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

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Indonesia maps wildlife virus genomes to strengthen pandemic preparedness

Jun 1. Indonesia's National Research and Innovation Agency (BRIN) is mapping the genetic profiles of viruses found in wildlife traded in North Sulawesi to strengthen early detection of diseases with pandemic potential.

The project, conducted in cooperation with the Australian Center for Disease Preparedness, is in its second year and focuses on genomic surveillance of viruses from the Coronaviridae, Orthomyxoviridae and Paramyxoviridae families found in bats, rodents and birds.

"This project is a progressive step for BRIN to facilitate knowledge transfer and align with global research standards," Andes Hamuraby Rozak, head of BRIN's Research Organization for Life Sciences and Environment, said on Monday.

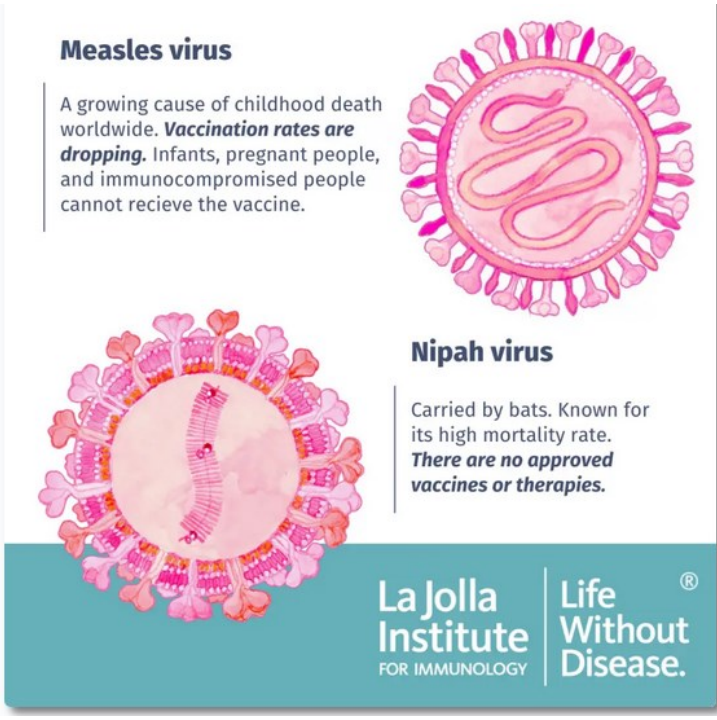
The two sides have also validated laboratory protocols and expanded the use of next-generation sequencing technology to improve virus monitoring and characterization.

The BRIN said the findings are expected to support the development of early warning systems for zoonotic diseases and strengthen regional health security.

Fuente: THE STAR. Disponible en https://n9.cl/2fpli

T cells may be key to stopping measles virus—and its deadly relatives

Jun 2. T cells are some of the immune system's most important warriors. They can stop tumor growth and even fight off severe infections. Now scientists at La Jolla Institute for Immunology (LJI) have discovered how T cells target paramyxoviruses, a viral family that includes measles virus and Nipah virus.



Paramyxoviruses are pathogens of pandemic concern. Measles virus is highly infectious, and Nipah virus has a high mortality rate. The new study shows how we might harness T cells to save lives.

Instead of vaccinating against one virus at a time, the researchers found that activating "cross-reactive" T cells may protect against the wider paramyxovirus family. This broad protection is essential when you don't know which virus will strike next.

"No one knows which particular viral species or strain of a virus might be responsible for an outbreak, as we've seen in the recent cases of Andes hantavirus," says study leader LJI Professor Alessandro Sette, Dr.Biol.Sci.

"Activating T cells can be your first line of defense when you don't know what's going to be thrown at you," adds study co-leader LJI Research Assistant Professor Alba Grifoni, Ph.D.

The new Cell Reports Medicine study was supported by the National Institutes of Health's National Institute of Allergy and Infectious Diseases (NIAID) and the Coalition for Epidemic Preparedness Innovations (CEPI).

T cells are key to fighting emerging diseases

T cells are part of the adaptive immune system, which means each T cell adapts and learns to target a specific threat. A T cell might respond to influenza virus infection but not malaria parasite infection, for example. T cells are specialists.

How do our T cells do it? Each T cell looks for a specific small molecular site that marks friend from foe. Scientists call these sites "epitopes." In general, T cell epitopes on one pathogen look very different from T cell epitopes on another pathogen.

But viruses aren't as sneaky as they seem. Even as viruses evolve, some "conserved" features remain unchanged within viral families.

That's where immunologists come in. LJI scientists have shown that some T cells can "cross-react" to different viruses, as long as the viruses share similar epitopes.

In a series of landmark studies during the COVID-19 pandemic, Sette, Grifoni, LJI Assistant Professor Daniela Weiskopf, Ph.D., and Professor and Chief Scientific Officer Shane Crotty, Ph.D., showed that cross-reactive T cells can recognize the family resemblance between different coronaviruses. A person who had previously contracted a common cold coronavirus may already have T cells primed to recognize SARS-CoV-2, the coronavirus that causes COVID-19.

More recently, Sette and Grifoni demonstrated that cross-reactive T cells may offer broad protection against the deadly Lassa virus and the wider viral family of arenaviruses. [Read: We can help the body fight entire viral families] Their findings suggest that future vaccines and therapies could activate these cross-reactive T cells to protect against many dangerous viruses at once.

Each study makes it clear: cross-reactive T cells are key to stopping emerging viruses.

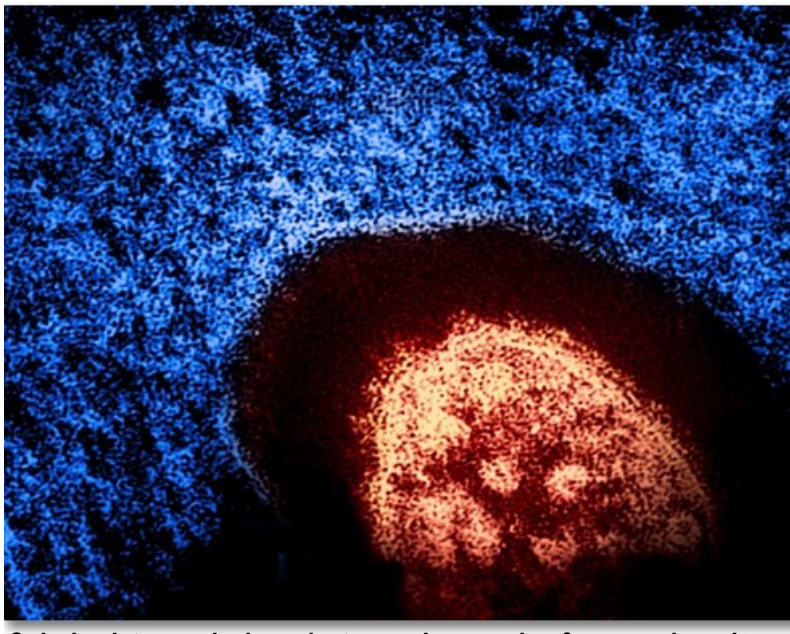
Why paramyxoviruses are a problem

Doctors and scientists in the United States have their eyes on one virus in particular: measles virus. Falling vaccination rates have led to a surge in measles cases in recent years. In 2026 alone, the United States has had 2,033 confirmed measles cases. Already, we are on track to surpass the total U.S. measles cases in 2025.

Measles is a threat worldwide. People in Southeast Asia also have to keep watch for a related threat: Nipah virus. Nipah virus is a paramyxovirus that is spread by bats. Cases are rare, but they turn deadly, fast. Nipah virus has a fatality rate of between 40 percent and 75 percent, which is much higher than measles. "Outbreaks are becoming more and more frequent, especially in the Malaysian region," says Grifoni.

The new LJI study suggests cross-reactive T cells may be just the weapons we need to combat the dangerous paramyxovirus family.

The scientists worked with LJI's John and Susan Major Center for Clinical Investigation to collect and analyze T cells from the blood of 31 study participants. These study participants had received their MMR vaccines, which protect against severe infection from the measles and mumps viruses (both are paramyxoviruses) and the rubella virus. As a result, the blood samples contained T cells that were ready to fight measles infection.



Colorized transmission electron micrograph of a measles virus particle (red). Microscopy is courtesy CDC; layout, colorization, and visual effects by NIAID. Credit: CDC and NIAID

First, the researchers studied exactly how these T cells recognized their enemy. When the T cells spotted measles, what did they see?

LJI Postdoctoral Fellow Alison Tarke, Ph.D., and LJI Senior Staff Scientist Ricardo Da Silva Antunes, Ph.D., spearheaded experiments to map T cell epitopes on measles virus.

These findings were important on their own. "Even though measles has been studied for quite some time, and there is a vaccine for measles, there was not a lot known about the specific T-cell response elicited by the measles vaccine," says Sette.

T cells take aim at Nipah virus

Alison Tarke and the LJI team then tested how these same T cells reacted to Nipah virus. From blood tests, the scientists knew that the study participants had never been infected with Nipah virus. Their T cells hadn't had a chance to "adapt" or learn to target epitopes on Nipah virus.

And yet—the researchers found that some measles-fighting T cells could also recognize Nipah virus. These T cells had the ability to cross-react between the two related viruses. The two paramyxoviruses had "conserved" epitopes in common.

"Focusing immune responses on these conserved regions could have a broad, protective capacity for the whole viral family," says Sette.

The new study is actually the first to map T cell epitopes on Nipah virus. The researchers were also able to zero in on a specific epitope shared between measles and Nipah viruses: a region of the viral fusion or "F" protein. A large number of cross-reactive T cells targeted this relatively small, conserved viral structure.

"It appears that if someone is vaccinated against measles, their T cells will have some degree of cross-reactivity to Nipah," says Sette. "That raises the possibility that during a Nipah outbreak, one could perhaps vaccinate people with a measles vaccine, and this cross-reactivity could potentially offer some benefit."

Fuente: LA JOLLA INSTITUTE FOR IMMUNOLOGY. Disponible en https://n9.cl/zphtlv

Alemania conserva aún 7,6 millones de dosis de vacuna contra COVID-19

2 jun. La reserva de vacunas contra el coronavirus que conserva Alemania en un almacén centralizado alcanza la cifra de 7,6 millones de dosis, según la respuesta del Ministerio de Salud a una consulta.

Más de tres años después del fin de la pandemia de la enfermedad coronavírica COVID-19, las dosis disponibles corresponden a la vacuna Comirnaty LP.8.1 del fabricante Biontech, con sede en la ciudad alemana de Maguncia, en el oeste del país.

Según el Ministerio, no se realizarán más entregas a la Administración, ya que los contratos existentes se han cumplido. Las autoridades suministran las dosis de la vacuna bajo pedido. La enorme demanda registrada durante la crisis aguda ha disminuido significativamente desde hace algún tiempo.

Con miras a prepararse para futuras pandemias, se están supervisando los recortes previstos en las instalaciones de producción de Biontech. El Ministerio declaró que, si la empresa no puede cumplir con los requisitos de un acuerdo de reserva vigente debido al cierre anunciado de plantas, se analizarán las posibles consecuencias.

Acuerdos preventivos con tres fabricantes

El Gobierno germano tiene acuerdos con tres empresas con sede en Alemania que garantizan la disponibilidad de capacidad de producción reservada para vacunas en caso de pandemia. Además de Biontech, se trata de IDT Biologika, basada en Dessau-Rosslau, en el este del país, y Wacker/ Corden Pharma, en Múnich.

Biontech anunció recientemente el cierre de sus instalaciones de producción de la vacuna contra el coronavirus en Alemania. La producción, a partir de ahora, estará a cargo íntegramente de su socio estadounidense Pfizer en plantas de Europa y América.

La experta en presupuestos del partido Los Verdes Paula Piechotta afirmó que los contratos de reserva son una de las lecciones aprendidas de la pandemia de coronavirus, ya que garantizan una capacidad de producción suficiente en territorio europeo ante la próxima crisis.

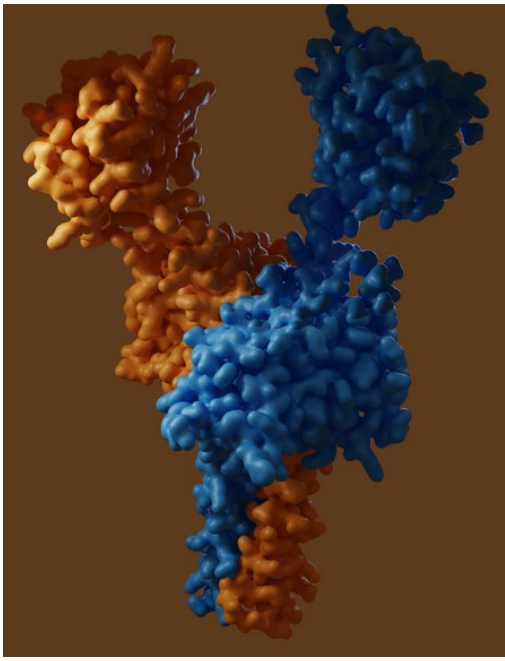
Con otros fabricantes ya retirándose, el más crucial corre peligro de desaparecer, advirtió, refiriéndose a Biontech: “El Gobierno federal debe analizar si puede obligar a Biontech a mantener su capacidad de producción en Alemania exigiendo el cumplimiento de los contratos de reserva para la pandemia”.

Esto es aplicable incluso si la tentación de recortar los millones destinados a este fin es grande, dada la situación presupuestaria, añadió Piechotta.

Los presupuestos de 2026 destinan un total de 336 millones de euros (391 millones de dólares) para financiar contratos de reserva para pandemias, y aproximadamente 175 millones de euros para 2027. Según el Ministerio, los contratos expiran entre 2027 y 2029.

Fuente: EL MUNDO.CR. Disponible en https://n9.cl/dhp2o

Hallan "interruptor" que activa la virulencia de la bacteria que causa la leptospirosis



2 jun. Equipo científico del Institut Pasteur de Montevideo y de otros centros internacionales identificaron una proteína vinculada a la capacidad de infección y virulencia de la bacteria que causa la leptospirosis, una enfermedad que afecta a humanos y animales, que registra más de un millón de casos por año y unas 60 mil muertes anuales.

El estudio fue publicado en *Nature Communications* y abre nuevas vías para comprender cómo esta bacteria causa la enfermedad. La leptospirosis se contagia por contacto con agua o suelo contaminados con la bacteria Leptospira, y si no se trata a tiempo con antibióticos, la infección puede provocar insuficiencia orgánica. En las ciudades, un vector de dispersión de la leptospirosis son las ratas, mientras que en el ámbito rural participan otros animales, como bovinos y ovinos, que pueden transmitirla a través de la orina.

Utilizando técnicas avanzadas de criomicroscopía electrónica y cristalografía de rayos X, los científicos pudieron observar la estructura y comportamiento de la proteína llamada LvrB que actúa como "interruptor de virulencia" dentro de la Leptospira. Estas dos técnicas permiten fotografiar a la proteína de interés, que son objetos muy pequeños dentro de cada bacteria. De este modo los investigadores son capaces de observarlas y entender cómo ejercen su función en la enfermedad.

Las imágenes mostraron que, en estado apagado, LvrB tiene una estructura simétrica y rígida. Al prenderse, esa simetría se rompe: algunas de sus partes se enrollan y otras se extienden. La visualización de estos cambios permitió entender cómo LvrB funciona como un interruptor molecular, regulando así la capacidad de la bacteria para causar enfermedad.

El equipo también identificó que LvrB interactúa con otra proteína compañera, a la que bautizaron LvrC, y que se modifica cuando LvrB se activa. Esta forma modificada de LvrC es la que desencadena los cambios que permiten a la bacteria volverse patógena: la bacteria detecta que está infectando a un animal (o a una persona) y se adapta produciendo factores de virulencia que le permiten establecer la infección. Sin este arsenal desplegado, la bacteria es destruida por el sistema inmune del animal sin llegar a producirle enfermedad.

A partir del descubrimiento sobre la forma tridimensional de la proteína en posición "encendido" y "apagado", sería posible diseñar moléculas que la mantengan en la posición inactiva, o eventualmente vacunas efectivas.

"Durante nuestra investigación, nos contactó un grupo de la Universidad de Basilea, en Suiza, para compartir resultados que ellos habían obtenido con LvrB (un tema en el que se habían interesado a partir de una publicación anterior de nuestro grupo). Resultó que los distintos abordajes —cristalografía de rayos X en Montevideo y criomicroscopía en Basilea— arrojaron resultados complementarios que fueron esenciales para interpretar qué le ocurre a LvrB al activarse. Nuestro descubrimiento de LvrC, a su vez, es el punto de partida de mis estudios de doctorado en curso, que seguirán desentrañando cómo Leptospira provoca la enfermedad", destacó Joaquín Dalla Rizza,

investigador del Laboratorio de Microbiología Molecular y Estructural del Institut Pasteur de Montevideo y uno de los autores del trabajo.

Más allá de su relevancia para la leptospirosis, estos conocimientos pueden ayudar a comprender mecanismos similares en otras bacterias que también infectan a humanos, animales y plantas.

Fuente: Institut Pasteur de Montevideo. Disponible en https://n9.cl/h1xyk

Pneumococcal Vaccination at 50 Years Old Can Improve Outcomes

Jun 2. Pneumococcal vaccination beginning at age 50 years, rather than age 65 years, shows the potential to boost health benefits, according to a study published in the *American Journal of Preventive Medicine*. Despite an improvement in health outcomes from the 21-valent pneumococcal conjugate vaccine (PCV21), lowering the age recommendation from 65 to 50 years comes with increased health care costs.

“Lowering the age for pneumococcal vaccination gives more adults the opportunity to protect themselves from pneumococcal disease at the age when risk of infection substantially increases,” wrote the CDC. “Pneumococcal bacteria can cause serious illnesses, including pneumonia, meningitis, and bloodstream infections, and older adults are at increased risk for pneumococcal disease.”

The research evaluates 2 primary implementation methods: a moving strategy and an adding strategy. The moving strategy involves shifting the single-dose, age-based recommendation from age 65 to age 50 years.

Although this approach reduces the disease burden for those in the 50-to-64-year age range, it may inadvertently increase the burden for those over 65 years because vaccine effectiveness typically declines linearly to zero over a period of 15 to 20 years.

In contrast, the adding strategy, which provides a dose at age 50 years followed by a second dose at age 65 years, improves health outcomes across all age groups but necessitates higher total costs.

For pharmacists, the clinical choice between vaccines is increasingly complex and must be individualized based on serotype coverage and patient history. PCV21 was specifically developed to target serotypes that commonly cause disease in adults, covering 81% of circulating disease compared with only 58% for PCV20.

Economic evaluations of the 50-to-64-year age group show that PCV21 is a more effective and economically favorable option, with an incremental cost-effectiveness ratio of $73,000 per quality-adjusted life year (QALY) gained. According to an article published in Vaccine, this is significantly lower than the $820,000 per QALY estimated for an age-based strategy using PCV20 in the same population.

Despite the broad benefits of PCV21, local epidemiology remains a vital factor for pharmacy practice. PCV21 does not contain serotype 4, a strain that is particularly prevalent in the Western US and among unhoused populations.

In geographic areas where serotype 4 causes more than 30% of pneumococcal disease, PCV20 is expected to prevent more disease and be more cost-effective than PCV21. This highlights the necessity for pharmacists to understand local serotype prevalence when making clinical recommendations.

The evolving landscape of pneumococcal immunization also includes 15-valent (PCV15) and 20-valent (PCV20) vaccines, as well as the polysaccharide PPSV23. CDC guidance now specifies that if PCV15 is used, it should be followed by a dose of PPSV23 one year later to complete the series.

However, a single dose of either PCV20 or PCV21 is considered a complete vaccination for adults 50 and older. To navigate these changing schedules, the CDC recommends using the PneumoRecs VaxAdvisor app to provide patient-specific guidance.

By lowering the vaccination age, the CDC aims to address the high proportion of adults aged 50 to 64 who already have risk-based indications but were not previously vaccinated. Pharmacists serve as the lead conductors in this effort, providing the expertise needed to simplify schedules and ensure patients receive the most protective vaccine for their specific risks.

Although earlier vaccination increases upfront costs, the significant reduction in invasive pneumococcal disease and pneumonia cases represents a major step forward for adult public health.

“In this model, transitioning to an age-based pneumococcal vaccination strategy for adults aged 50 with a supplemental PCV dose at age 65 may offer improved health outcomes but comes with increased costs,” concluded authors of the current study. “Despite uncertainties in duration of protection and indirect effects from vaccination, age-based pneumococcal vaccination starting at age 50 has the potential to enhance disease prevention across a broad portion of the population.”

- A “moving” strategy lowers the age-based single-dose recommendation to 50, reducing 50–64 disease burden but potentially increasing ≥65 burden due to time-dependent waning of effectiveness.
- An “adding” strategy administers PCV at 50 and again at 65, producing broader health gains across age strata, with higher programmatic and vaccine acquisition costs.
- PCV21 targets adult-predominant serotypes and covers ~81% of circulating adult disease versus ~58% for PCV20, yielding an ICER of about $73,000/QALY in 50–64-year adults.
- Regional serotype ecology is decisive: absence of serotype 4 in PCV21 can favor PCV20 where serotype 4 exceeds ~30% of disease, including Western US and unhoused populations.
- Current CDC schedules consider one dose of PCV20 or PCV21 complete for adults ≥50, while PCV15 requires PPSV23 one year later; decision support via PneumoRecs VaxAdvisor is recommended.

Fuente: Drug Topics. Disponible en https://n9.cl/20a65

CEPI funds next phase of nanoparticle vaccine platform to support rapid outbreak response

Jun 3. New funding will support the continued development of a pioneering vaccine platform that uses protein-tagging technology in nanoparticles to help speed up the development of vaccines against epidemic and pandemic threats, including H5N1 avian influenza and a future Disease X. The technology could also support more potent and targeted vaccine delivery and help boost immune responses.

CEPI will provide up to US $9.7 million in additional funding to US-based POP Biotechnologies (POP BIO) to advance its SNAP™ (Spontaneous Nanoliposome Antigen Particleization) protein vaccine

platform into a Phase 1 clinical trial. This builds on an initial US $1.5 million CEPI investmentannounced in July 2025, which supported early-stage research into the technology.

POP BIO's SNAP platform has been designed to speed up the development of nanoparticle-based vaccine candidates while also streamlining the purification of the antigens used in them. The new funding will now support the continued development and early clinical testing of a SNAP-based vaccine candidate targeting H5N1 avian influenza — a virus that has spread widely in birds and increasingly infected mammals, raising concerns about its pandemic potential.

"Antigens added to vaccine formulations have to be purified to ensure safety, efficacy and consistency. Conventional purification methods can be costly and complex, typically lasting several days," said Kent Kester, Executive Director of Vaccine R&D at CEPI. "As every day counts during an outbreak, faster development of purified vaccine constructs could help more quickly contain a fast-spreading viral threat, in line with the 100 Days Mission. By validating the platform against H5N1, we'll be able to see how SNAP could also be rapidly adapted to respond to other epidemic and pandemic threats, including a Disease X."

Through an innovative approach, the SNAP proprietary technology uses a small protein tag attached to vaccine antigens — a purification technique commonly used in protein research — which is also used to embed them into small, spherical lipid particles known as liposomes, helping stimulate and enhance immune responses. Compared to traditional approaches, this design improves how antigens are presented to the immune system, helping generate stronger and more focused immune responses. Crucially, the enhanced technique could rapidly remove potential contaminants from vaccine antigens in as little as 30 minutes.

"We are excited to continue our partnership with CEPI in order to translate the SNAP technology for a H5N1 protein nanoparticle vaccine. This project will represent a big step forward for our company." says POP BIO co-founder Jonathan Lovell.

SNAP's versatile plug-and-play design could also be beneficial in an outbreak, as antigens from a disease-causing pathogen can be easily and quickly "plugged" into the vaccine platform for faster development and deployment. With fewer, less complex stages involved in its purification process, the technology is expected to improve manufacturing efficiency compared to traditional protein vaccine approaches, producing higher antigen yields that help extend available vaccine supplies and allow more people to be vaccinated.

This investment supports CEPI's 100 Days Mission — a global effort to develop vaccines against a new pandemic threat within 100 days of its identification — by advancing platform technologies designed for speed and adaptability. It also aligns with CEPI's 3.0 Strategy, which places greater emphasis on enabling rapid-response vaccine platforms that can be deployed quickly and equitably in future outbreaks.

CEPI and POP BIO are committed to enabling equitable access to the outputs of their partnership, in line with CEPI's Equitable Access Policy. Project results, including related data, will be published open access for the benefit of the global scientific community.

Fuente: CEPI. Disponible en https://n9.cl/yh1r7s

MIT researchers develop new vaccine adjuvant that could make it easier to eradicate polio

Jun 3. In the United States, children routinely receive an injectable form of the polio vaccine. This vaccine is very effective at preventing illness, but it doesn't block transmission of the polio virus as well as the oral polio vaccine does.

Poliovirus is usually transmitted through contaminated food or water, so the gastrointestinal (GI) tract is where the body is first exposed. Because the oral vaccine induces a mucosal immune response within the GI tract, it is much more effective at preventing infection and spread of the virus. However, there is a small chance that the oral vaccine can become infectious, so many countries have stopped using it.

"Because the oral vaccine induces a mucosal immune response within the gastrointestinal tract, it is much more effective at preventing infection and spread of the virus."

Researchers at MIT have now come up with a way to modify the injectable vaccine so that it can also promote a mucosal immune response. This vaccine could help to achieve polio eradication while avoiding the risks of the oral polio vaccine.

"People who are vaccinated with the injectable vaccine are not getting sick, but they may be helping the virus circulate. Mucosal immunity could help lower that shedding and ideally eliminate it," says Ana Jaklenec, a principal investigator in MIT's Koch Institute for Integrative Cancer Research.

The researchers' new vaccine consists of the current injectable, inactivated polio vaccine (IPV), delivered with a nanoparticle-based adjuvant that helps steer immune cells to the mucosal lining of the intestine. In a study of rats, the researchers found that this vaccine produced a 20-fold increase in the type of antibodies needed for mucosal immunity, compared to IPV alone.

Jaklenec and Robert Langer, the David H. Koch Institute Professor at MIT, are the senior authors of the study, which appears today in Science Advances. MIT postdoc Behnaz Eshaghi is the lead author of the paper.

Targeting polio

Polio, which can cause paralysis in severe cases, is now rare in most of the world due to extensive vaccination campaigns. The virus is highly contagious and is most commonly spread through consumption of food or water contaminated with the stool of an infected person.

Cases are occasionally seen in the United States and other countries, and the virus is endemic in Pakistan and Afghanistan. While most of these cases are caused by the virus spreading among unvaccinated individuals, some cases may be due to the evolution of the live viruses used in the oral polio vaccine (OPV). These viruses are attenuated, meaning they are alive but weakened. In rare cases, they can mutate and evolve to become infectious again.

It's also possible that wild poliovirus can be spread by people who have received the injected polio vaccine. These people would likely not experience any symptoms, but they could still shed the virus in their stool. Eventually, this could expose someone who isn't vaccinated. Studies have shown that even in countries that with very high polio vaccination rates, the virus can be detected in wastewater.

To boost the chances of completely eradicating polio, it would be ideal to use a vaccine that cannot

evolve to cause infection, like the current injectable IPV, and would also induce mucosal immunity, like the OPV.

In hopes of achieving that, the MIT researchers teamed up with researchers at Harvard Medical School who have shown that using a derivative of vitamin A as a vaccine adjuvant can help stimulate immune cells to go to the GI tract.

That adjuvant, known as Am80, works well, but to generate a strong response, it needs to be injected for several days in a row, which is not feasible for most vaccine campaigns.

To eliminate the need for repeated daily injections, the researchers set out to develop a nanoparticle formulation that would enable the adjuvant to be released slowly over several days. They tested several different types of nanoparticles and found that the one that worked best was a lipid nanoparticle (LNP).

“The purpose of the nanoparticle is making sure that we can engineer a platform with a sustained release of the cargo for a few days,” Eshaghi says. “That way we can overcome the bottleneck that for free administration of Am80 you need multiple daily injections.”

Mucosal immunity

In tests in rats, the researchers delivered an injection of an inactivated polio vaccine, similar to the one that is now used in the United States, along with a separate injection of Am80 encapsulated in LNPs. After the first dose, boosters were given at four weeks and eight weeks.

After injection, the nanoparticles accumulate in the lymph nodes, where they interact with B and T cells that are also exposed to the polio vaccine. This interaction stimulates the B and T cells to produce two surface proteins that act as homing signals directing them to the GI tract.

The B cells also begin producing a type of antibodies called IgA, which protect body surfaces from infection by coating the mucosal membranes. In addition, the rats also produce IgG antibodies that circulate in the bloodstream, similar to the antibodies that are normally produced in response to the injected polio vaccine.

“IPV is a safe vaccine, but it cannot create mucosal immunity. OPV can create that mucosal response, but it is not as safe,” Eshaghi says. “By adding Am80 to lipid nanoparticle as an adjuvant, we are combining the safety of IPV with an adjuvant that can produce the mucosal immunity that normally you can only get with OPV.”

The researchers now plan to test the vaccine in additional larger animal models, where they will inject the vaccine and adjuvant mixed together.

Using Am80 or other adjuvants to induce a mucosal response could also help researchers design improved vaccines for other pathogens that infect the GI tract, or for diseases that infect the lungs or reproductive tract.

“You could potentially add it to any vaccine that’s injected,” Jaklenec says. “This particular work shows that cells can be directed to the gut and increase enteric mucosal immunity. Whether it works for the respiratory or vaginal mucosa is not yet clear.”

Fuente: EurekAlert. Disponible en https://n9.cl/hm3pzr

Researchers discover a biological barrier that limits mucosal vaccine immunity

Jun 4. A consistent biological barrier that stops the immune system from making the antibodies most needed to protect the nose and throat from respiratory viruses has been identified. The discovery, led by researchers from the University of Surrey, in partnership with University College London could guide the design of a next generation of vaccines built to protect at the point of infection.

The study, published in Cell Reports Medicine, followed 15 healthy adults who had no prior exposure to SARS-CoV-2 as they received two doses of the Moderna mRNA-1273 vaccine. Blood samples were taken every other day for the first three weeks after the initial dose, with further samples at weeks 8, 10 and 12, and again at six months. The result is a granular timeline of the first-time human immune response, combining nearly 3.8 million antibody gene sequences with single-cell analysis of the B cells responsible for producing antibodies.

Central to the findings is a process called class switch recombination, by which B cells permanently change the type of antibody they produce. The team found that switching between these types can follow a stepwise path along the genome, with cells moving through antibody types in order over time rather than jumping freely between them.

Across all participants, the process consistently stopped at a gene called IGHG2, roughly halfway along the sequence. Beyond that point, switching to additional antibody types was rare and confined to a small number of specific B cell subtypes. Crucially, this barrier appeared regardless of whether the cells were specific for the vaccine or not, suggesting it is a fundamental feature of how the human immune system operates.

The consequence is that the mRNA vaccine generated a strong response in IgG1 antibodies (which circulate in the blood and reduce disease severity) but produced very little IgA2 (the antibody type that protects mucosal surfaces). Since respiratory viruses, including SARS-CoV-2, enter the body through the nose, throat and lungs, the limited IgA2 response could help explain why some vaccinated individuals remain susceptible to infection and can continue to transmit the virus.

> ***"We have known for some time that antibody class switching follows certain biological rules, but the consistency and precision of this barrier at IGHG2 in a first-time human response is new. The detail we have here changes how we think about what the immune system can and cannot do when encountering a vaccine for the first time. The next question is whether we can design vaccines that selectively push past that barrier to produce stronger protection where it is most needed."***
>
> ***Deborah Dunn-Walters, Professor and Lead Author and Professor, University of Surrey.***

The research also challenged a long-held assumption about how antibodies are refined. Class switching and somatic hypermutation (the process by which antibodies are progressively tuned to better fit their target) had long been thought to occur in parallel. In this study, class switching happened rapidly in the weeks following vaccination, but meaningful antibody refinement was not detectable until six months after the first dose. The two processes were, in effect, separate.

Professor Franca Fraternali, collaborator at University College London, said:

"What struck us was that these B cells were switching their antibody types very efficiently in the early weeks after vaccination, but the fine-tuning of those antibodies was barely underway until much later. That separation tells us something important about the structure of the immune response and may have implications for how we think about the timing of booster doses in vaccine programs."

The research team also found that after the second vaccine dose B cell subtypes known as "double negative" (DN) expanded substantially among the antigen-specific B cells tracked in the study. DN cells have been associated with chronic infections, autoimmune conditions and aging.

Professor Claudia Mauri, collaborator at University College London, said:

"There are many more types of B cells than you would think from reading the textbooks and we are only just getting to grips with understanding the role they may play in the immune system. It may be that non-traditional B cells are favored by the mRNA platform, which triggers an interferon signal known to promote a type of immune activation that bypasses the germinal centers where antibodies are normally refined. These findings warrant further investigation."

The dataset produced by the study, combining bulk and single-cell gene sequencing with flow cytometry and serology across more than 20 timepoints per participant, is being made publicly available to support future research in vaccine design, B cell biology and the regulation of antibody class switching.

Fuente: NEWS MEDICAL LIFE SCIENCES. Disponible en https://n9.cl/rxx37h

Brasil incorporará nueva vacuna infantil contra neumonía

4 jun. Brasil comenzará en la segunda quincena de junio la aplicación gratuita de una nueva vacuna contra enfermedades neumocócicas en niños menores de cinco años, medida destinada hoy a ampliar la protección frente a infecciones graves.

El anuncio fue realizado por el ministro de Salud, Alexandre Padilha, quien informó que el inyectable neumocócico conjugado 20-valente (Pneumo 20) estará disponible en las unidades básicas del Sistema Único sanitario.

Según reportes de prensa, el inmunizante protege contra 20 serotipos de la bacteria *Streptococcus pneumoniae*, principal responsable de enfermedades graves como neumonía, meningitis y sepsis, que pueden ocasionar hospitalizaciones, secuelas permanentes e incluso la muerte.

Dicha vacuna sustituirá de manera gradual a la versión 10-valente, utilizada hasta ahora en el programa nacional de inmunización.

A criterio del Ministerio de Salud, la principal ventaja de la nueva formulación radica en la ampliación de la cobertura inmunológica, al incluir serotipos asociados con formas invasivas de neumonía, entre ellos los tipos 3, 6A y 19A, ausentes en la vacuna anterior.

También, contribuye a prevenir la otitis media, enfermedad que puede derivar en pérdida auditiva y otras complicaciones.

Las autoridades sanitarias iniciaron ya la distribución de las primeras 514 mil dosis a los estados y municipios, y el Gobierno federal prevé suministrar más de 6,1 millones de dosis durante 2026.

Para la Organización Mundial de la Salud, las enfermedades neumocócicas representan la principal causa de mortalidad infantil por afecciones prevenibles mediante vacunación.

En Brasil, apuntan datos oficiales, entre 2023 y 2025 fueron registrados cuatro mil 600 casos de meningitis neumocócica, incluidos 616 de menores de cinco años, y mil 400 fallecimientos (188) relacionados con esa enfermedad.

Durante la transición hacia el nuevo esquema, los niños recibirán una dosis de Pneumo 20 a los dos meses de edad, una dosis de la vacuna 10-valente a los cuatro meses y un refuerzo de Pneumo 20 al año.

Una vez agotadas las existencias de la formulación anterior, el sistema pasará a utilizar exclusivamente la nueva vacuna.

La incorporación de Pneumo 20 constituye el cuarto inmunobiológico destinado a la población infantil introducido por la actual administración y busca fortalecer la cobertura frente a enfermedades potencialmente mortales.

Fuente: PRENSA LATINA. Disponible en https://n9.cl/2o6rc

New 'universal vaccine' technology could protect us from future virus outbreaks

Jun 4. The first human clinical trial of a universal Sarbeco coronavirus vaccine, developed by the University of Cambridge and spin-out DIOSynVax (DVX) Ltd, has shown that the vaccine is safe and has no significant side-effects.

The trial, involving 39 healthy volunteers, tested a vaccine designed to provide protection against multiple Sarbeco coronaviruses - the large group of viruses that occur in nature including SARS-CoV-2, which caused the COVID pandemic.

The vaccine triggered immune responses in the volunteers not only to SARS-CoV-2 and SARS, but to related bat viruses that could potentially jump from animals to humans and cause future pandemics.

This trial proves the safety of an entirely new way of designing vaccines. The technology uses an AI-designed 'super-antigen' to provide lasting protection against a broad range of viruses - for example the Ebola group, or Sarbeco coronavirus group - even as they mutate.

Vaccines developed in this way could protect against future emerging virus threats. The technology also reduces the need for frequent reformulation, which is a fundamental limitation of current vaccines.

This is the first time that a vaccine whose active component was designed entirely by computer simulations has been tested in humans.

Participants took part in the trials at National Institute for Health and Care Research (NIHR) Clinical Research Facilities in Southampton and Cambridge. The study was sponsored by University Hospital Southampton NHS Foundation Trust (UHSFT).

The results are published in the *Journal of Infection*.

"We've converted vaccine development from being reactive to being future proof. Our vaccines will continue to provide protection against viruses even as they mutate into new strains," said Professor Jonathan Heeney from the Lab of Viral Zoonotics, University of Cambridge's Department of Veterinary Medicine, the scientific lead of the research.

He added: "We've overcome the problem of traditional vaccines, which have limited protection. It means we can escape the constant cycle of chasing the virus variants circulating in humans and updating the vaccines to try to catch up, like a dog chasing its tail."

The antigen is the active ingredient in a vaccine – it triggers the body's immune system to produce a protective immune response, training it to fight off future infection by a broad array of pathogens containing these specific DVX antigens.

Current vaccines, such as the seasonal flu vaccine and existing Covid-19 vaccines, use antigens from specific virus strains or variants that have already been detected in humans. But since viruses are constantly mutating, by the time these traditional vaccines are manufactured and distributed, they have limited protection and must be updated annually in an effort to keep up.

To design the antigen for a universal coronavirus vaccine, the team used all the available genetic sequence data for Sarbeco coronaviruses logged by surveillance programmes around the world. Using machine learning, they then designed a super antigen containing the antigen features common to this whole group of viruses – including ones that haven't emerged yet.

Human clinical trials

The vaccine was given to volunteers between 18 and 50 years old at the NIHR Southampton Clinical Research Facility at UHSFT, and at the NIHR Cambridge Clinical research Facility at Addenbrookes Hospital, Cambridge.

The super antigen is compatible with most vaccine delivery systems. In this trial it was administered as DNA vaccine through a micro fluid jet. This needle-free delivery method offers an alternative to those with a fear of needle-based injections. This could make vaccination faster and easier to carry out in large numbers of people, especially in settings where conventional injections are more challenging to deliver.

A previous trial in animals - an important step before beginning human clinical trials - found that the vaccine provided a strong immune response against a range of coronaviruses.

Further development of the vaccine is needed before it is ready for public use. A larger Phase 2 trial will next assess the vaccine's ability to induce immune responses in a wider and more diverse population, and confirm that it generates strong, broadly protective immune responses.

The continuous pandemic threat

"Viruses like Influenza, Coronaviruses and the Ebola group are evolving continuously and by the time vaccines are rolled out, they may be poorly matched - the current "reactive" vaccine system struggles to keep pace," said Professor Saul Faust from the University of Southampton, the trial's chief investigator.

He added: "This new class of universal vaccines are future-proofed. They not only protect against many variants simultaneously, but potentially against related viruses that haven't yet emerged and spilt over to humans.

“If we can develop and clinically advance this new class of vaccines before a virus outbreak begins, millions of lives could be saved, lockdowns avoided and the economy preserved.”

Professor Marian Knight, Scientific Director for NIHR Infrastructure, said: "The remarkable success of this AI-designed ‘super-antigen’ trial marks a pivotal leap forward in our ability to deliver broad, lasting viral protection.”

She added: “This milestone was only made possible through partnerships between the life sciences sector and our world-class NIHR infrastructure in Cambridge and Southampton, whose Clinical Research Facilities provided the vital expertise and environment needed to safely fast-track this innovation, and bring it one big step closer to patients.”

Coronaviruses such as SARS-CoV-2 and related Sarbeco coronaviruses continue to pose a threat to public health. A wide range of these and other viruses continue to circulate in animals that could potentially jump to humans at any time – but it’s not possible to predict which one, or when.

The research was primarily funded by Innovate UK. The DIOSynVax pipeline includes vaccine candidates for human seasonal Flu and the pandemic influenza threats, haemorrhagic fever viruses, and coronaviruses including SARS-CoV-2.

DIOSynVax - Digitally Immune Optimised Synthetic Vaccines - is a spin-out company from the University of Cambridge, established in 2017 with the support of Cambridge Enterprise, the University’s commercialisation arm. Jonathan Heeney is the Professor of Comparative Pathology at the University of Cambridge, and a Fellow at Darwin College.

Fuente: EurekAlert. Disponible en https://n9.cl/fnvuty

Brazil's pharmaceutical labs say alliance with China helps boost immunization programs

Jun 5. China and Brazil have significantly deepened their public health partnership since cooperation began five years ago, leading to breakthroughs in biopharmaceutical innovation.

In 2021, Brazil received the first batches of China's CoronaVac COVID-19 vaccine, which was developed with participation from Sao Paulo's Butantan Institute.

What began as an emergency response is now helping Brazil tackle other public health challenges, including chronic problems like dengue fever, a disease that the Latin American country has struggled with for decades.

Brazil was able to develop a dengue vaccine on its own, but to scale up production, Butantan turned to Chinese manufacturer WuXi Biologics.

The institute's director, Esper Kallas, credits the success of this cooperative project to the contacts built during the COVID emergency.

"What we found was a number of companies that had implemented their own capacity, not only for production, but also for process development, innovation and research for radical product development. There were several potential collaborations that we could go ahead with, and the

first one was to increase our capacity to produce the dengue vaccine, the Butantan-DV dengue vaccine," he said.

"The next step that we have ahead of us, and it's becoming a reality, is to strengthen the ties between the Butantan Institute and one Chinese company called IASO to make CAR-T cells. This is a very complicated and sophisticated, advanced therapy to treat certain forms of cancer," said Kallas.

Brazil runs one of the largest public immunization programs in the world, with over 20 vaccines available for free.

Meanwhile, the country's partnership with China has expanded beyond prevention and into treatment. A key player in both of these areas is the Bio-Manguinhos laboratory, a cornerstone of Brazil's public vaccine and biopharmaceutical production. Its director, Rosane Cuber, said the partnership has become central to the laboratory's strategy.

"We started this partnership with China during the COVID-19 pandemic time. But after that, we realized that China was very, very developed in this area. By doing these partnerships, we introduce these vaccines and biopharmaceuticals quicker than if we do it by ourselves. We are building in Ceara State a facility to produce the glargine insulin for the SUS, our national health system, using technology that was developed in China," she said.

As joint efforts expand, the two countries are building a reliable supply chain to protect and strengthen the largest public health network in Latin America.

Fuente: BASTILLE POST GLOBAL. Disponible en https://n9.cl/b75z5

Cómo es la primera vacuna creada con IA y por qué supone un "cambio fundamental" ante futuras pandemias

5 jun. La inteligencia artificial fue utilizada para desarrollar un tipo de vacuna "fundamentalmente nuevo" que podría proteger a las personas contra una gran cantidad de virus y prevenir pandemias, según afirman investigadores.

El equipo de la Universidad de Cambridge responsable de este desarrollo señala que es la primera vez que el componente clave de una vacuna ha sido diseñado completamente por IA y luego probado en personas.

La vacuna fue diseñada para actuar contra todos los coronavirus —lo que incluiría todas las variantes de la COVID-19—, así como los virus que actualmente infectan a animales pero que tienen el potencial de provocar la próxima pandemia.

El trabajo aún se encuentra en etapas iniciales, pero el equipo ya está desarrollando vacunas separadas que podrían combatir la gripe y el ébola.

Las vacunas enseñan a nuestro cuerpo a reconocer una infección para aumentar nuestras probabilidades de combatirla.

Pero algunos virus son expertos en cambiar su apariencia —o mutar—, por lo que las vacunas pueden quedar rápidamente desactualizadas. Por eso, las vacunas contra el covid-19 y la gripe invernal necesitan actualizarse con regularidad.

"Siempre vamos por detrás", dijo el profesor Jonathan Heeney, de la Universidad de Cambridge.

Añadió que ahora intentan adelantarse a los virus y hacerlo con suficiente anticipación como para poder proteger contra nuevos brotes o pandemias.

¿Cómo funciona?

Normalmente, las vacunas se diseñan utilizando una cepa actual de un virus.

Los investigadores de Cambridge tomaron códigos genéticos conocidos —los manuales de instrucciones de vida— de una variedad de coronavirus que habían sido registrados por programas de vigilancia encargados de detectar posibles amenazas virales.

Estos códigos genéticos fueron analizados por una inteligencia artificial. A partir de ellos, la IA diseñó un "superantígeno" capaz de entrenar al sistema inmunitario de tal manera que proporcionara protección contra toda una familia de virus, incluso si estos mutaban o si surgía una nueva infección que pasara de animales a seres humanos.

Los antígenos son los componentes críticos de las vacunas, ya que son lo que el sistema inmunológico aprende a atacar.

Heeney afirmó que esta era la primera vez que un antígeno diseñado por IA se probaba en personas. Señaló que la tecnología "nos está sorprendiendo a todos" y que es "increíble lo que podemos hacer con ella para el bien de la humanidad".

Heeney dijo a BBC News: "Se trata de fabricar vacunas que nos protejan, no sólo de los virus actuales, sino también de lo que pueda causar el próximo brote o enfermedad. Este es un cambio fundamental en la forma en que nos preparamos para las pandemias".

Los ensayos, realizados en 39 personas, fueron diseñados para evaluar si estas vacunas eran seguras. Un segundo estudio —en el que participarán alrededor de 200 personas— proporcionará una mejor comprensión sobre qué tan bien está entrenando al sistema inmunológico la vacuna.

Los hallazgos, publicados en la revista *Journal of Infection*, señalaban que el impacto en el sistema inmunológico fue "modesto", pero que aun así generan entusiasmo.

El profesor Saul Faust, quien llevó a cabo algunos de los ensayos en la Universidad de Southampton, afirmó que el diseño mediante IA "definitivamente tiene potencial" y que era "realmente emocionante".

En declaraciones a la BBC, señaló: "Lo realmente interesante es que la tecnología es mucho mejor para diseñar vacunas frente a posibles pandemias cuando los virus están cambiando".

Un futuro prometedor

El equipo de Cambridge ya está realizando investigaciones en animales de vacunas universales contra la gripe estacional que no necesitarían adaptarse cada año, así como una vacuna contra la gripe aviar H5N1, en caso de que el virus que actualmente está devastando las poblaciones de aves se convierta en una pandemia humana.

También están investigando una vacuna para las fiebres hemorrágicas virales, que incluiría las especies de ébola. El brote actual en la República Democrática del Congo está siendo causado por una especie para la cual aún no se ha desarrollado una vacuna.

El profesor Andy Pollard, director del Oxford Vaccine Group, no participó en el estudio, pero afirmó que este enfoque está generando evidencia convincente en la investigación con animales.

"Son datos fascinantes. No habíamos previsto que podrían generar estas respuestas inmunológicas", dijo a BBC News.

Señaló que la verdadera prueba es lo que ocurra en los ensayos en humanos, ya que nuestros sistemas inmunológicos son diferentes a los de los ratones de laboratorio, pues el nuestro ha sido moldeado por años de infecciones.

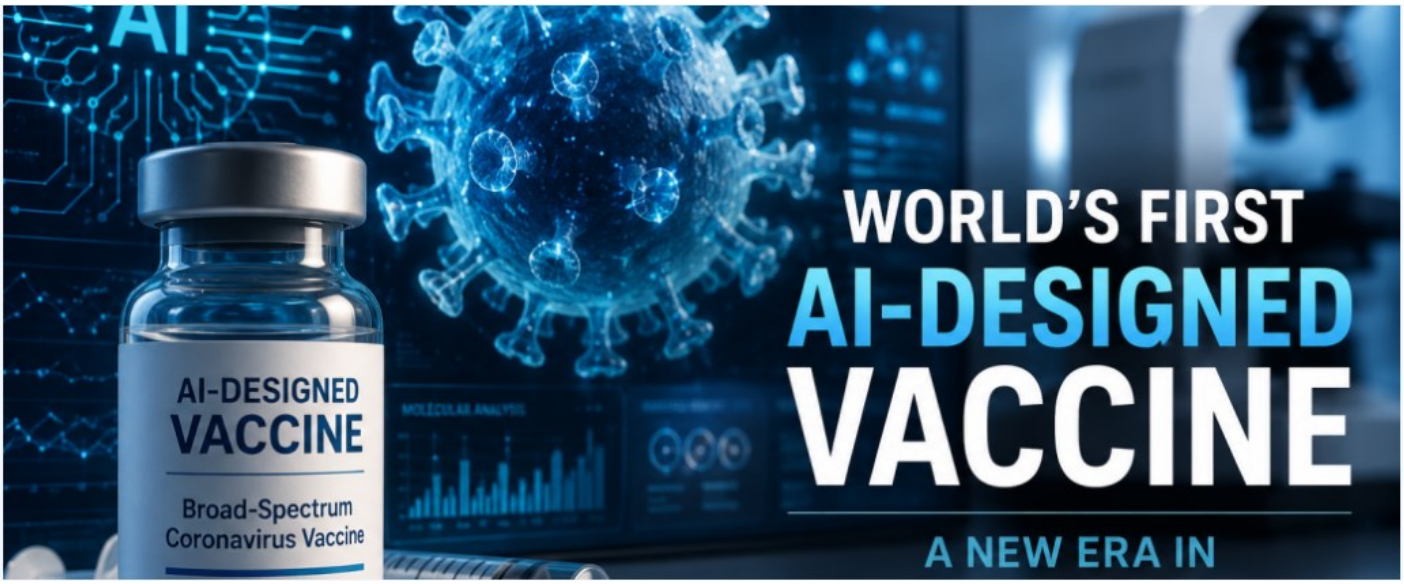
De manera más amplia, afirmó que la inteligencia artificial será un "cambio radical" para la investigación de vacunas, y que las herramientas de IA tienen el potencial de predecir cómo responderá el sistema inmunológico a una vacuna, haciendo que el desarrollo sea mucho más rápido y que salve vidas.

"El éxito notable de este ensayo del 'superantígeno' diseñado por inteligencia artificial marca un avance decisivo en nuestra capacidad para ofrecer una protección viral amplia y duradera", señaló Marian Knight, directora científica del Instituto Nacional de Investigación en Salud y Atención de Reino Unido.

El ministro de Ciencia, Lord Vallance, también valoró positivamente las perspectivas abiertas por este desarrollo.

"Otro éxito de la ciencia británica; este es un gran ejemplo de cómo podemos combinar nuestra experiencia en investigación con la IA para desarrollar nuevos tratamientos", dijo.

"Con los primeros ensayos en humanos mostrando resultados positivos, este trabajo podría ayudar a acelerar la implementación de vacunas para beneficiar a personas en todo el mundo a largo plazo", agregó.



Fuente: BBC NEWS. Disponible en https://n9.cl/05qp3b

Rusia anuncia ensayo de su vacuna contra el dengue en zonas críticas

6 jun. La directora de la Agencia Federal Médico-Biológica de Rusia, Veronika Skvortsova, reveló la existencia de un preparado biológico de última generación contra el dengue. Este producto se distingue por su plataforma de desarrollo, basada exclusivamente en proteínas recombinantes que sufren una modificación genética específica.

La funcionaria explicó que la estructura molecular de esta vacuna contra el dengue se construyó a partir de segmentos seleccionados del virus, un método que excluye el uso del patógeno activo o atenuado en la fórmula final.

La elaboración de este fármaco corresponde al campo de la biotecnología avanzada. Los científicos rusos aislaron proteínas clave del agente viral y las replicaron en sistemas de laboratorio mediante técnicas de ácido desoxirribonucleico recombinante.

Este procedimiento genera una respuesta defensiva en el organismo sin exponer al paciente a la infección. Según los datos presentados en el Foro Económico Internacional de San Petersburgo, el perfil de seguridad en la etapa preclínica resulta prometedor, pues la vacuna contra el dengue demostró su capacidad inmunogénica en modelos animales con resultados significativos.

La urgencia en zonas endémicas

La enfermedad viral transmitida por el mosquito *Aedes aegypti* mantiene un ciclo de expansión constante en climas tropicales y subtropicales. El incremento de las temperaturas globales facilita la proliferación del vector en altitudes y latitudes antes inaccesibles para el insecto.

Esta realidad epidemiológica impulsa la búsqueda de soluciones biológicas permanentes, ya que los métodos actuales de control del mosquito no logran frenar los brotes masivos.

La vacuna contra el dengue en fase experimental representa una intervención directa sobre la capacidad del organismo para repeler el virus, un enfoque que cambia la estrategia tradicional centrada solo en la fumigación y la protección física.

Además, los protocolos actuales contra la infección carecen de un antiviral específico de alcance universal. Los médicos prescriben analgésicos, antipiréticos y una hidratación rigurosa para mitigar el malestar corporal intenso y la fiebre alta característica de esta patología.

Ante esta carencia terapéutica, la declaración de Skvortsova adquiere una relevancia estratégica. La funcionaria rusa subrayó que esta patente biológica tiene el potencial de transformar el paradigma de atención en las salas de emergencia de Asia y América Latina, donde los picos de contagio colapsan los sistemas sanitarios con regularidad cíclica.

Tras las primeras pruebas, las autoridades regulatorias rusas otorgaron el permiso oficial para el inicio de los ensayos clínicos. Este avance administrativo permite a los investigadores trasladar el biológico desde el laboratorio hacia los centros de prueba con voluntarios humanos.

La titular de la Agencia Médico-Biológica comunicó este logro durante su intervención en el cónclave económico, enfatizando que la aprobación llegó en un momento crucial para la salud pública global. La fase experimental con personas busca confirmar los datos de eficacia que se registraron en la etapa preclínica con animales de laboratorio.

La estrategia de investigación contempla un despliegue internacional. Skvortsova precisó que el diseño del estudio clínico no se limita al territorio ruso, donde la incidencia del mosquito transmisor es baja. La validación definitiva de esta vacuna contra el dengue requiere su exposición en entornos de alta circulación viral.

Por este motivo, la hoja de ruta traza una cooperación directa con naciones que registran cifras elevadas de seroprevalencia. La funcionaria insistió en que el objetivo es evaluar el producto en las

condiciones reales de presión epidemiológica que soportan las regiones intertropicales.

La presentación de Skvortsova identificó dos bloques continentales como destinos inmediatos para los ensayos colaborativos. Las tasas de ataque del virus en países latinoamericanos y asiáticos ofrecen el escenario estadístico necesario para medir la protección real del inmunógeno.

La elevada densidad poblacional y la presencia permanente de los cuatro serotipos del dengue en estas zonas permiten a los científicos obtener datos comparativos robustos en un plazo menor. La directiva rusa afirmó que este paso representa una contribución directa a la preservación de vidas humanas más allá de las fronteras de su país.

La selección de estas macrorregiones responde a un análisis de morbimortalidad. Aunque el dengue rara vez figura como una enfermedad de letalidad masiva en los certificados de defunción, su impacto en la fuerza laboral y la calidad de vida de las comunidades resulta devastador.

Las formas graves de la infección, como el dengue hemorrágico, provocan cuadros de choque que exigen cuidados intensivos. Una vacuna contra el dengue que neutralice la capacidad de daño del virus reduciría la presión hospitalaria y evitaría el sufrimiento de los pacientes que enfrentan la fase crítica de la enfermedad sin herramientas farmacológicas específicas.

Fuente: Al Mayadeen Español. Disponible en https://n9.cl/87uv0h

Novavax's Combo COVID-19 and Flu Shot Trial Reaches Key Milestone for Older Adults

Jun 6. The study, titled "A Randomized, Observer-Blinded, Active-Controlled Study to Evaluate the Safety and Immunogenicity of a COVID-19 Influenza Combination Nanoparticle Vaccine and a Standalone Trivalent Nanoparticle Influenza Hemagglutinin Vaccine in Participants ≥ 65 Years of Age," tests a new combo shot for COVID-19 and flu in older adults. It aims to see if the shot is safe and sparks a strong immune response, which matters for Novavax's long-term role in the seasonal respiratory vaccine market.

The main treatments are Novavax's combo COVID-19 and flu shot, its standalone COVID-19 vaccine, its nanoparticle flu shot, and Sanofi's Fluzone High-Dose. These products are all injected into the muscle and are meant to prevent COVID-19 and seasonal flu in people 65 and older.

The trial is a Phase 3, randomized study, which means participants are assigned by chance to one of the vaccine options. It uses a crossover model with single blinding, so participants do not know which shot they get, and the main goal is to prevent illness by checking safety and immune response.

The study was first submitted on March 1, 2024, marking the formal launch of the trial process. The most recent update was filed on June 3, 2026, and the status now shows as completed, signaling that dosing and main follow-up are finished, even though results are not yet posted.

For investors, this update supports the thesis that Novavax is pushing hard into the combined COVID-19 and flu space, a key area as annual booster markets mature. A positive readout could improve sentiment around NVAX, help offset past volatility, and position the firm against combo programs from Moderna and Pfizer, though actual stock reaction will depend on the strength and clarity of the final data.

The study is now completed and has been recently updated, with further details available on the ClinicalTrials.gov portal.

Fuente: THE GLOBE AND MAIL. Disponible en https://n9.cl/1gjlo

Pfizer's New Infant Pneumococcal Vaccine Trial: What Investors Should Watch

Jun 6. Pfizer Inc. (PFE) is running a Phase 3 trial called "A PHASE 3, RANDOMIZED, DOUBLE-BLIND TRIAL TO EVALUATE THE SAFETY, TOLERABILITY, AND IMMUNOGENICITY OF A MULTIVALENT PNEUMOCOCCAL CONJUGATE VACCINE IN HEALTHY INFANTS." The goal is to see if a new pneumococcal vaccine can safely protect infants against serious infections like pneumonia and meningitis as well as, or better than, the current standard 20vPnC (Prevnar 20).

The study tests a new multivalent pneumococcal conjugate vaccine, known as PG4, against Pfizer's approved 20vPnC vaccine. Both are given with routine childhood shots to see how well they fit into current schedules and whether PG4 can expand protection to more types of pneumococcal germs.

This is an interventional Phase 3 study with random group assignment and a parallel-group design, meaning infants are placed into different vaccine groups and followed over time. The trial is double-blind with four-way masking, so parents, doctors, study staff, and outcome assessors do not know which vaccine an infant receives, and the main aim is disease prevention.

The study is in recruiting status, with first submission reported on May 27, 2026, signaling that sites are actively enrolling infants. The latest update was filed on June 4, 2026, and future primary and final completion dates will guide when key safety and protection data become available for investors and regulators.

For investors, this trial matters because pediatric vaccines are a core cash engine for PFE, and a successful PG4 could extend the life of its pneumococcal franchise. If PG4 shows broader protection with a clean safety profile, it may defend or grow share against rivals in pneumococcal and broader childhood vaccine markets, supporting medium-term revenue visibility.

Near term, the update mainly signals pipeline depth rather than immediate earnings impact, but steady clinical progress can support sentiment toward PFE's vaccines business and help offset concerns about post-pandemic revenue resets. Competitors in vaccines and pediatric care will watch closely, because a stronger Pfizer portfolio could pressure pricing and formulary positioning across the sector.

The study remains ongoing and updated, with further details and future changes available on the ClinicalTrials portal.

Fuente: THE GLOBE AND MAIL. Disponible en https://n9.cl/ge9k9

Brazil suspends dengue vaccine following two deaths

Jun 8. More than half a million people have received doses of the vaccine this year, which was developed publicly in Brazil and approved by health authorities in November.

It is the first single-dose inoculation against the mosquito-borne dengue virus, which can cause high fever, headaches, muscle pain, nausea and rashes and in rare cases is fatal.

Of the 501,044 people vaccinated between January and May, 3,703 -- 0.7 percent -- showed symptoms similar to dengue.

Forty-two people meanwhile had "more severe reactions," according to the health ministry.

Authorities have recorded three severe cases, including two that resulted in the deaths of a 58-year-old man and a 48-year-old woman.

A 38-year-old woman entered intensive care but has since been discharged.

"There is not enough data to establish a cause-and-effect link between the vaccine and these three serious cases, but it is a warning signal," Health Minister Alexandre Padilha told a press conference.

As a precaution, "we have decided to temporarily suspend vaccination," he added, without elaborating on what would be required for it to be reintroduced.

The minister said the "absolutely unexpected" effects had not been observed during tests on over 16,000 volunteers across 14 Brazilian states.

Those trials had recorded an efficacy rate of 91.6 percent against the most severe form of the disease.

The only other dengue vaccine, TAK-003, requires two doses taken three months apart, according to the World Health Organization (WHO).

A single dose can help speed up and simplify mass vaccination campaigns.

Brazil recorded more than 6,000 dengue deaths in 2024 -- nearly half of recorded deaths worldwide -- but the situation improved significantly last year.

Fuente: FRANCE24. Disponible en https://n9.cl/3j46z

Chikungunya Vaccine Development in Africa Accelerated by ACT-CHIK

Jun 8. Institut Pasteur is launching ACT-CHIK (Accelerating Clinical Trials for CHIKungunya Vaccine in Africa), a four-year research project funded by the Global Health EDCTP3 Joint Undertaking under the European Union's Horizon Europe program that aims to advance clinical trials and prepare for the manufacturing of a chikungunya vaccine in Africa.

With €15.3 million in EU funding, ACT-CHIK will advance the development of MV-CHIK—a measles-virus-based chikungunya vaccine originally developed at Institut Pasteur—through a large-scale Phase Ib/III clinical trial in four African countries, while preparing for technology transfer to an African vaccine manufacturer.

"Chikungunya remains a neglected disease in Africa despite its growing burden. ACT-CHIK represents a unique opportunity to generate critical clinical data in the populations that need this vaccine most, while simultaneously building the foundation for regional vaccine manufacturing on the continent," notes Sotiris Missailidis, DPhil, ACT-CHIK project coordinator at Institut Pasteur.

Chikungunya is a mosquito-borne viral disease transmitted by Aedes aegypti and Aedes albopictus mosquitoes. It causes debilitating symptoms, including high fever, severe joint pain that can persist for months or even years, headache, rash, and fatigue. Over the past two decades, the number of chikungunya cases reported across Africa has risen sharply. Yet, the disease remains largely underdiagnosed and under-reported, particularly in regions where multiple arboviruses and malaria co-circulate. Climate change is further expanding the range of mosquito vectors, increasing the risk of outbreaks across the globe, and most notably in Africa.

Although chikungunya vaccines have recently become available, their use remains limited largely among travelers, with cost and access constraints hindering their deployment in endemic regions. The MV-CHIK candidate is designed to be accessible to populations in endemic areas and aims to support local production. This positioning will address a major gap in equitable access to vaccination and to strengthen outbreak preparedness in regions where the need is greatest.

The MV-CHIK vaccine is a live-attenuated, recombinant vaccine using the well-established measles virus Schwarz vaccine strain as a vector—a platform technology originally developed at the Institut Pasteur in Paris. Six Phase I and II clinical trials conducted in Europe, the United States, and Puerto Rico, including approximately 600 adult participants in total, have demonstrated satisfactory safety, tolerability, and immunogenicity profiles.

Building on these results, ACT-CHIK will conduct a Phase Ib/III multicenter, international clinical trial to evaluate the safety and immunogenicity of MV-CHIK in adults, adolescents, and children living in Rwanda, Kenya, Nigeria, and Senegal. By enrolling 940 participants across both endemic and non-endemic areas, the trial will generate essential data to advance the clinical development plan for African populations, including younger age groups.

Beyond clinical evaluation, the project has a strategic manufacturing dimension. ACT-CHIK will conduct comprehensive due diligence, gap analysis, and prepare for the technology transfer of the MV-CHIK vaccine manufacturing process to the Institut Pasteur de Dakar (IPD), Africa's only WHO-prequalified vaccine manufacturer. Fundação Oswaldo Cruz (Fiocruz) in Brazil, a fellow member of the Pasteur Network, will prepare the clinical trial materials and contribute its extensive vaccine manufacturing expertise to the technology transfer process.

The project will also develop a regulatory pathway for the licensure of the MV-CHIK vaccine in Africa through engagement with national regulatory authorities and the World Health Organization prequalification teams, to obtain prequalification.

ACT-CHIK directly supports Africa's ambition—as set by the African Union—to produce 60% of the

continent's vaccine needs locally by 2040, and is aligned with the European Union's Team Europe Initiative on Manufacturing and Access to Vaccines (TEI MAV+).

"ACT-CHIK will mobilize the full breadth of expertise at Institut Pasteur de Dakar: from clinical trials to cutting-edge virology and immunology laboratories, from vaccine research to manufacturing expertise. This project embodies our vision: an Africa that develops, evaluates, and produces its own vaccines—for the populations that need them most," notes Ibrahima Socé Fall, PhD, CEO of Institut Pasteur de Dakar.

The ACT-CHIK consortium brings together seven partner institutions with complementary expertise:

- Institut Pasteur (Paris, France) — Project coordinator; developer of the MV-CHIK vaccine platform
- University of Rwanda (Kigali, Rwanda) — Scientific project leadership; clinical trial site
- Institut Pasteur de Dakar (Dakar, Senegal) — Vaccine technology transfer recipient; clinical laboratory assays; clinical trial site
- Fundação Oswaldo Cruz – Fiocruz (Rio de Janeiro, Brazil) — Clinical trial material manufacturing (fill & finish); technology transfer support
- Irrua Specialist Teaching Hospital (Irrua, Nigeria) — Clinical trial site; Coordinating Principal Investigator
- Kenya Medical Research Institute – KEMRI (Nairobi, Kenya) — Clinical trial site; Lead of data dissemination and communication
- International Vaccine Institute – IVI (Seoul, South Korea) — Clinical trial sponsor, regulatory strategy, and capacity building

Fuente: GEN GENETIC ENGINEERING & BIOTECHNOLOGY NEWS. Disponible en https://n9.cl/7r87xo

SK Bioscience licenses CDC technology for rotavirus vaccine

Jun 9. SK Bioscience said Tuesday it has signed a licensing agreement with the US Centers for Disease Control and Prevention to develop an injectable rotavirus vaccine, expanding its pipeline of vaccines aimed at children in low- and middle-income countries.

Under the agreement, SK Bioscience will acquire rights to the CDC's injectable inactivated rotavirus vaccine technology and localize the platform while establishing a manufacturing process designed to improve efficacy and lower production costs.

The vaccine candidate has already completed a Phase I clinical trial sponsored by the CDC.

Development is also being supported by the Research Investment for Global Health Technology Foundation under a research funding agreement signed with SK Bioscience in June 2025. The foundation was established through a partnership among the Korean government, the Gates Foundation and domestic biotech companies.

Rotavirus is one of the leading causes of severe diarrhea and dehydration in children under 5 years old. While oral vaccines have significantly reduced infections in developed countries, their effectiveness falls to below 50 percent in many low- and middle-income nations, where nearly all rotavirus-related deaths occur.

Health experts say injectable vaccines could offer stronger protection in regions where poor nutrition and challenging environmental conditions limit the effectiveness of oral formulations.

The global rotavirus vaccine market is projected to grow from $8.1 billion in 2024 to $13.9 billion by 2033, according to Business Research Insights. UNICEF data also show that more than 329 million courses of rotavirus vaccines were procured between 2011 and 2023.

"With support from the Right Foundation, we will continue developing innovative vaccines that improve children's health in low- and middle-income countries," SK Bioscience CEO Ahn Jae-yong said.

Fuente: The Korea Herald. Disponible en https://n9.cl/8cevn

Cuba cuenta con vacuna de gran impacto contra la leptospirosis

10 jun. Cuba cuenta hoy con una vacuna de gran impacto contra la leptospirosis, una enfermedad transmitida de animales a humanos, principalmente por contacto con agua o suelo contaminados con orina de ejemplares infectados, especialmente roedores.

El inyectable –denominado Vax-SPIRAL® y desarrollado por el Instituto Finlay de Vacunas- ofrece protección durante un período de hasta dos años.

Entre 2019 y 2023 se administraron un millón 766 mil 288 dosis, consolidándose como una herramienta clave para la prevención y el control de la leptospirosis en la nación caribeña, precisó la institución científica en la red social Facebook.

Los estudios demostraron que Vax-SPIRAL® es una vacuna segura y eficaz, y presenta efectos adversos generalmente leves y temporales, como dolor en el sitio de aplicación y febrícula, y alcanzó una eficacia del 78,1 por ciento.

Resalta el Instituto Finlay de Vacunas, que su impacto es notable, pues la incidencia de la enfermedad disminuyó de 25,7 casos por cada 100 mil habitantes en 1994 a 0,7 por cada 100 mil habitantes en 2022.

Además, protege contra los serogrupos pomona, canícola e icterohaemorrhagiae, contribuyendo también a la salud pública América Latina.

Vax-SPIRAL® fue diseñada ante el aumento de casos registrado en Cuba durante la década de 1990, y el Instituto Finlay de Vacunas la desarrolló a partir de los serovares de leptospira con mayor circulación en el país antillano.

Fuente: PRENSA LATINA. Disponible en https://n9.cl/6vz9c

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Correction: **Vaccine** cold chain and understanding what underpins **vaccine** security for **vaccine** preventable diseases.

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Patentes registradas en Patentscope

Estrategia de búqueda: *(Vaccine) AND DP:([01.06.2026 TO 10.06.2026]) as the publication date 23 records.*

1.WO/2026/113298POLIO VACCINE AND METHOD FOR PREPARING SAME

WO - 04.06.2026

Clasificación Internacional C07K 14/105Nº de solicitud PCT/CN2025/097913Solicitante NATIONAL VACCINE AND SERUM INSTITUTE (NVSI)Inventor/a LI, Qiming

Provided are a polio vaccine and a method for preparing same. Immunization with vaccines made from poliovirus-like particles can induce high levels of neutralizing antibodies against poliovirus types I, II, and III, exhibiting broad-spectrum neutralizing activity against widely prevalent strains at present. The recombinant polio vaccine does not rely on live viruses. There are no live viruses involved in the vaccine production and testing processes, posing no biosafety risks or risks of inducing OPV vaccine-derived conditions. Also, the vaccine requires no high-grade facilities needed for the production and testing of IPV vaccines, which reduces the costs of production and quality control and improves the accessibility of the vaccine in mid- and low-income countries.

2.WO/2026/114933STABLE VACCINE AGAINST STREPTOCOCCUS SUIS

WO - 04.06.2026

Clasificación Internacional A61K 39/108Nº de solicitud PCT/EP2025/084326Solicitante INTERVET INTERNATIONAL B.V.Inventor/a JACOBS, Antonius, Arnoldus, Christiaan

The invention pertains to a stable vaccine formulation comprising a protein denoted as IdeSsuis and the vaccine formulation comprising reduced cysteine. The invention also pertains to a vaccine formulation comprising a protein denoted as IdeSsuis and the vaccine formulation comprising reduced cysteine for use in a method for protecting pigs against a pathogenic infection of S. suis bacteria. The invention also pertains to methods of preparing the vaccine formulation, preferably wherein the method comprises a step of lyophilizing the vaccine formulation.

3.WO/2026/117523METHODS OF TREATING CANCER WITH A COMBINATION OF A CANCER VACCINE AND A TAAXCD28 BISPECIFIC ANTIGEN-BINDING MOLECULE

WO - 04.06.2026

Clasificación Internacional C07K 16/28Nº de solicitud PCT/US2025/056953Solicitante REGENERON PHARMACEUTICALS, INC.Inventor/a DILILLO, David

The present disclosure relates to methods of treating or inhibiting the growth of a tumor, wherein the methods include selecting a subject with cancer and administering to the subject in need thereof a therapeutically effective amount of a cancer vaccine (e.g., mRNA vaccine against a tumor) in combination with a bispecific antigen-binding molecule comprising a first antigen-binding domain that binds specifically CD28 and a second antigen-binding domain that binds specifically to a tumor-associated antigen (TAA). The combination therapy

demonstrates increased anti-tumor efficacy, increased duration of tumor control and/or increased overall survival, as compared to a subject administered the cancer vaccine as monotherapy.

4.20260151471VACCINE CONTAINING RBD2 OF CDTB COMPONENT FROM BINARY TOXIN CDT OF CLOSTRIDIOIDES DIFFICILE

US - 04.06.2026

Clasificación Internacional A61K 39/08Nº de solicitud 19459607Solicitante University of South FloridaInventor/a Xingmin Sun

A novel vaccine and methods of preventing and treating C. difficile infection in a patient is described. The vaccine is comprised of at least a portion of receptor binding domain 2 (RBD2) protein or a protein comprising at least a portion of receptor binding domain 1 (RBD1) protein and RBD2 protein (RBD1+2) from binary toxin (CDT) of C. difficile. Administration of the vaccine, as well as anti-RBD2 or anti-RBD1+2 serum, has been shown to prevent C. difficile infection as well as treat existing infections.

5.WO/2026/115309VACUNA DE VIRUS VIVO APATOGÉNICO CONTRA EL SÍNDROME REPRODUCTIVO Y RESPIRATORIO PORCINO

WO - 04.06.2026

Clasificación Internacional C12N 7/00Nº de solicitud PCT/IB2024/062060Solicitante LABORATORIO AVI-MEX, S.A. DE C.V.Inventor/a LOZANO-DUBERNARD, Bernardo

Se describe una vacuna contra el Síndrome Respiratorio y Reproductivo Porcino (PRRS) causado por un virus de PRRS tipo 1 (VPRRS-1), la cual comprende una cepa viva apatogénica de un virus de PRRS tipo 2 (VPRRS-2), y un vehículo, adyuvante y/o excipiente farmacéuticamente aceptable. Esta vacuna permite prevenir la enfermedad causada por un VPRRS-1.

6.WO/2026/115354SULFATED ARCHAEOSOMES AS MUCOSAL VACCINE ADJUVANTS

WO - 04.06.2026

Clasificación Internacional A61K 39/39Nº de solicitud PCT/IB2025/061404Solicitante NATIONAL RESEARCH COUNCIL OF CANADAInventor/a MCCLUSKIE, Michael

Provided is an adjuvant for mucosal vaccines comprising a sulfated archeosome comprising a sulfated lactosyl archaeol. The glycoarchaeol may be present as a pharmaceutically acceptable salt. The adjuvant may be comprised together with an antigen in a vaccine composition, which may be for use to induce an immune response in a subject, in particular an antigen-specific mucosal immune response. The vaccine composition may further elicit an immune response that also comprises a cell-mediated response and/or a humoral response.

7.20260151476BROAD-SPECTRUM MULTI-ANTIGEN PAN-CORONAVIRUS VACCINE

US - 04.06.2026

Clasificación Internacional A61K 39/215Nº de solicitud 19418018Solicitante THE REGENTS OF THE

UNIVERSITY OF CALIFORNIAInventor/a Lbachir BenMohamed

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

8.4751732VERFAHREN ZUR HERSTELLUNG EINES INAKTIVIERTEN INFLUENZAIMPFSTOFFS DURCH EIKULTURVERFAHREN

EP - 03.06.2026

Clasificación Internacional A61K 39/145Nº de solicitud 24845666Solicitante KM BIOLOGICS CO LTDInventor/a OHYAMA YUSUKE

A method for producing an inactivated influenza vaccine by an egg culture method according to the present disclosure includes a pathogen inactivation step for inactivating pathogens mixed in eggs, wherein the pathogens are other than influenza viruses.

9.WO/2026/116281ULTRASONIC DEVICE AND SYSTEM

WO - 04.06.2026

Clasificación Internacional A61H 23/02Nº de solicitud PCT/JP2025/040893Solicitante PIXIE DUST TECHNOLOGIES, INC.Inventor/a ASANO Yoshihide

This ultrasonic device comprises: a means for generating a drive signal for driving an ultrasonic transducer that emits ultrasonic waves; and a means for projecting ultrasonic waves based on the drive signal onto the skin of a subject at a vaccine vaccination position, and thereby promoting, in the subject, the production of antibodies by the vaccine.

10.20260151469BREAST CANCER VACCINE

US - 04.06.2026

Clasificación Internacional A61K 39/00Nº de solicitud 19257135Solicitante The Cleveland Clinic FoundationInventor/a Vincent K. TUOHY

Compositions and methods for immunization against human breast cancer are disclosed. A breast cancer vaccine comprises an immunogenic polypeptide comprising human α-lactalbumin.

11.WO/2026/114473A NEW METHOD TO USE A PATHOGEN TO GENERATE A VACCINE FOR

ANOTHER PATHOGEN

WO - 04.06.2026

Clasificación Internacional A61K 39/215Nº de solicitud PCT/EG2025/050038Solicitante MEHESIN, Maamoun osman mohamedInventor/a MEHESIN, Maamoun osman mohamed

We developed a new method to cure immunodeficiency diseases and fulfill all requirements for functional treatment without stimulating any immune-related adverse events by using a non-replicating viral vector that does not infect humans We developed the method whereby a vaccine is obtained using a pathogen and it is used to provide a full functional treatment for the disease of a different pathogen through the concept of boosting the defenses of the immune system sufficiently and only sufficiently To provide this full functional cure.

12.WO/2026/117519NANOEMULSION ADJUVANT COMPOSITIONS FOR EPSTEIN BARR VIRUS VACCINES

WO - 04.06.2026

Clasificación Internacional A61K 39/12Nº de solicitud PCT/US2025/056943Solicitante MERCK SHARP & DOHME LLCInventor/a BAKSHI, Kunal

The present disclosure provides, a vaccine composition that comprises an Epstein Barr Virus (EBV) polypeptide and a squalene nanoemulsion (SNE) adjuvant, and methods of inducing an immune response to an Epstein Barr Virus (EBV) or methods of preventing infection of or reducing the likelihood of infection by an Epstein Barr Virus (EBV) using the compositions, or a combination of the EBV polypeptide and the SNE adjuvant.

13.20260151468IMPROVED VACCINE

US - 04.06.2026

Clasificación Internacional A61K 48/00Nº de solicitud 19126754Solicitante ONCODNAInventor/a Christophe VAN HUFFEL

A synthetic DNA molecule comprising one segment encoding a tumor neoantigen or an epitope from an infectious agent under the control of a promoter for the transcription into a corresponding RNA molecule and a segment for the translation of the translated RNA molecule into a peptide.

14.4750489CHIMÄRER PROTEINIMPFSTOFF

EP - 03.06.2026

Clasificación Internacional A61K 39/02Nº de solicitud 24844113Solicitante CADMUS ANIMAL HEALTH LTDInventor/a REYNOLDS ERIC

The present invention provides a chimeric or fusion protein for inducing an immune response to P. gulae, the protein comprising a first polypeptide and a second polypeptide, wherein: A) the first polypeptide comprises or consists of an amino acid sequence of the active site of an Arg- or Lys-gingipain of P. gulae, or a sequence

that is at least 80% identical thereto; and B) the second polypeptide comprises or consists of: the amino acid sequence of a DUF2436 domain of a P. gulae Arg- or Lys-gingipain; and the amino acid sequence of an adhesin domain of an Arg- or Lys-gingipain of P. gulae.

15.4750491RNA-IMPFSTOFFE ZUR VERWENDUNG IN DER TIERGESUNDHEIT

EP - 03.06.2026

Clasificación Internacional A61K 39/02Nº de solicitud 24844116Solicitante CADMUS ANIMAL HEALTH LTDInventor/a SMITH CHRISTOPHER

The present invention relates to RNA-containing vaccine compositions for inducing an immune response to Porphyromonas gulae in a subject, and uses thereof.

16.WO/2026/114342PROTECTIVE ANTIGEN COMBINATION OF MYCOBACTERIUM TUBERCULOSIS AND USE THEREOF

WO - 04.06.2026

Clasificación Internacional A61K 39/116Nº de solicitud PCT/CN2025/138338Solicitante SHANGHAI INSTITUTE OF INFECTIOUS DISEASE AND BIOSECURITYInventor/a FAN, Xiaoyong

The present invention relates to a protective antigen combination of Mycobacterium tuberculosis and the use thereof. Specifically, the antigen is a combined antigen and contains at least the following antigens: Ag85B, Rv2465c, Rv2029c and Rv3406. The use is for the preparation of a vaccine against Mycobacterium tuberculosis.

17.4750490RNA-IMPFSTOFFE

EP - 03.06.2026

Clasificación Internacional A61K 39/02Nº de solicitud 24844114Solicitante DENTERIC PTY LTDInventor/a SMITH CHRISTOPHER

The present invention relates to RNA-containing vaccine compositions for inducing an immune response to Porphyromonas gingivalis in a subject, and uses thereof.

18.WO/2026/115768NUCLEIC ACID-ENCAPSULATING LIPID NANOPARTICLE, NUCLEIC ACID VACCINE, CELL PRODUCTION METHOD, AND CELL PRODUCTION KIT

WO - 04.06.2026

Clasificación Internacional A61K 47/69Nº de solicitud PCT/JP2025/017632Solicitante NATIONAL INSTITUTE OF ADVANCED INDUSTRIAL SCIENCE AND TECHNOLOGYInventor/a TERAMURA, Yuji

A nucleic acid-encapsulating lipid nanoparticle according to the present invention comprises: a lipid membrane structure having, as constituent components, a lipid bonded to poly(2-methacryloyloxyethyl phosphorylcholine), a cationic lipid, a non-cationic lipid, and a sterol; and a nucleic acid included in the lipid membrane structure. The molar ratio of the cationic lipid in the lipid membrane structure is 20-80%.

19.4751736ZUSAMMENSETZUNG ZUR VERWENDUNG IN IMPFSTOFFEN

EP - 03.06.2026

Clasificación Internacional A61K 47/18Nº de solicitud 24845685Solicitante THE UNIV OF OSAKAInventor/a YOSHIOKA YASUO

The present invention relates to a composition for use in vaccines, the composition containing a cationic lipid represented by formula (1).

20.4750781NEUE MAP4K1-INHIBITOREN

EP - 03.06.2026

Clasificación Internacional C07D 487/20Nº de solicitud 24745773Solicitante DEUTSCHES KREBSFORSCHUNGSZENTRUM STIFTUNG DES OEFFENTLICHEN RECHTSInventor/a MIYATAKE ONDOZABAL HIDEKI

The present invention covers MAP4K1 inhibitor compounds of formula (I) as described and defined herein, methods of preparing said compounds, intermediate compounds useful for preparing said compounds, pharmaceutical compositions and combinations comprising said compounds, and the use of said compounds for manufacturing pharmaceutical compositions for the treatment or prophylaxis of diseases, in particular for treatment, amelioration or prevention of neoplastic or abnormal cell proliferative disorders, such as cancer, conditions with dysregulated immune response, other disorders associated with aberrant Map4K1 signaling, or amelioration of vaccine therapies or cell therapies, as a sole agent or in combination with other active ingredients.

21.WO/2026/113946ANTI-RESPIRATORY SYNCYTIAL VIRUS ANTIGEN AND USE THEREOF

WO - 04.06.2026

Clasificación Internacional C07K 19/00Nº de solicitud PCT/CN2025/134555Solicitante THEMEDIUM THERAPEUTICS CO., LTD.Inventor/a CAI, Yuheng

The present application relates to a respiratory syncytial virus antigen, comprising, but not limited to, a protein or polypeptide, a polynucleotide encoding same, a nucleic acid construct comprising the polynucleotide, an expression vector comprising the nucleic acid construct, a host cell transformed or transfected with the polynucleotide, the nucleic acid construct or the expression vector, a stabilized multimer formed from the antigen, an immunogenic composition comprising any one of the foregoing, and the use thereof in the preparation of a vaccine/drug for preventing and/or treating respiratory syncytial virus infection.

22.20260151473RSV RNA VACCINES

US - 04.06.2026

Clasificación Internacional A61K 39/12Nº de solicitud 19345347Solicitante ModernaTX, IncInventor/a Giuseppe Ciaramella

The disclosure relates to respiratory syncytial virus (RSV) ribonucleic acid (RNA) vaccines as well as

methods of using the vaccines and compositions comprising the vaccines. The vaccine can be formulated in a lipid nanoparticle.

23.20260152530RECOMBINANT ACTIVATION-ASSOCIATED SECRETED PROTEIN

US - 04.06.2026

Clasificación Internacional C07K 14/435Nº de solicitud 19123963Solicitante Universiteit GentInventor/a Peter GELDHOF

The present invention relates to a recombinant activation-associated secreted protein (ASP) or fragment thereof, said ASP or fragment comprising an N-glycan comprising a core α1,3-fucose and/or a core α1,6-fucose (Fuc). The invention further relates to a pharmaceutical composition comprising such a recombinant ASP or fragment thereof. Additionally, the invention relates to the recombinant ASP or fragment thereof for use as a human or veterinary medicine, in particular as a vaccine, more in particular for use against parasitic nematode infections.

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

Estrategia de búqueda: *vaccine.ti. AND @PD>="20260601"<=20260610 11 records*

Document ID	Title	Inventor	Applicant Name
US RE50908 E	Vaccine compositions and methods for restoring NKG2D pathway function against cancers	Dranoff Glenn et al.	Dana-Farber Cancer Institute, Inc.
US 12648991 B2	Oral respiratory vaccine	LaFleur Rhonda L. et al.	Intervet Inc.
US 20260151476 A1	BROAD-SPECTRUM MULTI-ANTIGEN PAN-CORONAVIRUS VACCINE	BenMohamed Lbachir	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
US 20260151469 A1	BREAST CANCER VACCINE		The Cleveland Clinic Foundation
US 20260151473 A1	RSV RNA VACCINES	Giuseppe et al.	ModernaTX, Inc
US 20260151351 A1	CANCER VACCINES	Valiante Nicholas et al.	ModernaTX, Inc.
US 20260151468 A1	IMPROVED VACCINE	VAN HUFFEL Christophe et al.	ONCODNA
US 20260151471 A1	VACCINE CONTAINING RBD2 OF CDTB COMPONENT FROM BINARY TOXIN CDT OF CLOSTRIDIOIDES DIFFICILE	Sun Xingmin et al.	University of South Florida
US 12642844 B2	Individualized vaccines for cancer	Sahin Ugur et al.	TRON-Translationale Onkologie an der Universitätsmedizin der Johannes Gutenberg-Universität Mainz gGmbH,BioNTech SE

US 12642843 B2	Contraceptive vaccine based on the sperm-associated protein catsper	Bystroff Christopher et al.	Rensselaer Polytechnic Institute,Yale University
US 12642846 B2	Zika/dengue vaccine and application thereof	Gao Fu et al.	INSTITUTE OF MICROBIOLOGY, CHINESE ACADEMY OF SCIENCES

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

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