies to adopt more patient-centric approaches and digital solutions to engage audiences effectively. This transformation underscores a new era where speed, innovation, and consumer engagement are pivotal to success.

Global Meningococcal Vaccine Market Landscape and Future Pathways

- ⇒ North America: United States Canada
- ⇒ Europe: Germany France U.K. Italy Russia
- ⇒ Asia-Pacific: China Japan South Korea India Australia China Taiwan Indonesia Thailand Malaysia

⇒ Latin America: Mexico Brazil Argentina Korea Colombia

⇒ Middle East & Africa: Turkey Saudi Arabia UAE Korea

The global Meningococcal Vaccine Market is experiencing significant growth, driven by rising awareness of meningococcal diseases and increasing vaccination initiatives. In North America, the U.S. and Canada lead with robust healthcare infrastructure and vaccination programs. Europe sees strong demand in Germany, France, the U.K., and Italy, where regulatory frameworks support immunization efforts. The Asia-Pacific region is emerging as a key growth market, particularly in China and India, fueled by rising immunization rates and government initiatives. Latin America, with countries like Brazil and Mexico, is focusing on expanding vaccine access amid increasing disease prevalence. The Middle East and Africa are witnessing growth due to rising healthcare investments and awareness, particularly in Turkey and UAE. Future pathways for the market include innovations in vaccine formulations, increased collaboration between governments and manufacturers, and adapting to regulatory shifts that prioritize infectious disease control, creating new opportunities for stakeholders.

Innovative Competitive Intelligence Strategies of Meningococcal Vaccine Market Share

⇒ Novartis

⇒ GSK

⇒ Merck

⇒ CSL

⇒ Baxter

⇒ JN International Medical Corporation

⇒ Serum Institute of India

⇒ Bio-Med

⇒ China National Biotec Group

⇒ Hualan Bio

⇒ Walvax

⇒ Zhifei

In the highly competitive meningococcal vaccine market, companies like Novartis, GSK, Merck, CSL, and others leverage advanced competitive intelligence strategies to gain an edge. AI-powered market scanning tools enable real-time tracking of competitor activities, regulatory changes, and emerging market trends. This capability allows firms to swiftly adapt their strategies based on evolving market dynamics.

Predictive analytics further enhances these strategies by forecasting competitor moves and potential market shifts. By analyzing historical data and usage patterns, companies can anticipate changes in consumer behavior, optimize product launches, and refine marketing tactics, leading to a proactive rather than reactive approach.

Dynamic pricing models are also increasingly utilized, allowing firms to adjust pricing strategies based on demand fluctuations, competitor pricing, and market conditions. This flexibility helps maximize revenue and maintain competitive positioning.

Together, these strategies create a robust framework for companies to stay ahead in the meningococcal vaccine sector. By integrating data-driven insights with agile operational tactics, organizations can better address market needs, improve customer engagement, and ultimately drive growth in a crowded marketplace.

Meningococcal Vaccine Market Expansion Tactics and Growth Forecasts

The Meningococcal Vaccine Market can experience significant expansion through innovative strategies such as cross-industry collaborations and ecosystem partnerships. Pharmaceutical companies can collaborate with tech firms to develop digital health solutions that enhance vaccine accessibility and education, targeting specific demographic groups. Additionally, partnerships with non-profits and governments could facilitate public health campaigns, increasing awareness and vaccination rates.

Disruptive product launches, including combination vaccines that protect against multiple strains and innovations in delivery methods, such as microneedles or oral vaccines, can attract investment and consumer interest. Furthermore, leveraging data analytics to identify outbreak trends will enable more proactive vaccination strategies.

As a result of these strategies and ongoing trends toward personalized healthcare and preventive medicine, the market is forecasted to grow significantly in the coming years, potentially reaching a compound annual growth rate in the double digits, driven by heightened awareness and innovative product offerings.

Fuente: LinkedIn. Disponible en <https://n9.cl/7nh76>

Una vacuna nasal universal bloquea virus, bacterias y alérgenos

20 feb. Una vacuna universal que pueda proteger contra cualquier patógeno ha sido durante mucho tiempo, es el Santo Grial al que se aproxima una nueva investigación de Stanford Medicine (Estados Unidos). En un nuevo estudio con ratones, publicado en *Science*, han desarrollado una fórmula de vacuna universal que protege contra una amplia gama de virus respiratorios, bacterias e incluso alérgenos.

La vacuna se administra por vía intranasal (por ejemplo, mediante un spray nasal) y proporciona una amplia protección pulmonar durante varios meses. Si se trasladara a los humanos, esa vacuna podría reemplazar múltiples inyecciones cada año para las infecciones respiratorias estacionales y estar disponible en caso de que surgiera un nuevo virus pandémico.

Los investigadores demuestran en este trabajo que los ratones vacunados estaban protegidos contra el SARS-CoV-2 y otros coronavirus, *Staphylococcus aureus* y *Acinetobacter baumannii* (infecciones comunes adquiridas en hospitales) y los ácaros del polvo doméstico (un alérgeno común).

De hecho, la nueva vacuna ha sido eficaz para un espectro notablemente amplio de amenazas respiratorias que los investigadores han probado, incide Bali Pulendran, y profesora de microbiología e inmunología de Standford, quien es la autora principal del estudio.



Si se trasladara a los humanos, esa vacuna podría reemplazar múltiples inyecciones cada año para las infecciones respiratorias estacionales.

La mayoría de los intentos de crear una supuesta vacuna universal tienen el modesto objetivo de inducir inmunidad contra una familia completa de virus (todos los coronavirus o todos los virus de la gripe, por ejemplo), generalmente imitando componentes virales conservados evolutivamente y con menor probabilidad de mutar. Una vacuna verdaderamente universal capaz de combatir diversos patógenos era una idea ilusoria.

La nueva vacuna no intenta imitar ninguna parte de un patógeno; en cambio, imita las señales que las células inmunitarias utilizan para comunicarse entre sí durante una infección. Esta novedosa estrategia integra las dos ramas de la inmunidad (innata y adaptativa), creando un ciclo de retroalimentación que sostiene una amplia respuesta inmunitaria.

Sistema inmunitario adaptativo

El sistema inmunitario adaptativo es el caballo de batalla de las vacunas actuales. Produce agentes especializados, como anticuerpos y linfocitos T, que atacan patógenos específicos y los recuerdan durante años. El sistema inmunitario innato, que se activa a los pocos minutos de una nueva infección, ha recibido menos atención porque suele durar solo unos días antes de ceder el protagonismo al sistema inmunitario adaptativo. Se consideraba el telonero del espectáculo principal. Pero el equipo de investigadores estaba intrigado por la versatilidad del sistema inmune innato, que consiste en generalistas (como células dendríticas, neutrófilos y macrófagos) que destruyen cualquier cosa considerada patógeno.

"Lo notable del sistema innato es que puede proteger contra una amplia gama de microbios diferentes", incide Pulendran. La inmunidad innata es de corta duración, pero proporciona algo que se acerca a una protección universal.

Desde hace tiempo existen indicios de que la inmunidad innata puede durar más en determinadas circunstancias. El ejemplo más estudiado es la vacuna contra la tuberculosis del bacilo de Calmette-Guérin, que se administra a unos 100 millones de recién nacidos cada año. Estudios epidemiológicos y clínicos han demostrado que puede reducir la mortalidad infantil por otras infecciones, lo que sugiere que la protección cruzada podría durar meses. Sin embargo, el fenómeno era inconsistente y el mecanismo, misterioso.

En 2023, el equipo de Pulendran publicó un estudio en ratones que dilucidaba el mecanismo. Al igual que otras vacunas, la vacuna contra la tuberculosis indujo una respuesta inmunitaria tanto innata como adaptativa en los ratones; sin embargo, excepcionalmente, la respuesta innata se mantuvo durante varios meses. Los investigadores descubrieron que las células T reclutadas en los pulmones como parte de la respuesta adaptativa enviaban señales a las células inmunitarias innatas para mantenerlas activas.

"Esas células T proporcionaban una señal crucial para mantener la activación del sistema innato, que normalmente dura unos días o una semana, pero en este caso podría durar tres meses", detalla Pulendran. Los investigadores demostraron que, mientras la respuesta innata se mantuvo activa, los ratones estuvieron protegidos contra las infecciones por SARS-CoV-2 y otros coronavirus. Identificaron las señales enviadas por los linfocitos T como citocinas que activan los receptores de detección de patógenos, conocidos como receptores tipo Toll, en las células inmunitarias innatas.

"En ese artículo, especulamos que, dado que ahora sabemos cómo la vacuna contra la tuberculosis media sus efectos de protección cruzada, sería posible crear una vacuna sintética, tal vez un aerosol nasal, que tenga la combinación correcta de estímulos de receptores tipo Toll y algún antígeno para

llevar las células T a los pulmones", comenta Pulendran. "Dos años y medio después hemos demostrado que exactamente lo que habíamos especulado es factible en ratones".

La nueva vacuna, por ahora conocida como GLA-3M-052-LS+OVA, imita las señales de las células T que estimulan directamente las células inmunitarias innatas en los pulmones. También contiene un antígeno inofensivo, una proteína del huevo llamada ovoalbúmina u OVA, que recluta células T en los pulmones para mantener la respuesta innata durante semanas o meses.

En el estudio, se administró a ratones una gota de la vacuna en la nariz. Algunos recibieron múltiples dosis, con una semana de diferencia. Cada ratón fue expuesto a un tipo de virus respiratorio. Con tres dosis de la vacuna, los ratones estuvieron protegidos contra el SARS-CoV-2 y otros coronavirus durante al menos tres meses.

En ratones no vacunados, estos virus causaron una pérdida de peso drástica (síntoma de enfermedad) y, a menudo, la muerte; sus pulmones estaban inflamados y llenos de virus. Los ratones vacunados perdieron mucho menos peso y todos sobrevivieron; sus pulmones estaban prácticamente libres del virus.

La vacuna es un doble golpe contra la infección viral, insiste Pulendran. La respuesta innata prolongada reduce la cantidad de virus en los pulmones 700 veces. Y los virus que evaden esta defensa inicial se enfrentan a una rápida respuesta adaptativa en los pulmones.

"El sistema inmunitario pulmonar está tan preparado y alerta que puede activar las respuestas adaptativas típicas (células T y anticuerpos específicos del virus) en tan solo tres días, un tiempo extraordinariamente corto", detalla Pulendran. "Normalmente, en un ratón no vacunado, tarda dos semanas".

Sorprendidos por la capacidad de la vacuna para combatir diferentes tipos de infecciones virales, los investigadores ampliaron sus pruebas a infecciones respiratorias bacterianas, como *Staphylococcus aureus* y *Acinetobacter baumannii*. Los ratones vacunados también estuvieron protegidos contra estas infecciones durante aproximadamente tres meses.

Expusieron a los ratones a una proteína de los ácaros del polvo doméstico, un desencadenante común del asma alérgica. Las reacciones alérgicas son causadas por un tipo de respuesta inmunitaria conocida como respuesta Th2. Los ratones no vacunados mostraron una fuerte respuesta Th2 y acumulación de moco en las vías respiratorias. La vacuna suprimió la respuesta Th2 y los ratones vacunados mantuvieron las vías respiratorias despejadas.

"Creo que lo que tenemos es una vacuna universal contra diversas amenazas respiratorias", declara Pulendran. Los investigadores esperan probar la vacuna en humanos a continuación, primero en un ensayo de seguridad de Fase I y, si tiene éxito, en un ensayo más amplio en el que las personas vacunadas se expongan a infecciones. Pulendran cree que dos dosis de un spray nasal serían suficientes para brindar protección en humanos.

En el mejor de los casos, con suficiente financiación, Pulendran estima que una vacuna respiratoria universal podría estar disponible en un plazo de cinco a siete años. Podría constituir un baluarte contra nuevas pandemias y simplificar la vacunación estacional.

El estudio recibió financiación de los Institutos Nacionales de Salud, la dotación del Profesor Violetta L. Horton, la dotación del Fondo Soffer y Open Philanthropy.

Fuente: GACETA DE SALUD. Disponible en <https://n9.cl/urpvo>

Japón adopta una nueva vacuna contra la neumonía para los ancianos y fija una tasa de pago fija en el sistema sanitario

22 feb. El principal cambio pasa por sustituir los antiguos protocolos por la introducción de un inmunizador más moderno y eficaz, conocido comercialmente como Prevnar 20. La nueva directriz ya está vigente y cambia tanto la composición farmacológica que ofrece la red pública como la estructura de costos para los beneficiarios.

La decisión del gobierno marca una importante transición tecnológica en el sistema sanitario japonés, al abandonar la vacuna de polisacáridos de 23 valencias, que era el estándar anterior, en favor de la vacuna conjugada de 20 valencias.



Las autoridades sanitarias han establecido que el principal público objetivo de esta campaña de rutina son los ciudadanos que cumplan 65 años durante el presente año fiscal. Además de este grupo, también son elegibles para recibir la dosis con subsidio del gobierno las personas entre 60 y 64 años que tengan condiciones médicas específicas, como funciones cardíacas, renales o respiratorias comprometidas.

Junto con la actualización clínica, hubo una redefinición en la participación financiera de los usuarios del sistema. El gobierno ha fijado una cantidad de coparticipación para los ciudadanos elegibles, en 3.500 yenes. Este monto representa la porción que el paciente debe pagar directamente, mientras que el resto del costo de la vacuna lo cubren las arcas públicas. Esta tasa estandarizada tiene como objetivo equilibrar la sostenibilidad del programa de vacunación con la accesibilidad para la población mayor, garantizando que las barreras financieras no impidan el acceso a esta tecnología profiláctica de vanguardia.

Es fundamental que la población conozca las reglas de periodicidad, pues el subsidio estatal sólo se otorga una vez en la vida para este tipo de inmunización. Aquellos que hayan recibido previamente la vacuna antineumocócica en régimen público no tienen derecho a una nueva dosis subsidiada y deberán asumir la totalidad de los costos si optan por la revacunación. La medida refleja el esfuerzo continuo de Japón por adaptar sus políticas de salud pública a las innovaciones científicas, priorizando la prevención de enfermedades que históricamente aumentan las tasas de hospitalización entre las personas mayores.

Superioridad tecnológica y respuesta inmunológica

La sustitución del anterior inmunizador por la versión conjugada supone un avance técnico considerable en la medicina preventiva geriátrica. Diferente de la vacuna de polisacáridos, que actúa de forma más sencilla sobre el sistema inmunológico, la nueva vacuna conjugada de 20 valencias está diseñada para inducir una memoria inmunológica más potente y duradera. Los médicos que apoyaron la decisión del ministerio indican que esta formulación ofrece una respuesta de anticuerpos superior, lo cual es crucial para los organismos envejecidos que naturalmente tienen un sistema de defensa menos reactivo.

La nueva vacuna cubre veinte serotipos diferentes de bacterias neumocócicas, que son responsables de la gran mayoría de los casos de neumonía neumocócica grave en adultos. Al centrarse en estos serotipos específicos, la estrategia de salud pública pretende reducir drásticamente la incidencia de formas invasivas de la enfermedad. Especialistas en enfermedades infecciosas señalan que la tecnología de conjugación de proteínas utilizada en la nueva vacuna permite que el organismo reconozca más eficientemente el antígeno, generando una protección que persiste por más tiempo sin necesidad de dosis de refuerzo frecuentes, como ocurría con modelos de vacunas más antiguos. Esta actualización alinea a Japón con las prácticas de vacunación internacionales más avanzadas. La capacidad de prevenir no sólo la neumonía, sino también otras infecciones sistémicas causadas por neumococos, debería dar lugar a una disminución significativa de la ocupación de camas hospitalarias y de la mortalidad asociada a las enfermedades respiratorias en invierno. La mayor eficacia de la vacuna justifica la inversión pública y la reorganización logística necesaria para su distribución en todo el archipiélago.

Fin de las medidas de transición y nuevos plazos

Un cambio fundamental en las normas actuales se refiere a la terminación de las llamadas medidas de transición, que estuvieron en vigor en años anteriores. Recientemente, el gobierno japonés permitió que las personas de 70, 75, 80 años, etc. recibieran la vacuna con un subsidio si no habían sido inmunizadas previamente. La política de “puesta al día” se ha finalizado oficialmente, restringiendo el enfoque del programa de rutina estrictamente a aquellos que alcanzan la edad base de 65 años.



Este cambio impone una mayor responsabilidad a los ciudadanos para que no incumplan el plazo de vacunación. El período de elegibilidad es estricto y aquellos que pierdan la oportunidad a los 65 años perderán su derecho al subsidio de 3.500 yenes. Si una persona mayor decide vacunarse después del final de su período de elegibilidad, será considerada un paciente voluntario y deberá pagar el precio total de la vacuna, que es sustancialmente mayor que el monto coparticipado.

Las autoridades locales están intensificando la comunicación para evitar que los residentes pierdan el beneficio por desinformación. El fin de los grupos de edad escalonados simplifica el sistema administrativo, pero exige que la población sea proactiva en cuanto a su calendario de salud una vez que llegue a la edad de jubilación. La pérdida del subsidio representa un impacto financiero que puede desalentar la vacunación tardía, dejando al individuo vulnerable a infecciones.

Fuente: Mix Vale. Disponible en <https://n9.cl/lkjylc>

BioNTech y Moderna: La batalla legal por la próxima generación de vacunas mRNA

23 feb. El litigio por patentes en el sector de la biotecnología se intensifica. BioNTech ha decidido llevar a su rival Moderna a los tribunales en Estados Unidos, acusándola de infringir su propiedad intelectual relacionada con una tecnología avanzada para vacunas contra la COVID-19. Más allá de los principios, el desenlace de este enfrentamiento tendrá un impacto directo y cuantificable en los ingresos futuros de ambas compañías.

“BioNTech acusa a Moderna de infringir su patente clave para vacunas Covid-19, lo que impactará los ingresos de ambas empresas en un mercado ya contraído.”

Los detalles de la demanda judicial

El pasado 19 de febrero de 2026, BioNTech presentó una demanda ante un tribunal federal en Delaware, Estados Unidos. La firma alemana alega que la vacuna de Moderna, denominada mNEXSPIKE, emplea tecnología de ARN mensajero que está protegida por sus patentes.

El núcleo de la controversia es el patente estadounidense número 12,133,899. Según los documentos, este protege un diseño de vacuna que, en lugar de utilizar la proteína *Spike* completa, se centra únicamente en ciertas "regiones clave" de la misma. BioNTech sostiene que este enfoque "optimizado" fue desarrollado durante la creación de Comirnaty (su vacuna en colaboración con Pfizer) y que permite administrar dosis más bajas sin comprometer la respuesta inmunológica.



Es relevante señalar que Pfizer no es parte en esta nueva demanda. BioNTech ha justificado públicamente la acción como una medida necesaria para proteger sus innovaciones en el campo del ARNm. Por su parte, Moderna ha anunciado que se defenderá de las acusaciones.

El trasfondo financiero y de mercado

La disputa llega en un momento crucial para Moderna. Según la documentación presentada por BioNTech, se estima que mNEXSPIKE representa aproximadamente el 55 % de los ingresos por vacunas contra la COVID-19 de Moderna durante la temporada de virus respiratorios 2025/2026. Esta vacuna ya había recibido la autorización de la FDA estadounidense en 2025.

Sin embargo, el contexto del mercado ha cambiado radicalmente. El volumen de negocio de las vacunas contra la COVID-19 es ahora muy inferior al registrado durante los años álgidos de la pandemia, cuando productos como Spikevax y Comirnaty generaron miles de millones. Además, según informes de Reuters, el sector enfrenta nuevos desafíos regulatorios en Estados Unidos desde que el conocido escéptico de las vacunas, Robert F. Kennedy Jr., asumió la cartera de Salud.

Una rivalidad con historia

Este nuevo capítulo legal no es un hecho aislado, sino la continuación de un duelo de patentes que se arrastra desde hace años. En 2022, fue Moderna quien demandó a BioNTech y a Pfizer por una supuesta infracción de patentes relacionada con Comirnaty, un proceso que aún sigue su curso.

Tras la compleja jerga legal subyace una cuestión estratégica fundamental: determinar si ciertos principios de construcción de la tecnología de ARNm deben considerarse una plataforma tecnológica protegible —y, por tanto, susceptible de generar pagos por licencias— o si, por el contrario, se trata de mejoras específicas para cada producto.

Esta línea divisoria es precisamente el origen de numerosos conflictos en la industria biotecnológica actual.

A pesar de la tensión legal, los mercados han reaccionado con relativa calma. La cotización de las acciones de BioNTech cerró la última sesión del viernes en 93,40 euros.

La atención se centra ahora en el próximo hito del calendario: el 9 de marzo de 2026. Ese día está prevista la publicación del informe trimestral de la compañía, que ofrecerá una visión clara de su rendimiento operativo al inicio del año. Mientras tanto, la batalla por las patentes continúa ganando importancia en segundo plano.

Los últimos resultados de BioNTech son contundentes: Acción inmediata requerida para los inversores de BioNTech. ¿Merece la pena invertir o es momento de vender?

Fuente: AD HOC NEWS. Disponible en <https://n9.cl/97nte>

Samsung Joins CEPI Vaccine Network to Prepare for Next Pandemic

Feb 25. Samsung Biologics will develop a “ready-to-activate” vaccine manufacturing process that can be deployed during health emergencies, under a new agreement with the Coalition for Epidemic Preparedness Innovations (CEPI). The agreement will see Samsung join CEPI’s Vaccine Manufacturing Facility Network (VMFN), which is a group of firms focused on ensuring that protein-based vaccines are available during outbreaks.

Matthew Downham, CEPI’s director of manufacturing and supply chain networks, tells GEN, “Through this partnership, CEPI and Samsung Biologics will establish a pre-agreed, ready-to-activate manufacturing process for recombinant protein vaccines that can be deployed rapidly in a future epidemic or pandemic.



“The focus is on mammalian cell-based production, a well-established and highly scalable approach used globally for protein-based biologics,” he continues. “The objective is not to develop a single vaccine in advance, but to ensure that manufacturing pathways are in place so production can begin quickly once a new pathogen is identified.”

Under the deal—which has an initial budget of \$20 million—Samsung will develop a rapid production process for recombinant-protein vaccines based on its established mammalian cell-based manufacturing infrastructure.

The CDMO has agreed to make 50 million doses of vaccine in the event of a pandemic, some of which will be reserved for vulnerable populations in underserved LMIC regions. It has also committed to providing CEPI with one billion doses of drug substance ready to convert into vaccines.

In addition, Samsung will carry out a simulated outbreak using an influenza virus to test how quickly it can produce a vaccine and prepare a submission dossier that can be filed with regulators should the need arise.

Tech transfer and regulatory preparedness

The agreement also includes provisions that will see Samsung support technology transfer and regulatory preparedness.

“The partnership is explicitly designed to minimize activation time. By pre-agreeing manufacturing processes, running outbreak simulations, and preparing regulatory groundwork in advance, CEPI and Samsung Biologics aim to move from pathogen sequence to large-scale production far faster than traditional timelines,” says Downham.

“While exact timelines depend on the pathogen and vaccine design, this work directly supports CEPI’s 100 Days Mission, which seeks to make vaccines ready for deployment within 100 days of identifying a novel pandemic threat.”

Samsung is the first East Asian manufacturer to join CEPI’s network, which includes Fiocruz in Brazil, the Serum Institute in India, Bio Farma in Indonesia, Aspen in South Africa, and Institut Pasteur de Dakar in Senegal.

“Together, these partners form a globally distributed manufacturing ecosystem spanning Latin America, Southeast Asia, Western Pacific, and Africa, intended to reduce geographic concentration of vaccine manufacturing and supply to improve speed, scale, and equity of vaccine access during future outbreaks in LMIC regions,” explains Downham.

At present, Samsung has a combined biomanufacturing capacity of 785,000 L across two sites—called Bio Campus I and II—in Incheon, South Korea.

In December, the CDMO said it would add 60,000 L of bioreactor capacity through the acquisition of GSK’s facility in Rockville, MD, in a deal due to complete at the end of Q1.

Fuente: GEN Genetic Engineering & Biotechnology News. Disponible en <https://n9.cl/5ly90>

New structural insights pave way for hantavirus vaccines

Feb 27. Hantaviruses, transmitted from rodents to people, have a death rate approaching 40%. They're found around the world, and because there are no approved vaccines or treatments, they're among the pathogens of highest concern for future pandemics. They made news in the United States last year when Betsy Arakawa, the wife of actor Gene Hackman, died from a hantavirus infection in New Mexico in March.

New findings published in the journal *Cell* about the Andes virus, a hantavirus endemic to the southwestern U.S. and other parts of North and South America, represent a crucial first step towards much-needed vaccines and antibody therapies for this and other hantaviruses.

A team led by researchers at The University of Texas at Austin has produced a detailed blueprint, the highest resolution yet, for a protein complex the Andes virus uses to infect host cells. Having this structure, essentially a 3D map showing the complex shapes of molecules at the nanoscale, is a precursor for vaccine development and the creation of antibody therapies. The new detailed structural information enabled the researchers to produce a vaccine candidate that, when injected in mice, caused their cells to produce neutralizing antibodies against the Andes virus.

"Now that we have a better blueprint of what the virus looks like, we can design effective vaccines and antibody therapies for hantaviruses," said Jason McLellan, professor of molecular biosciences and the Robert A. Welch Chair in Chemistry at UT Austin, who led the research. Luqiang Guo, a postdoctoral fellow at UT Austin, is the first author.

This work was funded in part by the National Institutes of Health (NIH), the Welch Foundation and the Cancer Prevention and Research Institute of Texas.

This surface protein complex for the Andes virus is a mushroom-shaped structure called a Gn-Gc tetramer. To map the 3D structures, the team first produced virus-like particles that mimic a real virus, but without the genome that makes a virus infectious. They then used a cryo-electron microscope—which shines an electron beam through a frozen sample and detects the shadows created by molecules—to reconstruct the three-dimensional structures of the Gn-Gc tetramers on the surface of the virus-like particles.

But there was a twist: To obtain extremely high-resolution structures, the researchers painstakingly identified and isolated shadows from only the tetramers that were pointing sideways relative to the electron beam and ignored those pointing in other directions. This allowed them to borrow a reconstruction method typically used on individual proteins. The resulting structures have an extremely high resolution of 2.3 angstroms, meaning details the size of just a couple of atoms were effectively captured. That's enough to represent a transformational improvement over another team's model of the tetramer from a few years ago, at a resolution of 12 angstroms, still tiny but large enough to produce some key inaccuracies – ones effectively corrected with the newer method and resulting structure.

These latest structures show the Gn-Gc tetramer in a particular state before it has infected a cell. For vaccines or antibody therapies to be most effective against a hantavirus, mimicking surface proteins at this pre-infection stage is essential. Such surface proteins change once they have fused with the cell through the infection process, so a future goal of the team is to find small tweaks to the recipe for these viral protein complexes that help lock them in place, using what are called stabilizing mutations.

The scientists plan to use artificial intelligence tools to assist in the process of identifying suitable mutations.

“People will start to apply this method to many other viruses.”

Jason McLellan, professor of molecular biosciences, UT Austin.

In 2024, the NIH identified several families of viruses-including hantaviruses-that were extremely dangerous and had no effective vaccines or treatments, making them of special concern for their potential to cause a pandemic. To better prepare for future pandemics, the NIH awarded a series of grants through the ReVAMPP program to study these viruses and develop new tools to combat them, including the grant that established the Provident consortium and enabled this latest study. McLellan and other Provident researchers have simultaneously been working to find ways to address other viruses that health officials have identified as especially dangerous in an outbreak, such as measles and Nipah virus.

Kartik Chandran, a professor of microbiology and immunology at Albert Einstein College of Medicine and principal investigator for Provident, is the co-senior author of this latest study. Collaborators at Texas A&M University and The University of Texas Southwestern Medical Center provided cryo-EM facilities for obtaining structures, and researchers with HDT Bio in Seattle contributed to the publication. Other UT Austin researchers involved in the work were Zunlong Ke, an assistant professor of molecular biosciences, and cell and molecular biology graduate student Elizabeth McFadden.



Fuente: NEWS MEDICAL LIFE SCIENCES. Disponible en <https://n9.cl/1ue16>

India moves closer to dengue vaccine as final trials underway

Feb 28. As dengue surges globally, an Indian vaccine candidate has entered the final stage of testing, raising hopes for one of the world's first single-dose shots against the deadly mosquito-borne disease. Dengue, which causes severe flu-like symptoms and debilitating body aches, has exploded globally, fueled by rising temperatures and densely populated cities.

The World Health Organization (WHO) says that almost half the world's population is now at risk, with 100 million to 400 million infections every year. India alone has recorded over 1 million cases and at least 1,500 deaths since 2021.

Hoping to stem the global epidemic, Panacea Biotec has begun final Phase III trials of its vaccine, DengiAll, which has been pursuing for nearly 15 years.

More than 10,000 volunteers across the country are enrolled in the study, overseen by the Indian Council of Medical Research, with the vaccine on track for rollout as early as next year if the trial results are favorable.

“We will try to get this vaccine out there as soon as possible,” Syed Khalid Ali, chief scientific officer of Panacea, told Agence France-Presse (AFP) in the capital New Delhi.

Dr. Ekta Gupta, professor of clinical virology at the Institute of Liver and Biliary Sciences in New Delhi,

said dengue was now considered hyperendemic in India, with all four virus serotypes circulating simultaneously.

“This vaccine is very much needed right now to control the occurrence of these cases, or at least prevent the severity,” she added.

Higher temperatures and changing rainfall patterns create ideal conditions for Aedes mosquitoes — the vectors of dengue — to reproduce and spread the virus.

Children are particularly vulnerable to the more severe form, called dengue hemorrhagic fever, as they are more likely to suffer low platelet counts and shock.

Participants in Phase III trials, which started in 2024, were randomly assigned to receive either the vaccine or a placebo, with the results expected later this year.

Vaccines against all four dengue serotypes have long posed a scientific challenge. Immunity to one strain does not protect against others, and secondary infections can be more severe.

Most existing candidates require multiple doses.

If approved, DengiAll would become one of the world’s first single-dose dengue vaccines, following Brazil’s approval of a similar shot last year.

It would also be the first such vaccine available in India, where no dengue shot is currently licensed for public use.

“We will be the second [single-dose] vaccine to come out... But in India and several lower-middle-income countries, we will be the first ones to roll out the dengue vaccine,” Ali said.

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The candidate is based on a tetravalent strain originally developed by the US National Institutes of Health.

‘Hope for future’

Panacea is the most advanced of three Indian firms licensed to use the strain, having developed its own formulation and secured a process patent.

Inside the company’s research labs, Dr. Priyanka Priyadarsiny, head of biological research and development, said vaccine development involved several steps, from proof-of-concept studies to regulatory checks.

“We are extremely cautious about purity, safety and adverse effects,” she said. “Only after meeting regulatory specifications can a product be considered safe for public use.”

At present, the WHO recommends only one dengue vaccine, Qdenga, produced by Japan’s Takeda for children aged 6 to 16 in high-transmission settings.

Qdenga, which requires two doses administered three months apart, is not currently available in India.



Ali said DengiAll could be given to people aged one to 60 and is expected to offer long-term protection.

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In India, final approval would come from the Drug Controller General of India, while WHO prequalification would be required for large-scale international use.

Experts say a successful Indian-made vaccine could be key to affordability and mass rollout in lower-income countries.

Virologist and Oxford University fellow Shahid Jameel — who is not connected with the trial — warned dengue incidence could rise by 50-75 percent by 2050 under current climate change trends.

Still, he cautioned that only Phase III results would determine whether a candidate meets the criteria for a safe and effective dengue vaccine.

“Phase III testing and follow-up are needed to show if the above conditions are met,” he told AFP.

“Only then can we have a useful dengue vaccine. It is still early days, but there is hope for the future.”

Fuente: The Manila Times. Disponible en <https://n9.cl/um2q3>



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Estrategia de búsqueda: (Vaccine) AND DP:([16.02.2026 TO 28.02.2026]) as the publication date 39 records.

1. 4694857 IMPFSTOFFMISCHVERFAHREN, SPRITZE UND SYSTEM

EP - 18.02.2026

Clasificación Internacional A61J 1/20Nº de solicitud 24720060 Solicitante BIONTECH SE Inventor/a MUIK ALEXANDER

A method of preparing a combination vaccine includes: (a) obtaining a first amount of a first vaccine in a first syringe, (b) obtaining a second amount of a second vaccine in a second syringe, (c) connecting the first and the second syringe using an adapter, (d) mixing the first vaccine and the second vaccine, and (e) transferring the mixture of the first vaccine and the second vaccine, as needed, to the first syringe or the second syringe, and discarding the syringe that the mixture was not transferred to.

2. WO/2026/037283 VACCINE FOR PREVENTING AND TREATING MYCOBACTERIUM TUBERCULOSIS INFECTION AND PREPARATION METHOD THEREFOR

WO - 19.02.2026

Clasificación Internacional A61K 39/04Nº de solicitud PCT/CN2025/114100 Solicitante GUANGZHOU PATRONUS BIOTECH CO., LTD. Inventor/a DING, Yanbin

The present invention relates to a Mycobacterium tuberculosis vaccine. Specifically, the vaccine comprises an immune composition, and the immune composition comprises an antigen component and a particle protein component. The particle protein component comprises a nanoparticle protein, and the antigen component and the particle protein component are covalently combined by means of a binding peptide 1 and a binding peptide 2 to form an immunogenic complex. The vaccine can induce or stimulate humoral and cellular immune responses. Also disclosed is a preparation method for the Mycobacterium tuberculosis vaccine. The method is simple, cost-effective, and suitable for large-scale production.

3. 20260048109 METHODS FOR VACCINATING AGAINST SALMONELLA SPECIES

US - 19.02.2026

Clasificación Internacional A61K 39/112Nº de solicitud 19299526 Solicitante University of Maryland, Baltimore Inventor/a Alan S. Cross

Provided herein are methods for vaccinating a subject against a *Salmonella* species, including typhoidal and non-typhoidal *Salmonella* species and serovars thereof with an *Escherichia coli* J5 dLOS/OMP vaccine. The vaccine is cross-reactive with the lipopolysaccharide conserved inner core region of the *Salmonella* species and cross-protective with the non-typhoidal *Salmonella* species. Vaccination reduces the likelihood of or prevents the onset of a salmonella infection. Also provided is a method of immunizing against antimicrobial resistant *Salmonella* species by complementing the J5 dLOS/OMP vaccine with a *Salmonella* species-specific vaccine.

4. WO/2026/037422 MRNA VACCINE FOR PREVENTING VARICELLA ZOSTER, PREPARATION METHOD THEREFOR, AND USE THEREOF

WO - 19.02.2026

Clasificación Internacional A61K 39/25Nº de solicitud PCT/CN2025/115156 Solicitante GUANGZHOU HENOVCOM BIOSCIENCE CO., LTD. Inventor/a FU, Ming

Disclosed are an mRNA vaccine encoding a varicella zoster virus (VZV) protein, a preparation method therefor, and use thereof. The mRNA vaccine is characterized by encoding at least the varicella zoster virus (VZV) gE protein, gH protein, and gL protein.

5. WO/2026/037379 TUBERCULOSIS MRNA VACCINE, AND PREPARATION METHOD THEREFOR AND

USE THEREOF

WO - 19.02.2026

Clasificación Internacional C07K 14/35Nº de solicitud PCT/CN2025/114779Solicitante BEIJING CHEST HOSPITAL, CAPITAL MEDICAL UNIVERSITYInventor/a PANG, Yu

Provided are a tuberculosis mRNA vaccine, and a preparation method therefor and the use thereof. Provided is an antigen, comprising the following antigen components: at least one Mycobacterium tuberculosis early-secreted antigen or an immunologically active fragment thereof, at least one Mycobacterium tuberculosis PE/PPE family antigen or an immunologically active fragment thereof, and at least one Mycobacterium tuberculosis antigen latency-associated antigen or an immunologically active fragment thereof. Optionally, two or more of the antigens or immunologically active fragments thereof may form a fusion protein and/or a chimeric protein as an antigen component. The mRNA vaccine having various antigen components provides more effective preventive effects against tuberculosis.

6.12553093METHODS OF DETECTING, IDENTIFYING AND QUANTIFYING WILD SPIKE PROTEIN AND COVID VACCINE SPIKE PROTEINS

US - 17.02.2026

Clasificación Internacional C12Q 1/70Nº de solicitud 19091651Solicitante Wolf of Zion, Inc.Inventor/a Kathleen T. Ruddy

A method of detecting, identifying and quantifying a wild spike protein and/or virus vaccine spike protein in a patient by: (a) providing a patient sample that may include at least one spike protein (wild spike protein and/or a virus vaccine spike protein) with at least one corresponding synthetic RNA, wherein its sequence differs from natural nucleic acid sequences; (b) isolating RNA from the sample; (c) performing a reverse transcription polymerase reaction on the sample of RNA to obtain a lysed, reverse transcribed sample of cDNA utilizing at least one primer set from the group consisting of VAXX-specific primers, wild spike protein-specific primers and combinations thereof, and at least one probe set; (d) performing an amplification reaction on the lysed, reverse transcribed sample of cDNA to obtain an amplified analyzable sample of the cDNA; and, (e) performing a quantitative analysis. A custom computer program creates candidate primer lists.

7.WO/2026/041892ADJUVANT COMPOSITIONS BASED ON PHYCOBILIPROTEINS

WO - 26.02.2026

Clasificación Internacional A61K 38/16Nº de solicitud PCT/IB2024/058009Solicitante ABDALI, NargessInventor/a ABDALI, Nargess

Disclosed herein is a method for enhancing immune response of a vaccine. The method includes preparing a Phycocyanin compound. The Phycocyanin compound includes at least one of C-phycocyanin (C-PC), Phycoerythrin (PE), Allophycocyanin (APC), phycocyanobilin (PCB), and combinations thereof. The method further includes administering the prepared Phycocyanin along with a vaccine composition to a living body.

8.WO/2026/038862LIPID NANOPARTICLE COMPOSITION COMPRISING MODIFIED RESIQUIMOD AND USE THEREOF

WO - 19.02.2026

Clasificación Internacional A61K 39/39Nº de solicitud PCT/KR2025/012217Solicitante KOREA INSTITUTE OF SCIENCE AND TECHNOLOGYInventor/a KIM, Sehoon

The present invention relates to a novel compound modified with resiquimod, a lipid nanoparticle composition comprising same, and a **vaccine** composition comprising same. More specifically, the **vaccine** composition comprising the lipid nanoparticles of the present invention has an excellent immune-enhancing effect and can effectively induce an antigen-specific immune response in nasal mucosa.

9.20260053936IMMUNOGENIC PROTECTIVE ANTIGEN CONJUGATES

US - 26.02.2026

Clasificación Internacional A61K 47/64Nº de solicitud 19305208Solicitante WICHITA STATE UNIVERSITYInventor/a James BANN

The present disclosure is generally directed to an immunogenic protein conjugate comprising anthrax toxin protective antigen (PA) protein as an immune enhancer, a peptide linker, and an antigen derived from an infectious or pathogenic virus or microorganism. This protein conjugate can be used to induce an immune response in a subject, such as in a **vaccine** against the antigen of the protein conjugate. For example, the antigen can be Spy0469 for a **vaccine** against *S. pyogenes*.

10.20260048115PREPARATION OF INFLUENZA VIRUS **VACCINE** ANTIGENS

US - 19.02.2026

Clasificación Internacional A61K 39/145Nº de solicitud 19195897Solicitante Seqirus UK LimitedInventor/a Christoph HAUSSMANN

A number of improvements for preparing **vaccine** antigens from disintegrated influenza viruses are disclosed. A splitting step can be followed by detergent exchange. Splitting can take place in the presence of a buffer with a higher ionic strength and/or in the presence of phosphate buffer.

11.20260053912STEROLS AS NOVEL IMMUNOMODULATORY AGENTS AND THEIR USE AS **VACCINE** ADJUVANTS

US - 26.02.2026

Clasificación Internacional A61K 39/39Nº de solicitud 19372974Solicitante Ohio State Innovation FoundationInventor/a Abhay R. SATOSKAR

Disclosed herein are methods of using immunomodulatory sterols as **vaccine** adjuvants.

12.WO/2026/037383TUBERCULOSIS MRNA **VACCINE**, AND PREPARATION METHOD THEREFOR AND USE THEREOF

WO - 19.02.2026

Clasificación Internacional C07K 14/35Nº de solicitud PCT/CN2025/114801Solicitante BEIJING CHEST HOSPITAL, CAPITAL MEDICAL UNIVERSITYInventor/a PANG, Yu

Provided are a tuberculosis mRNA **vaccine**, and a preparation method therefor and the use thereof. Provided is an antigen, comprising the following antigen components: at least one fusion protein or chimeric protein formed by Mycobacterium tuberculosis early-secreted antigens Ag85A and Ag85B and/or an immunologically

active fragment thereof, at least one Mycobacterium tuberculosis PE/PPE family antigen Rv2770c (PPE44) or an immunologically active fragment thereof, and at least one Mycobacterium tuberculosis latency-associated antigen Rv2029c or an immunologically active fragment thereof. Optionally, two or more of the antigens or immunologically active fragments thereof may form a fusion protein and/or a chimeric protein as an antigen component.

13. 4695807BERECHNUNGSVERFAHREN ZUR AUSWAHL PERSONALISierter NEOANTIGEN-IMPfstOFFE

EP - 18.02.2026

Clasificación Internacional G16B 20/20Nº de solicitud 24724833Solicitante ICAHN SCHOOL MED MOUNT SINAIInventor/a O'DONNELL TIM

Systems and methods for identifying a personalized tumor **vaccine** are provided. Somatic variants for a subject are determined and RNA sequence reads from a tumor of the subject are obtained. From the RNA sequence reads, fusion proteins are determined, each fusion protein a fusion of a portion of a first protein and a portion of a second protein. Candidate neoantigens are selected, including a first subset of candidate neoantigens encoding somatic variants and a second subset of candidate neoantigens encoding residues of the portions of the first and second proteins. A score is determined for each candidate neoantigen using a scoring function including a first scoring term that upweights candidate neoantigens having a higher relative class I MHC affinity, given a class I HLA type of the subject. Two or more candidate neoantigens are selected for the tumor **vaccine** as a final set of neoantigens based on the respective scores.

14. WO/2026/044002NANOPARTICULATE VACCINES FOR SMALL MOLECULES

WO - 26.02.2026

Clasificación Internacional A61K 9/51Nº de solicitud PCT/US2025/042803Solicitante PURDUE RESEARCH FOUNDATIONInventor/a RISTROPH, Kurt

A nanoparticle **vaccine** composition includes a shell including one or more amphiphilic molecules and one or more hapten molecules, where at least one amphiphilic molecule is conjugated to the hapten molecule, and a substantially hydrophobic core including an immunogenic protein, a **vaccine** adjuvant, one or more inert biocompatible materials, or a combination of two or more thereof, where the core is encapsulated in the shell to form a nanoparticle.

15. 4696702REKOMBINANTER EXPRESSIONSVEKTOR ZUR HERSTELLUNG EINES MULTIVALENTEN NOROVIRUSIMPfstOFFS AUF VIRUSÄHNLICHER PARTIKELBASIS UND HERSTELLUNGSVERFAHREN DAFÜR

EP - 18.02.2026

Clasificación Internacional C07K 14/005Nº de solicitud 24789081Solicitante INTHERA INCInventor/a CHOI DEOG YOUNG

The present invention provides a fusion protein for promoting soluble expression of a norovirus antigen, and an expression vector thereof. More specifically, the present invention provides combinations of various genotypes of norovirus antigen proteins and RID mutants, in which the most efficient folding occurs when a norovirus antigen is used as a target protein to form a recombinant fusion protein, the yield of soluble

expression of a fusion protein produced is improved, and the assembly efficacy and homogeneity of norovirus VLPs can be enhanced. Also, the present invention provides a method for rapidly mass-producing various other genotypes of norovirus VLPs, as well as GII.4, in *E. coli* by using mutant RID, thus enabling the development of a VLP-based multivalent **vaccine** comprising more genotypes.

16. 20260053906 DNA ORIGAMI VACCINES

US - 26.02.2026

Clasificación Internacional A61K 39/12Nº de solicitud 19105577Solicitante OHIO STATE INNOVATION FOUNDATIONInventor/a Niksa ROKI

Disclosed herein is a **vaccine** device that involves a DNA origami nanostructure formed from a plurality of scaffold strands and a plurality of staple strands assembled into a rod shape, wherein a peptide antigen is attached to the DNA of the nanostructure by electrostatic interaction. Also disclosed herein is a method for vaccinating a subject that involves administering to the subject a therapeutically effective amount of a **vaccine** device disclosed herein.

17. WO/2026/037380 MRNA TUBERCULOSIS **VACCINE**, PREPARATION METHOD THEREFOR, AND USE THEREOF

WO - 19.02.2026

Clasificación Internacional C07K 14/35Nº de solicitud PCT/CN2025/114787Solicitante BEIJING CHEST HOSPITAL, CAPITAL MEDICAL UNIVERSITYInventor/a PANG, Yu

An mRNA tuberculosis **vaccine**, a preparation method therefor, and a use thereof. An antigen, comprising the following antigen components: a fusion protein or chimeric protein formed by at least one of *Mycobacterium tuberculosis* early-secreted antigens Ag85a, Ag85b and/or an immunologically active fragment thereof, at least one *Mycobacterium tuberculosis* PE/PPE family antigen Rv1759c or an immunologically active fragment thereof, and at least one *Mycobacterium tuberculosis* latency-associated antigen Rv1813c or an immunologically active fragment thereof.

18. WO/2026/037381 MRNA TUBERCULOSIS **VACCINE**, PREPARATION METHOD THEREFOR, AND USE THEREOF

WO - 19.02.2026

Clasificación Internacional C07K 14/35Nº de solicitud PCT/CN2025/114794Solicitante BEIJING CHEST HOSPITAL, CAPITAL MEDICAL UNIVERSITYInventor/a PANG, Yu

An mRNA tuberculosis **vaccine**, a preparation method therefor, and a use thereof. First, provided is an antigen, comprising the following antigen components: a fusion protein or chimeric protein formed by at least one *Mycobacterium tuberculosis* early secreted antigen Ag85a, Ag85b and/or an immunologically active fragment thereof, at least one *Mycobacterium tuberculosis* PE/PPE family antigen Rv3872 (PE35) or an immunologically active fragment thereof, and at least one *Mycobacterium tuberculosis* latency-associated antigen Rv1813c or an immunologically active fragment thereof; selectively, two or more of these antigens or immunologically active fragments thereof can form a fusion protein and/or a chimeric protein as antigen components. By means of multiple antigen components, mRNA vaccines are more effective in preventing

tuberculosis.

19. WO/2026/041729 ORAL **VACCINE** AGAINST MULTIPLE DIARRHEA-CAUSING PATHOGENS

WO - 26.02.2026

Clasificación Internacional A61K 39/108Nº de solicitud PCT/EP2025/073847 Solicitante SCANDINAVIAN BIOPHARMA HOLDING AB Inventor/a SJÖSTRAND, Björn

A **vaccine** comprising effective amounts of i) *E. coli* colonization factor antigens comprising CFA/I, CS3, CS5 and CS6 antigens; ii) a heat labile enterotoxin B subunit antigen being an LCTBA protein; and iii) an adjuvant being double mutant (R192G/ L211A) of *E. coli* heat-labile toxin (dmLT), for use in inducing protective immunity against diarrheal disease caused by *Salmonella spp.* and/or *Shigella spp.*

20. WO/2026/038929 NOVEL REGULATORY ELEMENT FOR INCREASING RNA STABILITY OR MRNA TRANSLATION AND USE THEREOF

WO - 19.02.2026

Clasificación Internacional C12N 15/63Nº de solicitud PCT/KR2025/012497 Solicitante SEOUL NATIONAL UNIVERSITY R&DB FOUNDATION Inventor/a KIM, V. Narry

The present invention relates to a novel regulatory element. The regulatory element according to one embodiment is capable of increasing RNA stability or mRNA translation of a transcription product of a target gene, thereby being capable of increasing the expression level of the target protein, and can be effectively used in systems requiring precise control of gene expression, such as gene therapy, **vaccine** development, and production of protein therapeutics. Furthermore, the regulatory element of the present application exhibits excellent stability-increasing ability and translation-regulating ability not only in unmodified RNA but also in RNA containing a modified base, and thus can be effectively used in therapeutic mRNA or **vaccine** platforms requiring base modification.

21. WO/2026/043718 METHODS TO MONITOR PATIENTS TREATED WITH A CANCER **VACCINE**

WO - 26.02.2026

Clasificación Internacional C12Q 1/6886Nº de solicitud PCT/US2025/042054 Solicitante GUARDANT HEALTH, INC. Inventor/a BORTNER, Scott R.

Methods and systems are described that combine both genomic and epigenetic information to monitor neoantigen targets and molecular residual disease (MRD) in patients undergoing treatment with a personalized cancer **vaccine** (PCV). Also provided are neural networks trained to determine cancer recurrence in a patient treated with a PCV and methods for integrating a plurality of data types to identify disease specific signals in tissue and cell free DNA. Additionally, the disclosure provides genomic data integration methods including a variety of artificial intelligence (AI), machine learning, and deep learning methods to identify disease associated signals. These methods can elucidate molecular changes in the DNA sequence and epigenetic modifications in health and disease.

22. 20260053911 PYRIMIDINE COMPOUND

US - 26.02.2026

Clasificación Internacional A61K 39/39Nº de solicitud 19313475Solicitante Sumitomo Pharma Co., Ltd.Inventor/a Hidenori Kimura

The present invention provides a compound of the formula (1):

wherein X, R¹, R², R³, R⁴, R⁵, R⁶, Y¹, Y², L, and m are as defined in the description, and a pharmaceutically acceptable salt thereof, which are useful as a vaccine adjuvant.

23.WO/2026/038592ARTIFICIAL NUCLEIC ACID MOLECULE COMPRISING NOVEL SYNTHETIC 5'UTR AND USES THEREOF

WO - 19.02.2026

Clasificación Internacional C12N 15/67Nº de solicitud PCT/KR2024/012135Solicitante CDMOGEN CO., LTDInventor/a PARK, Kee Rang

The present invention relates to a novel synthetic 5' UTR, an artificial nucleic acid molecule comprising the 5' UTR, a vector comprising the artificial nucleic acid molecule, and a vaccine composition comprising same. The plasmid vector comprising the novel synthetic 5' UTR significantly increases mRNA expression, and thus can be advantageously used in the production of various drugs such as vaccines.

24.4694924VERFAHREN UND ZUSAMMENSETZUNGEN FÜR IMPFSTOFFE GEGEN DENDRITISCHE ZELLEN

EP - 18.02.2026

Clasificación Internacional A61K 39/215Nº de solicitud 24789282Solicitante ROCK BIOMEDICAL INCInventor/a WONG CHI-HUEY

The present disclosure provides novel compounds, methods, and cell targeting mRNA vaccine formulations for targeted delivery, such as delivery to dendritic cells. The compound and formulation provided herein are designed to have a targeting moiety configured to provide selective delivery features specific for dendritic cells and a lipid tail for incorporated into the bilayer membrane of the formed lipid nanoparticle.

25.WO/2026/043873INACTIVATED SALMONELLA VACCINE FORMULATIONS

WO - 26.02.2026

Clasificación Internacional A61K 39/116Nº de solicitud PCT/US2025/042564Solicitante ELANCO US INC.Inventor/a HANSEN, Jason

The present disclosure provides formulations, kits, and vaccines directed to immunization of animals against Salmonella. Methods of using the formulations, kits, and vaccines for protection of avians against one or more species of Salmonella are also provided. For instance, the formulations, kits, and vaccines can induce an immune response in an animal against a Salmonella infection in which the Salmonella infection is caused by more than one Salmonella group bacterium (e.g., a Group B bacterium, a Group C bacterium, and a Group D bacterium).

26. WO/2026/039828 UNSYMMETRICAL TREHALOSE COMPOUNDS AND USES THEREOF

WO - 19.02.2026

Clasificación Internacional C07D 209/02Nº de solicitud PCT/US2025/042420 Solicitante THE UNIVERSITY OF MONTANA Inventor/a RYTER, Kendal T.

Disclosed herein are unsymmetrical trehalose compounds, methods of preparation, and methods of use thereof, for example as **vaccine** adjuvants.

27. 4696703 NUKLEINSÄUREMOLEKÜLE UND VERWENDUNGEN DAVON

EP - 18.02.2026

Clasificación Internacional C07K 14/005Nº de solicitud 25218151 Solicitante CUREVAC SE Inventor/a RAUCH SUSANNE

The present invention is directed to an artificial nucleic acid and to polypeptides suitable for use in treatment or prophylaxis of an infection with Norovirus or a disorder related to such an infection. In particular, the present invention concerns a Norovirus **vaccine**. The present invention is directed to an artificial nucleic acid, polypeptides, compositions and vaccines comprising the artificial nucleic acid or the polypeptides. The invention further concerns a method of treating or preventing a disorder or a disease, first and second medical uses of the artificial nucleic acid, polypeptides, compositions and vaccines. Further, the invention is directed to a kit, particularly to a kit of parts, comprising the artificial nucleic acid, polypeptides, compositions and vaccines.

28. 20260048107 GENETICALLY MODIFIED BACTERIA FOR GENERATING VACCINES

US - 19.02.2026

Clasificación Internacional A61K 39/00Nº de solicitud 19103676 Solicitante Yeda Research and Development Co. Ltd. Inventor/a Ravid Straussman

A **vaccine** is disclosed which comprises a pharmaceutically acceptable carrier and Gramnegative bacteria, genetically modified to express: at least one disease-associated antigen, linked to a signal sequence belonging to a type II secretion system; and the at least one disease-associated antigen linked to a signal sequence belonging to a type III secretion system. Uses thereof are also disclosed.

29. 20260055428 MODIFIED VIRUS-LIKE PARTICLES OF CMV

US - 26.02.2026

Clasificación Internacional C12N 15/86Nº de solicitud 19105567 Solicitante SAIBA ANIMAL HEALTH AG Inventor/a Andris ZELTINS

The present invention relates to a modified virus-like particle (VLP) of cucumber mosaic virus (CMV) comprising at least one chimeric CMV polypeptide, wherein said at least one chimeric CMV polypeptide comprises, preferably consists of (i) a CMV polypeptide, wherein said CMV polypeptide comprises a coat protein of CMV or an amino acid sequence having a sequence identity of at least 75% with SEQ ID NO:48; and (ii) a polypeptide comprising, preferably consisting of, a stretch of consecutive negative amino acids, wherein said negative amino acids are independently selected from aspartic acid or glutamic acid, wherein said polypeptide is inserted between any amino acid residue of said CMV polypeptide corresponding to any

amino acid residue between position 75 and position 85 of SEQ ID NO:48, as well as to compositions and pharmaceutical compositions comprising such modified VLPs to which antigens are linked, which compositions preferably serve as **vaccine** platform for generating immune responses, in particular antibody responses, against said antigens linked to the modified CMV VLPs.

30. WO/2026/040998 TP53 MUTANT EPIOTOPE PEPTIDE AND SPECIFIC T-CELL RECEPTOR AND APPLICATION THEREOF

WO - 26.02.2026

Clasificación Internacional C07K 7/00Nº de solicitud PCT/CN2025/115577 Solicitante SHANGHAI ESSIGHT BIOTECHNOLOGY CO., LTD Inventor/a MOU, Nan

The present invention relates to the fields of immunology and tumor treatment. Specifically, the present invention relates to a TP53 R282W mutant epitope peptide and a pMHC complex, an antigen-presenting cell expressing the epitope peptide or the pMHC complex, a tumor **vaccine** comprising same, and a use thereof in preventing or treating a tumor harboring a TP53 R282W mutation. The present invention further relates to a T-cell receptor (TCR) that specifically recognizes a TP53 R282W mutant, a conjugate and a fusion protein comprising the TCR, an immune cell expressing the TCR, a T-cell drug comprising same, and a use thereof in preventing or treating a tumor harboring the TP53 R282W mutation.

31. 20260053905 UVEAL MELANOMA **VACCINE**

US - 26.02.2026

Clasificación Internacional A61K 39/00Nº de solicitud 19307940 Solicitante University of Virginia Patent Foundation Inventor/a Craig Slingluff

Disclosed are multi-peptide compositions and/or methods of use of the multi-peptide compositions for patients with resected (or definitively treated) high-risk uveal melanoma. Pharmaceutically acceptable embodiments administered to patients may raise an immune system response against uveal melanoma cells, leading to a decrease in uveal melanoma cell number. Further embodiments may take the form of an adjuvant therapy or a neoadjuvant therapy, as monotherapy or in combination with other therapies.

32. 20260048108 CANCER THERAPY COMPOSITIONS AND USES THEREOF

US - 19.02.2026

Clasificación Internacional A61K 39/00Nº de solicitud 19380218 Solicitante HDT Bio Corp Inventor/a Steven Gregory Reed

The disclosure provides compositions, methods of treatment, and methods of making and using compositions to deliver a nucleic acid to a subject. Compositions described herein include lipid carriers, optionally including an inorganic particle, capable of admixing with nucleic acids. Nucleic acids provided herein include those encoding for cancer antigens (full length proteins or fragments) as well as antibodies. Methods of using the compositions as a therapeutic **vaccine** for the treatment of a cancer are also provided.

33. 20260055147 RECOMBINANT PROTEIN AND PREPARATION PROCESS THEREOF, PROTEIN ADJUVANT FOR **VACCINE** COMPRISING RECOMBINANT PROTEIN, AND USE OF RECOMBINANT PROTEIN FOR PREVENTING RESPIRATORY DISEASE

US - 26.02.2026

Clasificación Internacional C07K 14/245Nº de solicitud 18953141Solicitante National Tsing Hua UniversityInventor/a Shih-Che Sue

The present disclosure provides a recombinant protein and the preparation process thereof, a protein adjuvant for vaccines including the recombinant protein, and a use of the recombinant protein for preventing respiratory diseases. The recombinant protein of the present disclosure achieves the effect of preventing respiratory diseases through various efficacy experiments.

34.20260053918USE OF TRIPLEX CMV **VACCINE** IN CAR T CELL THERAPY

US - 26.02.2026

Clasificación Internacional A61K 39/395Nº de solicitud 19370102Solicitante City of HopeInventor/a Don J. Diamond

A method for treating a patient comprising: (a) providing a composition comprising a population of T cells expressing both a chimeric antigen receptor (CAR) and a T cell receptor specific for a cytomegalovirus (CMV) antigen; (b) administering the composition to the patient; and (c) administering to the patient a viral vector encoding: (i) CMV pp65 and (ii) a fusion protein comprising exon 4 of CMV protein IE1 (e4) and exon 5 of CMV protein IE2 (e5) either prior to or subsequent to administering the composition comprising a population of T cells to the patient is described.

35.WO/2026/038930NOVEL REGULATORY ELEMENT FOR INCREASING GENE EXPRESSION, SCREENING METHOD THEREFOR, AND USE THEREOF

WO - 19.02.2026

Clasificación Internacional C12N 15/86Nº de solicitud PCT/KR2025/012501Solicitante SEOUL NATIONAL UNIVERSITY R&DB FOUNDATIONInventor/a KIM, V. Narry

The present invention relates to a novel regulatory element for increasing gene expression, a screening method therefor, and a use thereof. A regulatory element according to one embodiment can increase RNA stability or mRNA translation, which is a transcription product of a target gene, and thus can increase the expression level of a target protein, and can be effectively used in systems requiring a high level of gene expression, such as gene therapy, **vaccine** development, protein therapeutic agent production, etc.

36.WO/2026/043944FENTANYL HAPTENS FOR USE AS ANTIGENS IN VACCINES

WO - 26.02.2026

Clasificación Internacional A61K 31/395Nº de solicitud PCT/US2025/042699Solicitante THE CHILDREN'S MEDICAL CENTER CORPORATIONInventor/a DOWLING, David, J.

The present disclosure provides compounds of Formula (I), and pharmaceutically acceptable salts, solvates, hydrates, polymorphs, co-crystals, tautomers, stereoisomers, isotopically labeled derivatives, and compositions thereof. The compound of Formula (I) is used as hapten and is useful as an antigen in a **vaccine** for a disease, (e.g., opioid addiction). Also provided in the present disclosure are vaccines, pharmaceutical compositions, kits, methods, and uses including or using compounds of Formula (I) and compositions comprising compounds of Formula (I).

37.4694923ZUSAMMENSETZUNG, IMPFSTOFF UND VERFAHREN ZUR BEHANDLUNG VON

INFLUENZA A

EP - 18.02.2026

Clasificación Internacional A61K 39/145Nº de solicitud 24789343Solicitante ACADEMIA SINICAInventor/a HU CHE-MING JACK

The present disclosure provides a composition comprising a polymeric nanoparticle encapsulating an antigen and an agonist, wherein the antigen is M2e peptide. The composition may induce the immune response to influenza A. A method for inducing immune response to influenza A is also provided.

38.WO/2026/037537CANINE INFLUENZA VIRUS VACCINE

WO - 19.02.2026

Clasificación Internacional A61K 39/12Nº de solicitud PCT/EP2025/068552Solicitante INTERVET INTERNATIONAL B.V.Inventor/a DANT, Jennifer, C

The present invention provides new canine Influenza H3N2 vaccines, including multivalent vaccines. The present invention provides an alphavirus RNA replicon particle that encodes a Canine Influenza (CIV) H3N2 hemagglutinin (HA) antigen. The present invention further provides methods of making and using the vaccines.

39.4694922HIV-IMPfstoff

EP - 18.02.2026

Clasificación Internacional A61K 39/12Nº de solicitud 24724839Solicitante BIONTECH SEInventor/a LE DOUCE VALENTIN

The present invention concerns compositions comprising an RNA molecule, wherein the RNA molecule comprises an expression cassette encoding an immunogenic peptide, which peptide comprises at least two fragments, wherein each fragment comprises at least one epitope, wherein the epitope is derived from an amino acid sequence encoded by the human immunodeficiency virus (HIV) and medical preparations comprising such compositions. Furthermore, the invention concerns methods for preventing or treating HIV.

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

Estrategia de búsqueda: *vaccine.ti. AND @PD>="20260216"<=20260228* 26 records

Document ID	Title	Inventor	Applicant Name
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US 20260053918 A1	Use of Triplex CMV Vaccine in CAR T Cell Therapy	Diamond; Don J. et al.	City of Hope
US 20260053912 A1	STEROLS AS NOVEL IMMUNOMODULATORY AGENTS AND THEIR USE AS VACCINE ADJUVANTS	SATOSKAR; Abhay R. et al.	Ohio State Innovation Foundation
US 20260053910 A1	HBV VACCINES AND METHODS TREATING HBV	Balsitis; Scott J. et al.	Gilead Sciences, Inc.
US 20260053908 A1	Vaccines For Recurrent Respiratory Papillomatosis And Methods Of Using The Same	Ramos; Stephanie et al.	Inovio Pharmaceuticals, Inc.
US 20260053907 A1	METHOD OF ADMINISTRATION OF AQUACULTURE VACCINES	HAALAND; Espen et al.	Zoetis Services LLC
US 20260053906 A1	DNA ORIGAMI VACCINES	ROKI; Niksa et al.	OHIO STATE INNOVATION FOUNDATION
US 20260055147 A1	RECOMBINANT PROTEIN AND PREPARATION PROCESS THEREOF, PROTEIN ADJUVANT FOR VACCINE COMPRISING RECOMBINANT PROTEIN, AND USE OF RECOMBINANT PROTEIN FOR PREVENTING RESPIRATORY DISEASE	Sue; Shih-Che et al.	National Tsing Hua University
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US 12558410 B2	Lassavirus vaccines	Dallmeier; Kai et al.	KATHOLIEKE UNIVERSITEIT LEUVEN

US 12560606 B2	Compositions for determining vaccine potency	Tucker; Ward C.	BioMadison, Inc.
US 12558413 B2	IL-10 inhibition for vaccines and immunotherapy	Hartigan-O'Connor; Dennis	The Regents of the University of California
US 12559526 B2	Complement component 1s (C1s) deficient cells for production of vaccines and biopharmaceutical proteins	Li; Sophia et al.	The Regents of the University of California
US 12558409 B2	Streptococcal vaccine formulations and uses thereof	Brazel; Erin Bridget et al.	GPN Vaccines Ltd
US 12558408 B2	Intratumorally injected yeast vaccine	King; Thomas H. et al.	ImmunityBio, Inc.
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US 20260048115 A1	PREPARATION OF INFLUENZA VIRUS VACCINE ANTIGENS	HAUSSMANN; Christoph et al.	Seqirus UK Limited
US 20260049057 A1	OPIOID HAPTENS, CONJUGATES, VACCINES, AND METHODS OF GENERATING ANTIBODIES	Janda; Kim D. et al.	The Scripps Research Institute
US 20260048107 A1	GENETICALLY MODIFIED BACTERIA FOR GENERATING VACCINES	Straussman; Ravid et al.	Yeda Research and Development Co. Ltd., Baccine Ltd.
US 12551543 B2	Vaccine compositions comprising C—C motif chemokine 22 (CCL22) or fragments thereof	Andersen; Mads Hald	IO BIOTECH APS
US 12551734 B2	Betacoronavirus mRNA vaccines	Ciaramella; Giuseppe et al.	ModernaTX, Inc.
US 12551556 B2	Endogenous tumor-derived circular RNA and proteins thereof for use as vaccine	Nilsson; Rolf Jonas Andreas et al.	Nilsson; Rolf Jonas Andreas, Forsell; Mattias
US 12551545 B2	African swine fever virus chimeric protein, vaccine composition, preparation method and use thereof	Tian; Kegong et al.	PULIKE BIOLOGICAL ENGINEERING, INC.
US 12551548 B2	HIV vaccine compositions, methods, and uses thereof	Liang; Peng et al.	Sichuan Clover Biopharmaceuticals, Inc.

US 12551550 B2	Compositions and vaccines for treating and/or preventing coronavirus variant infections and methods of using the same	Brahmbhatt; Himanshu et al.	EnGeneIC Molecular Delivery Pty Ltd
US 12553093 B1	Methods of detecting, identifying and quantifying wild spike protein and covid vaccine spike proteins	Ruddy; Kathleen T. et al.	Wolf of Zion, Inc.

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