



EN ESTE NÚMERO

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

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

- Vacunas recombinantes: Actualidad y perspectivas de futuro
- Noticias más recientes en la Web sobre vacunas.
- Artículos científicos más recientes de Medline sobre vacunas.
- Patentes más recientes en PATENTSCOPE sobre vacunas.
- Patentes más recientes en USPTO sobre vacunas.

Vacunas recombinantes: Actualidad y perspectivas de futuro

Las vacunas han trascendido su propósito original de prevenir enfermedades infecciosas. Actualmente, se utilizan para combatir diversas afecciones en una variedad de problemas de salud humana. Han prolongado notablemente la esperanza de vida promedio y reducido la mortalidad infantil. Se estima que las vacunas previenen aproximadamente 6 millones de muertes al año. Esto se hizo especialmente evidente en el contexto de la pandemia de COVID-19, evitando más de 16,5 millones de muertes a nivel mundial. Más de la mitad de las vacunas creadas para combatir la COVID-19 se basaron en tecnología recombinante, un enfoque relativamente reciente para la generación de vacunas. A diferencia de las vacunas tradicionales, que a veces se ven limitadas por factores como efectos adversos impredecibles, falta de disponibilidad y costos elevados, las vacunas recombinantes ofrecen rentabilidad y eficiencia en el tiempo, además de brindar protección contra un amplio espectro de enfermedades. Asimismo, su capacidad para mantenerse relativamente estables a temperatura ambiente estándar reduce la dependencia de la cadena de frío, lo que hace que la inmunización sea mucho más asequible y accesible (especialmente en países en desarrollo).

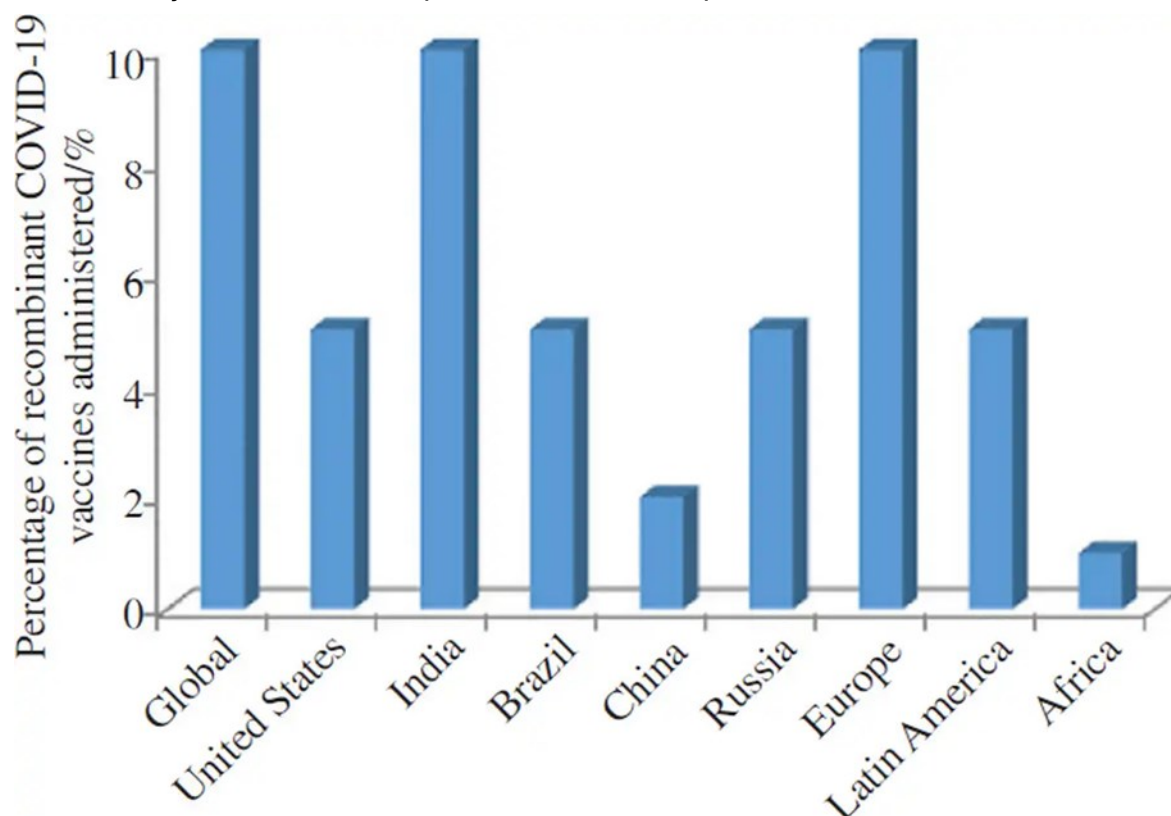
El éxito de las vacunas recombinantes está intrínsecamente vinculado a la elección del sistema de expresión, un factor que condiciona no solo el rendimiento y la pureza del antígeno, sino también su inmunogenicidad y su viabilidad para la producción a gran escala. Esto incluye sistemas comunes como los basados en bacterias (p. ej., *Escherichia coli*), levaduras (p. ej., *Saccharomyces cerevisiae*) y células de mamíferos/insectos. Son fiables y ofrecen ventajas únicas que permiten satisfacer diversas necesidades. Los tipos de vacunas incluyen subunidades, partículas similares a virus (VLP), vacunas de ADN y vacunas de ARNm, cada una diseñada para provocar reacciones inmunitarias específicas con efectos secundarios minimizados. El uso de vectores virales (como adenovirus, lentivirus y virus de la estomatitis vesicular) permite una mayor transferencia génica. Si bien los vectores adenovirales ofrecen una eficiencia de transducción comparativamente mayor que otros, los vectores lentivirales ofrecen la ventaja de dirigirse a células en división y no en división de forma similar, mientras que los sistemas basados en virus de la estomatitis vesicular proporcionan seguridad y fuertes respuestas inmunitarias. La combinación de tipos de vacunas, sistemas de expresión y vectores seleccionados define la versatilidad, la aceptabilidad y el éxito de las vacunas recombinantes.

Desde 2020, se ha producido un aumento significativo en el desarrollo de vacunas recombinantes, superando el número limitado de enfoques de vacunación tradicionales. Además del SARS-CoV-2, estas vacunas han demostrado resultados prometedores en diversos grados contra una amplia gama de enfermedades infecciosas y no infecciosas (malaria, dengue, chikungunya, cáncer y SIDA), para las cuales habría sido imposible generar vacunas eficaces hace unas décadas. Estas nuevas metodologías han demostrado ser eficaces para superar las barreras que enfrentan los investigadores. Si bien durante años fue casi imposible, se han empleado diversas estrategias para producir este tipo de vacunas. Entre ellas se incluyen, CRISPR/Cas9*, inmunoinformática, VLP, primovacunación y enfoques de inmunidad entrenada.

Estas técnicas se están aplicando eficazmente para construir vacunas recombinantes para diversas enfermedades.

Papel de las vacunas recombinantes durante la pandemia de COVID-19

La pandemia de COVID-19 incrementó la demanda de vacunas de diversos tipos a nivel mundial. Una gran parte de las vacunas desarrolladas contra la COVID-19 utilizaron tecnología recombinante debido a sus ventajas inherentes, lo que las convirtió en opciones idóneas.

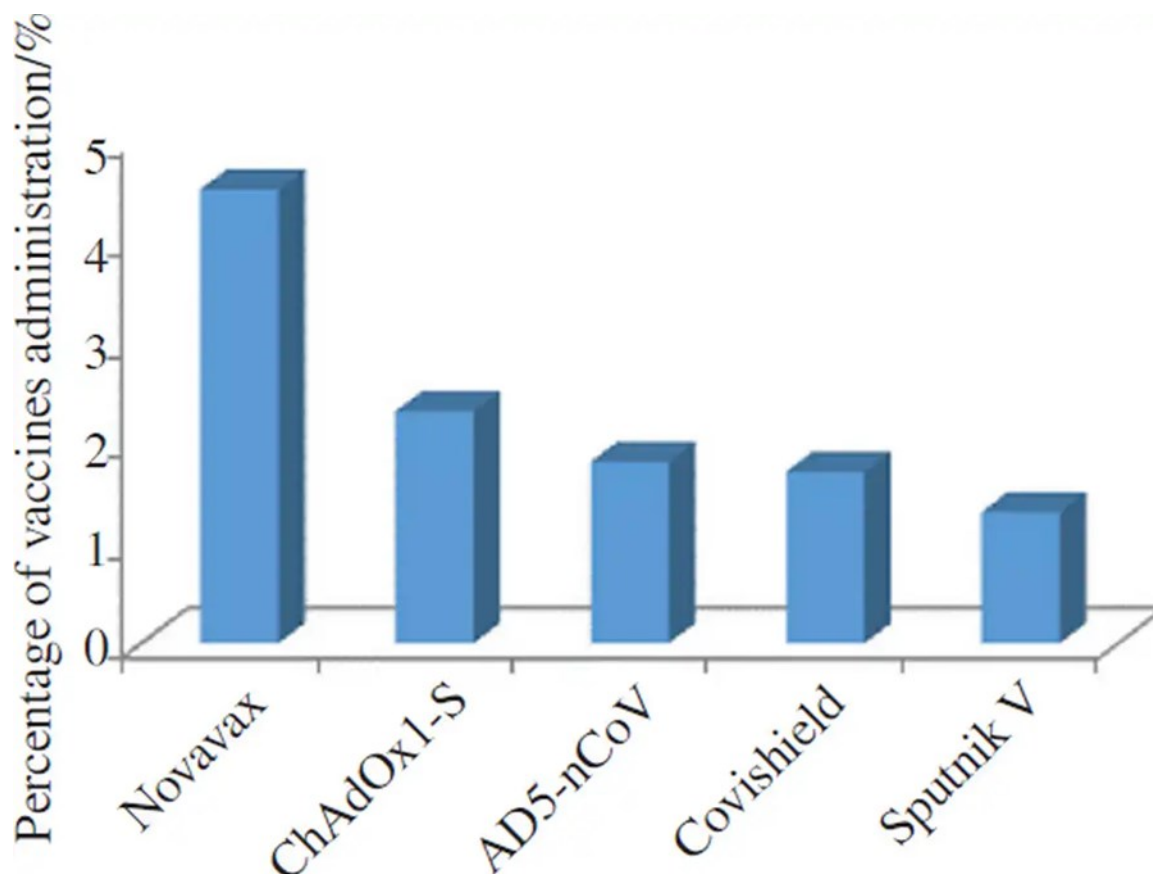


Porcentaje de vacunas recombinantes contra la COVID-19 administradas a nivel mundial y en diferentes países.

En un plazo de un año desde el inicio de la pandemia, el desarrollo de vacunas recombinantes superó ampliamente a las plataformas convencionales. En 2020, surgieron dos candidatas destacadas: la Ad5-nCoV (China), administrada mediante un vector aerosolizado de adenovirus tipo 5, que mostró un perfil de seguridad e inmunogenicidad favorable, y la AZD1222 (AstraZeneca/Universidad de Oxford), basada en el vector ChAdOx1 nCoV-19. Esta última demostró un perfil de seguridad adecuado y, en su ensayo de fase 3, alcanzó una eficacia del 70,4 %, con mayor tolerabilidad en participantes de edad avanzada.

Posteriormente, se amplió el portafolio con siete nuevas vacunas dirigidas a regiones con recursos limitados. Entre ellas, la Sputnik V (Rusia), una vacuna heteróloga de vectores adenovirales (tipos 26 y 5), que mostró una eficacia del 91,6 %. Su formulación liofilizada, estable entre 2 °C y 8 °C, facilitó su distribución en diversas condiciones climáticas.

En 2021, se introdujeron plataformas más avanzadas. La VXA-CoV2-1 (Vaxart, EE. UU.) se desarrolló como vacuna oral, con el objetivo de activar la inmunidad mucosal, esencial para bloquear la transmisión del SARS-CoV-2 en las vías respiratorias superiores. Paralelamente, Nuvaxovid (Novavax, EE. UU.) empleó nanopartículas recombinantes con la proteína S del virus, destacando por su rápida producción, rentabilidad y estabilidad térmica (2 °C a 8 °C).



Administración de diversas vacunas recombinantes contra la COVID-19 a nivel mundial

En conjunto, estas plataformas demostraron que las vacunas recombinantes fueron fundamentales para controlar la pandemia y, al mismo tiempo, contribuyeron a visibilizar su potencial y su importancia ante la población mundial.

Vacunas recombinantes para diversas enfermedades

La tecnología recombinante ha permitido generar vacunas contra enfermedades y trastornos humanos que, de otro modo, serían imposibles de tratar con las plataformas de vacunación convencionales. Numerosas ventajas tecnológicas intrínsecas permiten que la plataforma recombinante genere inmunidad inducida por vacunas contra patógenos complejos, multietapa y causantes de enfermedades, transmitidos por diversos vectores, especialmente mosquitos.

Malaria

La malaria, una enfermedad parasitaria transmitida por el mosquito *Anopheles*, afecta desproporcionadamente a regiones con condiciones sanitarias deficientes, especialmente en África y Asia, y tiene consecuencias devastadoras en la infancia. El desarrollo de vacunas recombinantes ofrece grandes perspectivas para combatir esta amenaza, y han surgido diversos candidatos dirigidos a etapas específicas del ciclo de vida del parásito.

La vacuna RTS, S/AS02 de GlaxoSmithKline, producida mediante expresión recombinante en *Saccharomyces cerevisiae* y que incorpora dos péptidos (RTS y S), fue la primera en llegar al mercado, proporcionando una protección moderada a limitada contra *P. falciparum*. Una versión más potente, RTS, S/AS01, elevó las respuestas inmunitarias celulares y, en un ensayo fase 3 con más de

6000 lactantes en África, mostró tasas de eliminación del 46 %. Recomendada desde 2021 para niños en zonas de alto riesgo (Kenia, Ghana y Malawi), con 2,3 millones de dosis administradas, demostró excelente seguridad y eficacia. Por su parte, la vacuna R21/Matrix-M, recomendada desde octubre de 2023, consiste en una fusión de la proteína circumsporozoítica (PfCSP) con HBsAg, y mostró en un ensayo fase 2b en África Occidental una eficacia del 77 %, alcanzando el objetivo del 75 % fijado por la OMS, sin efectos adversos graves.

Ambas vacunas han demostrado eficacia significativa: RTS, S/AS01 reduce la malaria grave en un 30% y los casos generales en un 40 %, mientras que R21/Matrix-M alcanza hasta un 66 % con tres dosis y potencialmente un 75 % con una cuarta dosis de refuerzo. Sin embargo, la alta demanda ha provocado retrasos en el suministro, por lo que Gavi ha impulsado planes para aumentar la producción, enviando más de 18 millones de dosis de RTS, S/AS01 a 12 regiones africanas para 2023-2025, mientras que fabricantes como Bharat Biotech buscan producirla para hacerla más asequible.

Además de estas vacunas preeritrocíticas, se investigan otras dirigidas a la fase sanguínea del parásito, aunque su eficacia es comparativamente menor debido a limitaciones como la falta de una respuesta inmune sostenida, la necesidad de múltiples refuerzos y la alta variabilidad antigénica. La candidata SPf66, una mezcla de péptidos con adyuvante de alumbre, fue descartada por baja eficacia, aunque se continúa investigando nuevas plataformas y adyuvantes. Antígenos como PfAMA1, PfMSP-1, 2 y 3 han alcanzado títulos de anticuerpos suficientes, pero no han proporcionado protección eficaz contra cepas mortales como *P. falciparum* y *P. vivax*.

Por otro lado, las vacunas que bloquean la transmisión, como Pfs230 y Pfs25, buscan interferir con el desarrollo de gametocitos, aunque su inmunidad protectora ha sido baja en ensayos clínicos; sin embargo, se está explorando el uso del adyuvante AS01 de GSK para potenciar su respuesta.

El desarrollo de vacunas contra la malaria enfrenta obstáculos significativos debido a la complejidad del parásito, incluyendo su ciclo de vida digénico, su alta diversidad genética y antigénica, y su capacidad para evadir la inmunidad del huésped, lo que ha resultado en una inmunidad insatisfactoria en los pacientes. No obstante, se espera que con más investigación y avances en tecnologías recombinantes, la comunidad científica pueda desarrollar vacunas más eficaces en el plazo de una década.

Dengue

El dengue, una enfermedad viral transmitida principalmente por mosquitos *Aedes* y causada por el virus del dengue (DENV), perteneciente a la familia *Flaviviridae*, representa un grave problema de salud pública en regiones tropicales y subtropicales, afectando a millones de personas anualmente con más de 5500 muertes reportadas al año en numerosos países. Los cuatro serotipos del DENV (DENV1-4) siguen siendo una amenaza, siendo el serotipo 2 el más prevalente y letal, y las infecciones repetidas pueden desencadenar manifestaciones graves como la fiebre hemorrágica o el síndrome de choque por dengue debido al fenómeno de potenciación dependiente de anticuerpos, lo que complica el desarrollo de vacunas.

La tecnología recombinante permite diseñar vacunas dirigidas a componentes específicos del virus, reduciendo el riesgo de este fenómeno, como Dengvaxia, desarrollada por Sanofi Pasteur, que busca proteger contra todos los serotipos. El desarrollo actual se centra principalmente en la glicoproteína de superficie viral E, con ejemplos como V180 (DEN-80E), una vacuna tetravalente que ha superado ensayos de fase 1 con tolerabilidad favorable. Además, péptidos derivados de la RdRp, como el epítipo MGKREKKLGEFGKAKG identificado mediante inmunoinformática, han mostrado unión persistente a receptores de células dendríticas y se posicionan como candidatos para una vacuna universal contra el dengue. Sin embargo, al igual que en la malaria, la producción de vacunas contra el DENV se ve obstaculizada por la compleja estructura viral y la falta de estudios exhaustivos sobre la infección.

El desarrollo de vacunas recombinantes asequibles es vital para garantizar el acceso a poblaciones de regiones endémicas, especialmente en países en desarrollo, aunque obtener financiación y fomentar la colaboración entre investigadores, empresas farmacéuticas y gobiernos es una tarea ardua pero esencial. La rentabilidad es otro factor crucial que influye en la viabilidad de la producción y distribución en entornos con recursos limitados, y abordar estos desafíos es fundamental en la lucha contra enfermedades que afectan desproporcionadamente a poblaciones vulnerables.

Zika y Chikungunya

El Zika y el Chikungunya se originaron en el continente africano. Sus frecuentes brotes ocurren en todo el mundo, especialmente en regiones tropicales, debido a las condiciones climáticas favorables tanto para los vectores de la enfermedad como para los mosquitos. El Zika captó la atención internacional cuando surgió fuera de sus regiones habituales. Se produjeron importantes brotes en las islas del Pacífico en 2007 y en América, particularmente en Brasil, en 2015 y 2016.

El Chikungunya comenzó a propagarse a nuevas regiones a principios de la década de 2000. Se registraron grandes brotes en las islas del Océano Índico, India y el Sudeste Asiático. A finales de 2013, el virus se introdujo en el Caribe, marcando su primera transmisión sostenida en América. Posteriormente, se propagó a numerosos países del hemisferio occidental. Entre finales de 2025 e inicios de 2026, se observó un aumento sostenido de casos de chikungunya en países y territorios de la región de las Américas y el Caribe, así como la reanudación de la transmisión autóctona en áreas que no registraban la circulación del virus desde hace varios años.

Zika

El virus Zika (ZIKV), un flavivirus transmitido por mosquitos identificado por primera vez en 1947 en el bosque de Zika (Uganda), ha impulsado el desarrollo de múltiples candidatos vacunales basados en tecnologías recombinantes, centrados principalmente en las proteínas virales de envoltura premembrana (prM-E).

Actualmente, diversos candidatos se encuentran en fase 1 de ensayos clínicos, como MV-ZIKV-RSP (basado en el sarampión) y ChAdOx1-EDIII (que codifica la proteína prM-E sin su región transmembrana). En modelos animales, la vacuna RhAd52, basada en un vector adenoviral de

macaco Rhesus serotipo 52, activó respuestas inmunitarias celulares y anticuerpos neutralizantes específicos contra la proteína E del ZIKV en macacos Rhesus, confiriendo protección completa durante un año.

Otra candidata, VSV-ZikaE260-425, basada en el virus de la estomatitis vesicular (VSV), indujo respuestas humorales robustas en ratones inmunizados, ofreciendo mayor protección contra la infección. Asimismo, la vacuna MVA-ZIKV-NS1, basada en el vector de Ankara modificado, proporcionó una fuerte respuesta inmunitaria y protección completa (100% de supervivencia) en ratones contra una dosis letal del virus administrada directamente en el cerebro.

También se ha observado que la introducción de los genes prM-E del ZIKV en vacunas quiméricas de DENV-2 o del virus de la encefalitis japonesa SA14-14-2 protege a los ratones con respuestas inmunitarias robustas y duraderas, mientras que la vacuna E90, derivada de la proteína E de la cepa FSS13025, mostró eficacia protectora contra manifestaciones fetales y neonatales en ratones, con resistencia continua a la infección incluso 140 días después de la administración.

A pesar de estos amplios esfuerzos de investigación, una limitación importante de las vacunas recombinantes contra el ZIKV reside en su reducida inmunogenicidad, por lo que se considera esencial investigar adyuvantes adecuados para potenciar su eficacia.

Chikungunya

El chikungunya es una enfermedad causada por el virus CHIKV, de la familia *Togaviridae*, transmitido por mosquitos *Aedes* (especialmente *Aedes aegypti* y *Aedes albopictus*). Al igual que el dengue y el Zika, no existen vacunas aprobadas para uso humano contra el CHIKV, aunque varios candidatos se encuentran en ensayos clínicos.

La vacuna MV-CHIK, basada en el vector del sarampión, ha avanzado a la fase 2 de ensayos clínicos, la etapa más avanzada, mostrando en un ensayo de fase 1 con escalada de dosis una tasa de seroconversión del 44 al 92 % con una sola dosis, y alcanzando el 100 % tras una segunda inmunización.

Vaxart Inc. ha desarrollado una vacuna oral basada en adenovirus que expresa proteínas estructurales del CHIKV, con resultados prometedores que indican que una sola dosis induce títulos significativos de anticuerpos en sangre y ha demostrado eficacia en la protección contra la inflamación en modelos animales, con ventajas adicionales como su termoestabilidad y fácil administración.

Sin embargo, garantizar la eficacia clínica, evaluar la inmunidad y seguridad a largo plazo, optimizar la dosificación, obtener aprobaciones regulatorias, abordar la escalabilidad de la fabricación global, fomentar la aceptación pública y establecer estrategias de distribución equitativas son aspectos clave para su implementación exitosa.

Otro par de candidatos basados en adenovirus con replicación deficiente, denominados CHIKV-(ChAdOx1 sCHIKV y ChAdOx1 sCHIKV C), mostraron en ratones una alta frecuencia de respuesta

de células T y una fuerte respuesta humoral a las dos semanas de la inoculación, aunque se requieren más investigaciones para establecer completamente su inmunidad.

En un estudio reciente, la vacuna SCV multipatógena (SCV-ZIKA/CHIK), que contiene casetes de genes estructurales tanto del CHIKV como del ZIKV, proporcionó respuestas inmunitarias robustas y confirió protección contra ambas infecciones en ratones.

La epidemiología del chikungunya es dinámica, con brotes en diferentes regiones, especialmente en países como Costa Rica, Nicaragua, Honduras y El Salvador, por lo que los investigadores deben considerar la epidemiología cambiante y la diversidad genética del CHIKV, que existe en múltiples genotipos y ha sufrido cambios genéticos, lo que representa un desafío para desarrollar una vacuna que cubra dicha variabilidad.

A pesar de los avances notables gracias a la tecnología recombinante, debido al menor número de estudios y a los fracasos tras los ensayos de fase 2, el chikungunya sigue sin una vacuna eficaz.

Nuevos y prometedores enfoques para vacunas recombinantes

CRISPR/Cas9

El sistema CRISPR/Cas9, una revolucionaria herramienta de edición genómica, tiene una amplia aplicación en la investigación de vacunas debido a su eficacia, adaptabilidad, facilidad de uso y rentabilidad en comparación con metodologías alternativas. El método MAVERICK, que emplea CRISPR-Cas9 para la manipulación genómica de precisión en diversos organismos, especialmente plantas, representa un paradigma en evolución que incluye avances recientes como la introducción simultánea de múltiples mutaciones predeterminadas, logrando una mayor eficiencia operativa y mitigando modificaciones no deseadas fuera del objetivo.

Más allá de las aplicaciones botánicas, MAVERICK se extiende a la terapia génica, la investigación de la resistencia a los antibióticos y la ingeniería metabólica, aunque persisten desafíos como la identificación de sitios objetivo óptimos, que se abordan mediante herramientas computacionales y variantes de Cas9 refinadas, así como la optimización de las vías de recombinación homóloga y la administración eficiente de la proteína Cas9 y el ARN guía.

La utilización de un enfoque de cribado genómico con CRISPR/Cas9 para identificar características limitantes del huésped del virus de la influenza H1N1 en plataformas de producción de vacunas basadas en células ha demostrado su potencial para mejorar las capacidades de fabricación de vacunas, y numerosos estudios han confirmado su aplicabilidad en la creación de vacunas recombinantes contra virus del herpes aviar y ortopoxvirus.

Se ha informado que los productos basados en CRISPR/Cas9 inducen una respuesta inmunológica robusta al estimular las células T, inhibiendo o debilitando los mecanismos de defensa contra infecciones virales, aunque una preocupación importante es la degradación gradual de la eficacia del anticuerpo con el tiempo debido a la corta vida media del anticuerpo y la variabilidad de la respuesta inmune interindividual, lo que podría abordarse mediante dosis de refuerzo u otros métodos de

intervención en futuras investigaciones. Además, CRISPR-Cas9 ofrece el potencial para combatir enfermedades como la malaria, el dengue, el Zika y el chikungunya, ya que puede modificar genes del mosquito para limitar la transmisión de enfermedades, ayudar a comprender las interacciones huésped-patógeno y facilitar estudios de replicación y desarrollo de vacunas, aunque las preocupaciones éticas y de seguridad requieren una cuidadosa consideración.

Numerosos estudios también han examinado las consecuencias adversas asociadas con la edición genómica CRISPR-Cas9. El principal tema de debate en torno a la tecnología CRISPR-Cas9 gira en torno a la posible aparición de mutaciones fuera del objetivo, que podrían tener consecuencias significativas, como el deterioro de la funcionalidad de genes no deseados.

Recientemente, científicos lograron generar un fago recombinante basado en la tecnología CRISPR contra el virus pandémico, mediante la introducción de genes específicos. La eficacia de este enfoque alternativo de vacuna se evaluó mediante ensayos experimentales realizados en modelos animales.

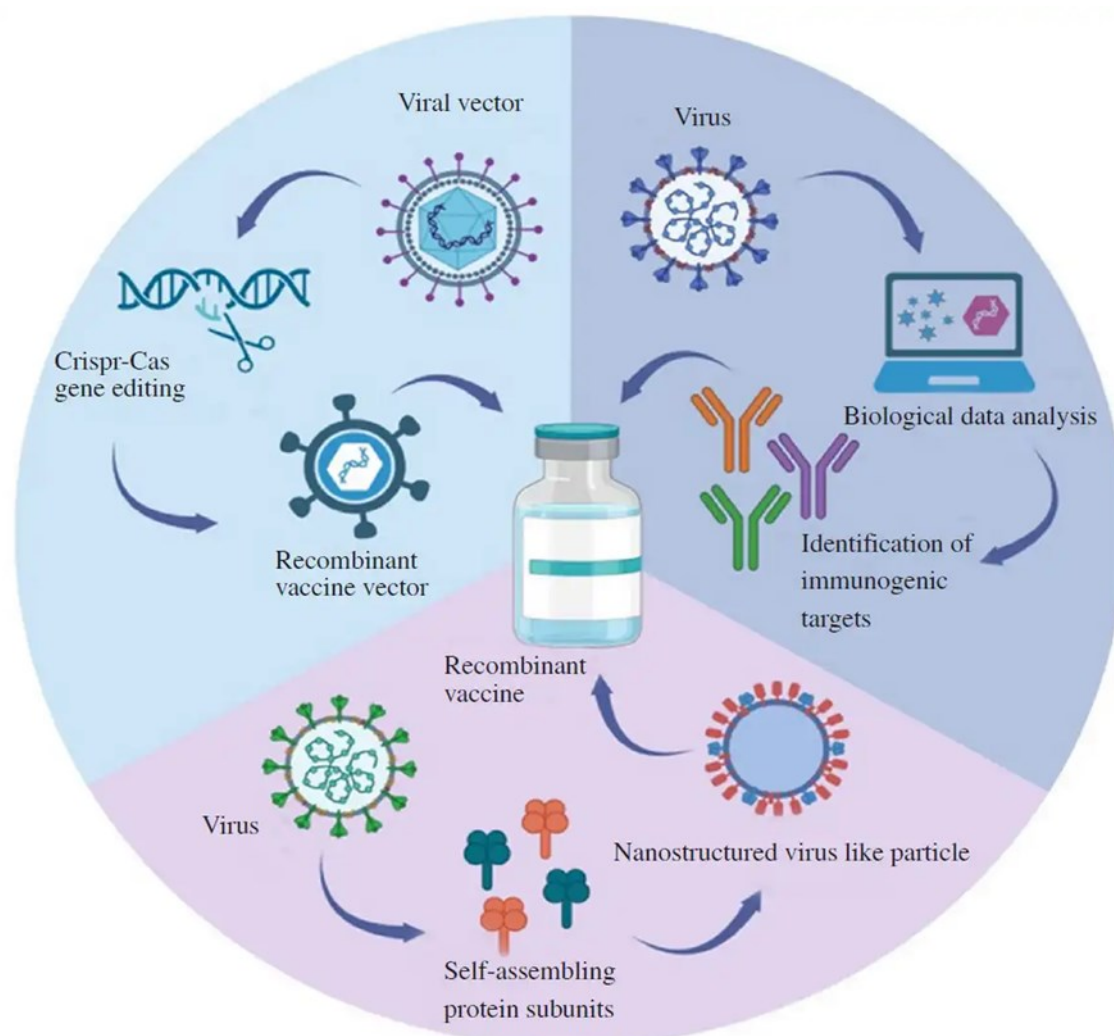


Diagrama esquemático de los distintos pasos de los nuevos enfoques para la producción de vacunas recombinantes.

Partículas similares a virus (VLP) nanoestructuradas

La nanotecnología ha permitido el desarrollo de vacunas basadas en partículas similares a virus (VLP), nanomateriales que, por su tamaño y similitud superficial con los virus, pueden transportar antígenos de manera eficaz y actuar como inmunoestimulantes. Estas VLP se obtienen mediante síntesis del genoma viral editado con tecnología recombinante, carecen de material genético infeccioso y presentan subunidades repetidas en su superficie, lo que garantiza su seguridad y promueve respuestas inmunitarias robustas, manteniendo las características antigénicas de la cápside viral con potencial de auto-sintetizarse.

Como plataforma versátil, las VLP permiten el desarrollo de vacunas contra enfermedades como el dengue y el Zika, y ofrecen la posibilidad de personalización específica al incorporar antígenos de diferentes cepas o serotipos, una ventaja crucial para enfrentar patógenos emergentes y en evolución. Entre sus ventajas, las vacunas proteicas basadas en VLP evitan el uso de nanopartículas no proteicas como portadores, lo que reduce preocupaciones por toxicidad secundaria, y su viabilidad comercial está respaldada por productos ya disponibles en el mercado, como las formulaciones para el VPH y el VHB, siendo la vacuna contra el VHB la primera recombinante aprobada para uso humano en 1985.

Sin embargo, presentan una limitación significativa: sus rendimientos relativamente bajos aumentan los costos, lo que las hace menos atractivas para regiones económicamente desfavorecidas y cuestiona su viabilidad para pandemias globales como la COVID-19, pese a que Novavax ha desarrollado una vacuna recombinante de nanopartículas con la proteína S del SARS-CoV-2 que completó con éxito ensayos clínicos de fase 3, mostrando una eficacia del 89,7 % y protección cruzada contra variantes, marcando un hito en las tecnologías contra la COVID-19.

Enfoque de inmunoinformática

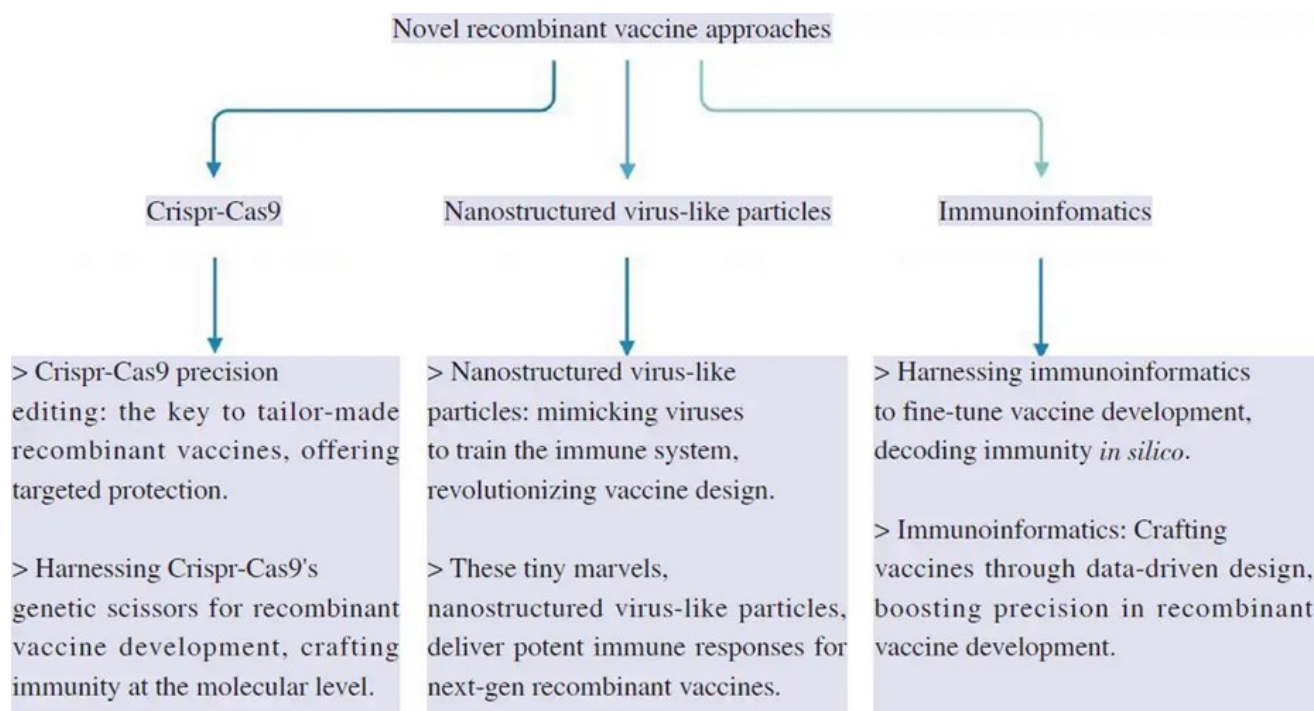
El enfoque bioinformático, y en particular la inmunoinformática, representa un método más sencillo y fundamental para el diseño de vacunas *in silico*, actuando como un puente esencial entre la biología computacional y el desarrollo de vacunas recombinantes.

Este campo interdisciplinario optimiza el descubrimiento de vacunas al predecir antígenos potenciales dentro de los genomas patógenos, lo que permite seleccionar dianas adecuadas para candidatos vacunales, y también identifica epítomos inmunodominantes para dirigir respuestas inmunitarias robustas hacia regiones esenciales de los patógenos. Además, facilita la predicción de la unión al complejo mayor de histocompatibilidad (CMH), garantizando la estimulación de la inmunidad celular, y contribuye a la vacunología inversa al analizar genomas en busca de dianas, abordando la diversidad antigénica en enfermedades como el dengue y el Zika, lo que permite personalizar vacunas para poblaciones o genotipos específicos en el marco de la vacunología de precisión.

Las ventajas de la inmunoinformática son sustanciales, ya que no solo acelera la velocidad y eficacia del desarrollo vacunal, sino que también minimiza los costos totales al reducir drásticamente los gastos de laboratorio, y respalda la vigilancia posterior a la autorización al monitorear el rendimiento y la seguridad en poblaciones reales.

En cuanto a la distribución global de vacunas recombinantes, se ha administrado un 10 % a nivel mundial, con el mayor porcentaje (10 %) en India y Europa, mientras que África presenta el porcentaje más bajo (1 %).

Mediante software y servidores de cribado asistido por ordenador, se desarrollaron rápidamente posibles candidatos a vacunas. Se han diseñado varias vacunas siguiendo estos enfoques *in silico*, como las de la COVID-19, la *Salmonella typhi*, el dengue y el cáncer. Sin embargo, los experimentos *in vivo* e *in vitro* corroborarían aún más los resultados de este estudio.



Ventajas de utilizar nuevos enfoques para la producción de vacunas recombinantes.

Vacunas recombinantes contra el cáncer y el VIH

Cáncer

El uso de vacunas recombinantes para el tratamiento del cáncer enfrenta numerosos obstáculos importantes, aunque las iniciativas actuales se centran en buscar soluciones, investigando diversas opciones como las vacunas de ADN y las basadas en células dendríticas, que muestran cierto potencial. Las inmunizaciones personalizadas, creadas específicamente para cada tipo de cáncer en función de sus antígenos asociados a tumores (AAT), podrían ofrecer esperanza al proporcionar instrucciones genéticas para generar inmunidad duradera, pero se enfrentan a dificultades significativas; ejemplos de estos esfuerzos incluyen la vacuna de expresión HER2 (RG7420) para el cáncer de mama y la vacuna GVAX para el cáncer de próstata, dirigida a diversos AAT.

Por su parte, las vacunas basadas en células dendríticas, aunque prometedoras, se encuentran en etapas preliminares de investigación, con casos como Sipuleucel-T (Provenge) para el cáncer de próstata, que utiliza las células dendríticas del paciente, y DCVax-L, que emplea células dendríticas cargadas con antígenos tumorales del propio paciente para tratar múltiples neoplasias, ofreciendo posibilidades de avances futuros.

Sin embargo, parece que las vacunas contra el cáncer por sí solas podrían no ser suficientes para combatir exitosamente las neoplasias malignas, por lo que la combinación con inhibidores de puntos de control inmunitario u otras intervenciones terapéuticas requiere un análisis exhaustivo para determinar su eficacia.

VIH

Las vacunas recombinantes representan una estrategia prometedora para combatir el VIH, ya que preparan al sistema inmunitario para el reconocimiento y la neutralización del virus en lugar de un ataque directo, e incluyen diversas opciones como las vacunas de subunidades con proteínas purificadas, las vacunas de ADN con código genético de antígenos, las vacunas de vectores virales modificados y las innovadoras vacunas mosaico dirigidas a múltiples regiones conservadas del VIH.

Sin embargo, cada enfoque presenta limitaciones: las vacunas de subunidades producen reacciones inmunomediadas pero carecen de respuestas de anticuerpos significativas y duraderas; las basadas en vectores virales tienen excelente potencia de administración de antígenos pero plantean riesgos para la seguridad; y las vacunas mosaico, aunque en fase preclínica, ofrecen un gran potencial para proporcionar resistencia integral al atacar numerosas secuencias de ARN conservadas del VIH.

A pesar de los importantes avances en la investigación, la creación de una vacuna viable contra el SIDA parece ser una tarea que requiere mucho tiempo, debido en parte a la vasta diversidad genética del virus, su rápida tasa de mutación y la incapacidad de las vacunas actuales para estimular anticuerpos neutralizantes duraderos que ofrezcan resistencia, lo que, sumado a los desafíos en la optimización de la gestión y la garantía de respuestas inmunitarias eficaces en diferentes grupos, subraya la necesidad de investigación continua y soluciones creativas.

Consideraciones finales

En las últimas décadas, se han logrado avances sustanciales en la reducción de riesgos para la salud mediante vacunas recombinantes. El uso de estas vacunas tiene el potencial de revolucionar la prevención de enfermedades, lo que hace imperativo continuar la investigación y la colaboración para superar los obstáculos (desafíos relacionados con la ampliación y la producción, lograr una rentabilidad general y eliminar los desafíos relacionados con las enfermedades endémicas del continente africano) y aprovechar plenamente su potencial (especialmente en el tratamiento de nuevas enfermedades humanas como las transmitidas por vectores, las enfermedades emergentes, el SIDA, el cáncer y muchas más). Esta perspectiva integral sobre las vacunas recombinantes proporciona información valiosa para los responsables políticos, los científicos y los profesionales de la salud interesados en el avance de las estrategias de vacunación. Además, se espera que las plataformas de vacunación emergentes, como las partículas similares a virus, la tecnología CRISPR-Cas9 y la inmunoinformática, mejoren la eficacia de las vacunas recombinantes. En los próximos años, el futuro de este tipo de vacunas dependerá de la dedicación constante a la investigación, el trabajo en equipo y los enfoques innovadores.

Fuente:

Vivek Kumar, et al. Recombinant vaccines: Current updates and future prospects. Disponible en <https://n9.cl/lpdr1>

Noticias en la Web

China-based CanSinoBIO's meningococcal polysaccharide conjugate vaccine receives registration approval in Argentina

Jul 1. China-based CanSino Biologics Inc. has announced that the company's ACYW135 Meningococcal Polysaccharide Conjugate Vaccine- Menhycia(R) has recently received the drug registration certificate granted by the Administración Nacional de Medicamentos, Alimentos y Tecnología Médica (ANMAT) of Argentina.

"Further expanding international presence in South America."

This approval represents another important milestone in the international development of CanSinoBIO's innovative vaccine products and further strengthens the company's presence in South America.

Notably, Argentina was selected based on its favourable market fundamentals and strategic importance. According to market research firm Grand View Research, Argentina's meningococcal vaccine market was valued at approximately \$43.8 million in 2025 and is projected to reach \$74.6 million by 2033, representing a compound annual growth rate (CAGR) of 6.3%. The introduction of Menhycia(R) aligns with growing regional demand for high-quality vaccines and is expected to improve access to meningococcal immunisation in the country.

Menhycia(R), the first quadrivalent meningococcal conjugate vaccine approved in China, has demonstrated significant clinical advantages in preventing meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y, and W135. The vaccine provides stronger immune responses, longer-lasting protection, and the ability to reduce bacterial carriage. Currently, it is approved for use in children aged 3 months to 6 years (83 months) in China.

The company has identified Southeast Asia, the Middle East, North Africa, and South America as key markets, advancing its internationalisation through diversified cooperation models such as technology transfer, intermediate product supply, and finished product supply.



Fuente: BioSpectrum Asia. Disponible en <https://n9.cl/1rge8>

Early Vaccine Development: The Challenging Case of the West Nile Virus

Jul 1. New technology has spurred advances in medicine, including the development of vaccines against problematic pathogens. However, despite those breakthroughs, not every promising vaccine has made it to market. One example is the West Nile virus (WNV) vaccine. Efforts to create vaccines to control the virus have stalled at the Phase II level, an illustration of the challenges of early vaccine development.

What is WNV?

WNV, a member of the flavivirus family, is a growing health challenge in the U.S. and Europe, driven by climate change. Spread by the Culex mosquito and migratory birds, WNV reached the U.S. in 1999; by 2003, it was a major arthropod-borne disease.

While 80 percent of infections are asymptomatic, 20 percent result in a febrile illness characterized by fever, muscle aches and gastrointestinal complaints. Less than one percent of infections cause serious neuroinvasive diseases like meningitis, encephalitis and acute flaccid paralysis.

From 1999 to 2021, there have been 55,000 reported cases of WNV in the U.S., with 27,000 of them neuroinvasive and 2,600 leading to deaths.⁴ Most neuroinvasive cases are in the north-central to south-central U.S.

Unfortunately, new tools to combat WNV have not been developed since its emergence in the northern hemisphere. Prevention is limited to personal protective measures such as clothing and insect repellent, which can be effective but have low adherence. Chemical mosquito control efforts are available in less than 60 percent of U.S. counties, with variable capabilities and coverage.

A vaccine solution is an unmet need.

Early Vaccine Development

The COVID-19 pandemic accelerated a trend away from traditional vaccine approaches toward newer modalities. Classical approaches were difficult to scale and had long development times; newer technologies are more adaptive, scalable and agile.

Advances in RNA stabilization, lipid nanoparticle delivery systems and mass production led to breakthroughs with messenger RNA (mRNA) technology.⁶ However, challenges include the need for ultracold storage, variable expression profiles and rare immune-mediated adverse events.

Traditional approaches included inactivated, live attenuated and toxoid-based vaccines. Inactivated vaccines are whole pathogens rendered non-replicative (“killed”) by chemical agents such as formaldehyde, heat or radiation. Examples are the inactivated poliovirus or hepatitis A vaccines. Live attenuated viruses are weak, replicative strains lacking complete virulence. Examples are measles-mumps-rubella and oral poliovirus. Toxoid-based vaccines use killed bacterial exotoxins that preserve immunogenicity while eliminating toxicity. Examples include the diphtheria and tetanus components in the diphtheria-tetanus-pertussis (D-T-P) vaccine.

Bridging the gap between traditional and new technology are the recombinant DNA vaccines. Recombinant vaccines feature peptides or proteins from the pathogen that are produced in a cell factory, such as yeast, insects or mammalian cells. They may also be created as pathogen subunits, such as surface or viral envelope proteins, presented as antigens. An example is the hepatitis B surface protein vaccine.

The newest technology includes viral vectors, mRNA vaccines and DNA vaccines. Viral vectors are modified viruses used as carriers coding protein antigens such as the Johnson & Johnson COVID-19 vaccine. mRNA vaccines present synthetic mRNA encoding a target antigen to host cells, where it is expressed and recognized by the immune system. Examples include the Moderna and Pfizer-BioNTech COVID-19 vaccines. DNA vaccines, meanwhile, introduce circular plasmid DNA that codes a target antigen through mRNA.⁶ They have been studied in the context of the Zika virus, HIV and COVID-19.

Recent advances in the development pathway, such as the ability to manufacture mRNA and DNA vaccines, have sparked innovation in the field. But not every vaccine has been a beneficiary.

WNV Vaccine Pipeline

Sometimes, the development pathway is not the bottleneck for a new vaccine. It may be logistics.

While seven vaccines have been developed and tested for WNV, none have advanced past Phase II in the U.S. Food and Drug Administration (FDA) pipeline.

Among those studied to date are the following:

- ◆ Chimerivax-WN02: a chimeric live attenuated virus with seroconversion above 90 percent after a single dose in clinical trials, including one in Phase II. This vaccine program is no longer active.
- ◆ WN/DENV4-3'Δ30: a live attenuated chimeric vaccine that showed seroconversion between 65 and 95 percent based on dosing schedule. The National Institutes for Health developed it and is awaiting a commercial partnership to enter Phase II.
- ◆ Two DNA-based candidates (WRC-WNVDNA-017-00 and VRC-WNVDNA020-00-VP) showed strong neutralizing antibody responses and seroconversion rates exceeding 96 percent after a three-dose regimen.
- ◆ A recombinant subunit WN-80E/SLA-LSQ, which has shown neutralizing antibody response and safety in a preclinical setting and is awaiting a Phase I trial.
- ◆ Inactivated whole virus formulations have been studied; one has a moderate seroconversion rate (31 to 50 percent) after two doses, and another, a formalin-inactivated vaccine, peaked after a booster dose.

Ironically, WNV vaccine development for veterinary use has been available since 2001. These vaccines are effective at reducing infection, morbidity and mortality in animals like horses.

Barriers to Traditional Trials in Humans

Scientific, safety and economic obstacles have prevented WNV vaccine candidates from advancing to Phase III trials in the U.S.

The unpredictable course of infection outbreaks makes it difficult to assess vaccine efficacy. Finding a region with endemic levels of the disease would be preferred; however, even in regions of high incidence, such as Maricopa County, Ariz., the number of cases may vary by year. In 2021, for example, Maricopa reported 1,400 WNV cases and 100 resulting deaths, compared to three cases the previous year. Low case counts and the need for ethics approval for Phase III trials may result in enrollment that takes years to complete. As a result, the traditional pathway may be time-consuming and expensive for potential vaccine manufacturers.

Factors that influence reporting rates also include changes in bird or mosquito populations, weather patterns, the time people spend outdoors and healthcare-seeking behavior.

The most consistent predictor of future WNV cases is past incidence, even though it is inconsistent. The fact that most diseases are asymptomatic or mild in nature also limits the number of case reports.

Finally, cost-effectiveness is a concern. One study found that vaccinating the general public against WNV was not cost-effective, although targeting older adults may be worthwhile.

Nontraditional Approval Options

If Phase III trials prove to be too costly or difficult to implement, options exist. The possibilities were discussed at a one-day Centers for Disease Control and Prevention meeting in April 2024, specifically addressing WNV and vaccine issues.

Among the options are the following:

Using surrogate endpoints like immune protection in animal models to argue for the value of the WNV (as has been done with chikungunya vaccines)

Comparing immunological markers with other flaviviruses, like the Japanese encephalitis vaccine

Approving an FDA investigational new drug application with an expanded access system

Creating an emergency use authorization, like those used for early approval of COVID-19 vaccines

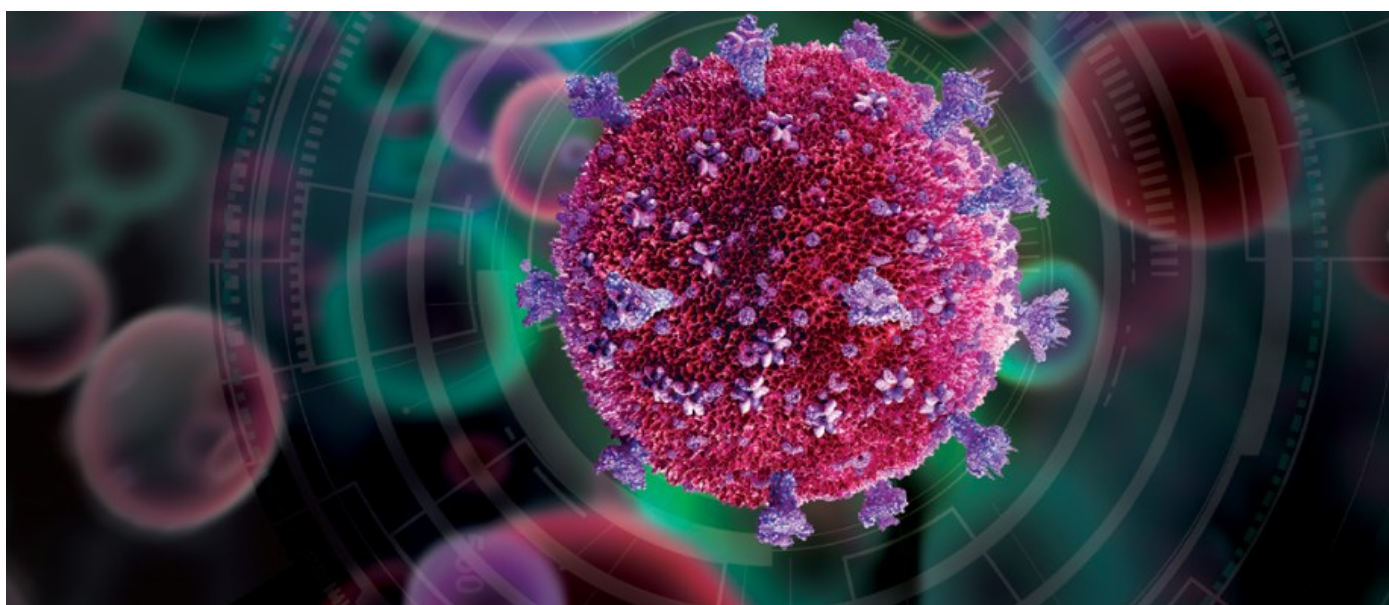
WNV vaccines may be candidates for the expedited programs due to their ability to address unmet needs in morbidity and mortality prevention.

Safety with WNV Vaccines

Even if approved, WNV vaccines may cause safety concerns. The use of live vaccines in older adults and the immunocompromised may lead to reactivation if not handled carefully. For inactivated options, the need for multiple doses and boosters may be an obstacle. Veterinary WNV vaccines, for example, require a two-dose primary series and annual boosters.

Future Outlook

Current prevention strategies continue to be insufficient to control the morbidity and mortality associated with WNV. Overcoming the obstacles that have stalled the early development of a WNV vaccine is crucial to controlling the impact of the disease.



Fuente: BIO SUPPLY TRENDS. Disponible en <https://n9.cl/e7cdeb>

Taking the world's temperature: WHO chief spotlights global health emergencies

Jul 2. Taking the world's temperature on pressing health matters, WHO Director-General Tedros Adhanom Ghebreyesus provided the latest on current global challenges - and successes when it comes to international cooperation.

"The outbreaks of hantavirus, Ebola and Marburg all show why there is no alternative to international cooperation in the face of international threats: no country alone can fight," he said.

As regions scramble to respond to these outbreaks, Tedros reiterated that next week offers an opportunity for such collective action as the agency's Member States will continue negotiations on the pathogen access and benefit sharing system of the WHO Pandemic Agreement.

"The hantavirus global outbreak is officially over, Ebola outbreaks are growing in Africa and responders are helping recovery efforts in quake-hit Venezuela, the World Health Organization (WHO) chief said on Thursday, announcing updates on global health emergencies."

Hantavirus outbreak over

Right now, the total number of cases from the outbreak remains 13, including three deaths, and more than 650 contacts were identified and followed up by health authorities in 33 countries and territories.

"Today, the final contact of a person exposed to hantavirus on the cruise ship MV Hondius completed their quarantine period, tested negative and returned home," Tedros said, adding that no further cases have been reported since 25 May.

Ebola spread continues

As of Thursday, 1,406 Ebola cases have been confirmed, and 438 people have died as the outbreak continues to expand in the Democratic Republic of the Congo (DRC), with an average of 38 new confirmed cases every day for the past two weeks.

In Uganda, no new cases of Ebola have been reported since 21 June.

The response has been strengthened under the DRC Government's leadership, the WHO chief said, pointing to testing capacity expanding to 10 laboratories set up closer to communities alongside improved contact tracing and treatment capacity.

On Thursday, a clinical trial of two therapeutics was launched, with the enrolment of the first patient, and WHO has given emergency use listing to the first molecular diagnostic test for Bundibugyo virus, Tedros said.

"Despite all this progress, we continue to face significant challenges, including mistrust and violence," the WHO chief said, noting that this week, an Ebola treatment centre in Ituri province was attacked and set ablaze, resulting in the deaths of two people and patients fleeing.

Venezuela updates

Last week's double earthquakes has left more than 2,300 people dead, more than 5,000 injured and almost 16,000 homeless as search and rescue efforts switch to recovery, with the total number of casualties likely to rise considerably.



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“The earthquake compounds an already severe humanitarian crisis, stretching a health system that was already struggling to meet people’s needs,” Tedros said.

To assist, WHO has:

- ♦ Disbursed \$ 1.5 million from its Contingency Fund for Emergencies;
- ♦ Sent more than six metric tonnes of emergency medical supplies, with another 28 metric tonnes due to be shipped in the coming days;
- ♦ Coordinated the work of international emergency medical teams, who are on the ground providing care for the injured;
- ♦ Provided support for the national health system in providing routine care for those who need it.

Pollution remains ‘invisible’ killer

Today, 6.5 billion people are exposed to air pollution, exceeding WHO interim targets of 35 micrograms per cubic metre, with this “invisible threat” linked to diseases, including heart disease, stroke and lung cancer, and associated with 6.7 million premature deaths each year.

Protecting youth online

Highlighting the impact of social media and other digital environments on the health of young people, Tedros said digital environments “are not neutral” and “how they are designed, governed and monetised shapes many aspects of our lives, including health.”

Algorithms increasingly filter health information to increase attention and engagement rather than accuracy, allowing misleading claims to spread, he said, noting that WHO is responding by strengthening research, advising countries and promoting safe, equitable digital health environments.

“Above all, we must listen to young people,” Tedros said. “They are not experimental subjects, a captive market, or a commodity. They are our future. Together, we can and must shape digital environments that protect and support their health.”

Fuente: United Nations. Disponible en <https://n9.cl/mttjz>

Gavi Board meeting underlines commitment to country sovereignty, fragility and health security

Jul 2. The Board of Gavi, the Vaccine Alliance today concluded a two-day meeting, taking a series of decisions that will shape the implementation of its new 2026–2030 strategy (Gavi 6.0). These include an agreement on overall targets for Gavi 6.0, as well as decisions that will boost country ownership and strengthen support for fragile and humanitarian settings. The Board also approved a package of measures to boost Gavi’s African Vaccine Manufacturing Accelerator (AVMA).



As the new strategic period gets underway, the Board also took a final look at the impact and outcomes of the last strategic period from 2021 to 2025. Despite massive disruption caused by the COVID-19 pandemic, the Alliance exceeded the vast majority of its targets: the number of children reached, breadth of protection provided against a range of vaccine-preventable diseases, new

vaccine introductions and enabling healthy vaccine markets. The areas deemed off track – reducing the number of zero-dose children and ensuring geographic equity in access – underscore the challenges ahead in reaching the most vulnerable.

“The achievements of the past five years show what is possible with sustained financial and political commitment to immunisation,” said Rt. Hon. Helen Clark, Chair of the Gavi Board. “They also inspire us to tackle the difficult challenges that lie ahead: building resilience in the face of an increasing risk of outbreaks and pandemics, and dismantling the systemic barriers that have prevented us from reaching the most vulnerable. In this context, the world must continue to prioritise vaccines as one of the most cost-effective investments we can make towards our health, security and prosperity.”

Gavi 6.0 targets finalised

Despite the financially constrained environment within which the Alliance is operating, Gavi’s Board agreed to maintain the ambition to reach 500 million more children, prevent an additional 8–9 million deaths, support a further 10% reduction in under-five mortality and unlock more than US\$ 100 billion in economic benefits. Achieving these targets will require continued engagement with sovereign and philanthropic donors to close the funding gap for Gavi 6.0.

In the meantime, innovative financing mechanisms that enable flexible liquidity will be key to delivering Gavi 6.0 in an era of volatility. In this spirit, the Board approved the extension of the European Investment Bank (EIB) Frontloading Facility until end 2026, as well as Gavi’s ability to draw down up to €500 million from the Facility, backed by donor pledges, to ensure continuity of core Gavi activities.

Renewed focus on country ownership, fragile contexts

A number of measures were also passed that will strengthen country ownership of immunisation programmes. These included new policies on country vaccine budgets and co-financing for preventive vaccination campaigns, both of which have been tailored to provide the highest levels of support for countries and contexts with the greatest need. The approach to campaigns will also prioritise, where feasible, digital payments as the default mechanism for health worker payments to avoid delays, misuse and other risks. In line with the principle to prioritise the needs of the most vulnerable, the Board agreed to use cases for its new approach to support fragile and humanitarian contexts. During 6.0, this will include up to US\$ 100 million for potential waivers of co-financing requirements as well as the implementation of a “Gavi Resilience Mechanism” – a dedicated fund of US\$ 250 million set aside to address unforeseen needs in these settings, including outbreaks not covered by existing mechanisms such as stockpiles.

“Through the Gavi Leap, we placed country ownership and support for the most vulnerable at the heart of our operating model and this week’s Board’s decisions reaffirm this commitment,” said Dr Sania Nishtar, CEO of Gavi, the Vaccine Alliance. “I am especially pleased that, going forward, our immunisation campaigns will mandate digital payments for health workers. From my experience as a minister, I know this will make a huge difference in terms of eliminating misuse and ensuring workers are paid fairly, and on time.”

Enhanced support for African vaccine manufacturing

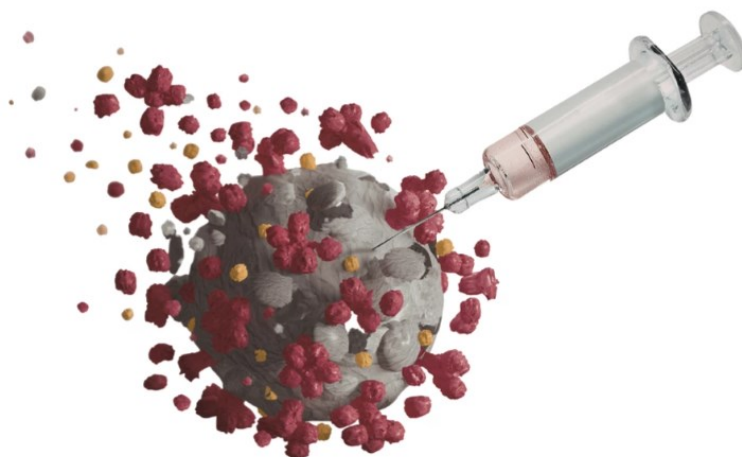
The Board confirmed enhanced support for sustainable African vaccine manufacturing, approving the use of an additional US\$ 189 million – beyond the US\$ 1 billion dedicated to Gavi’s African Vaccine Manufacturing Accelerator (AVMA) – to strengthen demand for African-made vaccines and support

critical ecosystem strengthening activities. The majority of this financing – US\$ 139 million – will be dedicated to buying African-made vaccines, which will simultaneously supplement Gavi's vaccine procurement budget. An additional US\$ 50 million in targeted financing will support three partners – the Africa Centres for Disease Control and Prevention (Africa CDC), African Medicines Agency (AMA) and WHO – who will work together to address barriers to the accelerated development of a vaccine manufacturing ecosystem on the continent.

Fuente: GAVI. Disponible en <https://n9.cl/44c9j>

Los mensajes falsos más comunes sobre vacunas y lo que dice la ciencia

3 jul. La historia de las vacunas comenzó hace más de 200 años, desde 1796 cuando se desarrollara la primera vacuna que protegía contra la viruela, una enfermedad que causaba la muerte casi a la mitad de los infectados. La vacuna contra la viruela permitió a la ciencia explorar la posibilidad de utilizar la vacunación para proteger contra otras enfermedades. Ese avance científico permite hoy prevenir 33 enfermedades infecciosas distintas. De hecho, la Organización Mundial de la Salud (OMS) estima que la vacunación evita entre 2 y 3 millones de muertes anuales. Es más, en los últimos 50 años, las vacunas han salvado 154 millones de vidas.



Pese a que llevan siglos salvando vidas, los bulos sobre las vacunas se multiplican en las redes sociales y se repiten de manera cíclica. Aquí algunos de los más comunes:

1. Las enfermedades que se previenen ya están casi eliminadas, por lo que las vacunas no son necesarias

Pese a que algunos de los patógenos por los que se vacuna son muy poco comunes, estos siguen existiendo alrededor del mundo. Esto hace que puedan infectar a cualquier persona no protegida y esta contagiar a más individuos no protegidos o con un sistema inmunitario debilitado. Si la mayoría de los individuos se vacuna, la mayoría de la población se inmuniza contra ese patógeno y esto crea la inmunidad de grupo. De esta manera, se previene la propagación de la enfermedad.

El presidente de la Asociación Española de Vacunología, Jaime Jesús Pérez Martín, explica que algunas personas asumen que enfermedades que están eliminadas en nuestro país, como por ejemplo la polio, no existen y, por tanto, no requieren de vacunación frente a ellas. Sin embargo, la única enfermedad erradicada (no existe en ningún lugar del planeta) en la que ha cesado la vacunación es la viruela. El resto de enfermedades infecciosas frente a las que vacunamos están presentes en otros lugares del mundo y bastaría un simple descenso de las coberturas vacunales para que volvieran a circular dichas enfermedades en nuestro medio.

2. Las vacunas contienen productos tóxicos como el mercurio y el aluminio

Algunas vacunas antiguas contenían timerosal, un conservante que incluye una forma de mercurio denominada etilmercurio.

Esta sustancia es diferente del metilmercurio, responsable de la toxicidad asociada a determinadas exposiciones ambientales.

“Numerosos estudios demostraron que el timerosal utilizado en vacunas era seguro. Aun así, por un principio de precaución y para aumentar la confianza de la población, fue eliminado o reducido a cantidades mínimas en la gran mayoría de las vacunas infantiles hace más de veinte años”, indica Lucía López Granados, vocal del Comité Asesor de Vacunas e Inmunizaciones de la Asociación Española de Pediatría (AEP)

Otro ejemplo de ingredientes de las vacunas que se suelen usar en contra de la seguridad de las mismas es el aluminio. El presidente de la Asociación Española de Vacunología explica que el aluminio se añade como adyuvante para potenciar la inmunidad proporcionada por la vacuna. En aquellas vacunas que contienen aluminio las cantidades son mucho menores que las que una persona consume diariamente mediante alimentos, agua o medicamentos.

3. La vacuna triple vírica causa autismo

Es uno de los bulos más difundidos sobre vacunas y, al mismo tiempo, uno de los que ha sido investigado con mayor profundidad. El origen de este mito está en un estudio publicado en 1998 en la revista *The Lancet* en el que se planteaba una posible asociación entre la vacuna TV y el autismo. “Para entender por qué nació este bulo, los primeros síntomas del trastorno del espectro autista suelen hacerse evidentes entre los 12 y los 24 meses de edad, precisamente cuando se administra la vacuna triple vírica. Esta coincidencia temporal llevó a algunas personas a pensar erróneamente que existía una relación de causa-efecto, pero la coincidencia en el tiempo no implica causalidad”, explica la doctora Lucía López Granados, vocal del Comité Asesor de Vacunas e Inmunizaciones de la Asociación Española de Pediatría. “Al final cuando una enfermedad no tiene una causa clara, se le puede atribuir cualquier cosa”, apostilla Jaime Jesús Martín.

“Años después se demostró que aquel estudio era fraudulento: presentaba graves irregularidades metodológicas, fue retirado por la revista científica que lo publicó y su autor perdió la licencia para ejercer la medicina”, indica la experta. Desde entonces se han llevado a cabo numerosos estudios epidemiológicos en distintos países, que incluyen a cientos de miles e incluso millones de niños. Todos ellos han llegado a la misma conclusión: “Las vacunas no aumentan el riesgo de desarrollar trastornos del espectro autista.”

La doctora señala que uno de los trabajos más sólidos, realizado en Dinamarca con más de 650 000 niños, confirmó que la vacuna triple vírica no incrementa el riesgo de autismo, “ni siquiera en niños con antecedentes familiares o con otros factores de riesgo. Estos resultados han sido corroborados posteriormente por revisiones sistemáticas y metaanálisis de alta calidad.”

La experta recuerda que hoy existe un amplio consenso científico internacional. Organismos como la Organización Mundial de la Salud (OMS), los *Centers for Disease Control and Prevention* (CDC), la Agencia Europea de Medicamentos (EMA) y el Comité Asesor de Vacunas e Inmunizaciones de la Asociación Española de Pediatría (CAV-AEP). “Todos estos organismos coinciden en que no existe ninguna evidencia científica que demuestre una relación causal entre las vacunas y el autismo”, dice tajante la experta.

4. Las vacunas causan cáncer

No. De hecho, ocurre precisamente lo contrario: algunas vacunas previenen determinados tipos de cáncer, señalan desde la Asociación Española Contra el Cáncer (AECC). Es el caso de la vacuna frente al virus del papiloma humano (VPH), que previene la mayoría de los cánceres de cuello uterino y otros tumores relacionados con este virus, o de la vacuna frente a la hepatitis B, que reduce el riesgo de carcinoma hepatocelular.

“Las vacunas autorizadas pasan por un exhaustivo proceso de investigación y evaluación antes de su aprobación. No existe evidencia de que produzcan cáncer”, señala tajante la doctora Lucía López Granados, vocal del Comité Asesor de Vacunas e Inmunizaciones de la Asociación Española de Pediatría.

5. Las vacunas se fabrican a partir de fetos abortados

Algunas vacunas se desarrollan utilizando líneas celulares humanas obtenidas a partir de dos interrupciones voluntarias del embarazo realizadas en la década de 1960 por motivos totalmente ajenos a la investigación vacunal. “Desde entonces esas células se han multiplicado millones de veces en el laboratorio y no ha sido necesario realizar nuevos abortos para mantenerlas. Es importante aclarar que las vacunas no contienen células ni tejidos fetales”, indica Lucía López Granados.

Durante el proceso de fabricación se llevan a cabo múltiples etapas de purificación que eliminan los restos celulares. Este hecho ha sido explicado por organismos científicos internacionales e incluso por la Pontificia Academia para la Vida, que considera moralmente aceptable el uso de estas vacunas cuando contribuyen a proteger la salud individual y colectiva.

6. Las farmacéuticas desarrollan vacunas antes de que existan los virus para ganar dinero

No. “No hay ni una sola vacuna que se haya desarrollado que el virus o el microorganismo frente al que protege”, asegura tajante Jaime Jesús Pérez Martín, presidente de la Asociación Española de Vacunología. El desarrollo de una vacuna solo es posible cuando se conoce el microorganismo responsable de la enfermedad. Para ello es necesario estudiar su estructura, identificar los antígenos capaces de inducir una respuesta inmunitaria protectora y completar años de investigación preclínica y clínica antes de demostrar su seguridad y eficacia.

A veces puede dar la impresión de que una vacuna se desarrolla muy rápidamente tras la aparición de un brote. “Sin embargo, esto ocurre porque la investigación no comienza cuando surge una epidemia. Desde hace décadas, los científicos estudian familias completas de virus con potencial epidémico y desarrollan plataformas vacunales que pueden adaptarse con rapidez a nuevos patógenos”, puntualiza Lucía López Granados.

Así ocurrió con la COVID-19: la tecnología de ARN mensajero llevaba más de veinte años investigándose y los coronavirus ya eran objeto de estudio desde las epidemias de SARS (2002) y MERS (2012). De forma similar, las vacunas frente al ébola fueron posibles gracias a años de investigación iniciada tras los primeros grandes brotes registrados en África.

Es decir, “las farmacéuticas evalúan los posibles riesgos de los posibles patógenos existentes. En función de eso, investigan hacia vacunas que pueden proteger frente a ellos”, agrega Jaime Jesús Pérez Martín. Gracias a esa investigación previa es posible responder con mayor rapidez cuando aparece una nueva amenaza para la salud pública.

7. Las vacunas son obligatorias

“Ninguna vacuna es obligatoria en España”, señala el presidente de la Asociación Española de Vacunología. La vacunación es voluntaria. Sin embargo, las autoridades sanitarias recomiendan las vacunas incluidas en los calendarios oficiales porque ofrecen una excelente relación beneficio-riesgo tanto para la persona vacunada como para la comunidad.

Solo en circunstancias muy excepcionales, contempladas por la legislación y relacionadas con situaciones de grave riesgo para la salud pública, podrían adoptarse medidas extraordinarias. “Por ejemplo, en un contexto de un brote si lo marca un juez. Esto sucede por dos motivos. La vacunas tienen un componente de protección individual, pero también tiene un componente de protección grupal, incluso de aquellas personas que no se pueden proteger por sí mismas porque tienen contraindicadas las vacunas”, agrega. “Si no te vacunas y me proteges, igual yo me muero”, ejemplifica Jaime Jesús Pérez Martín.

8. Las vacunas no son efectivas

Todo lo contrario. Las vacunas han permitido erradicar la viruela, eliminar la poliomielitis de la mayor parte del mundo y reducir drásticamente enfermedades como el sarampión, la difteria, el tétanos, la meningitis por *Haemophilus influenzae* tipo b o la enfermedad neumocócica invasora.

“Ninguna vacuna ofrece una protección del 100 %, pero todas las autorizadas han demostrado una elevada eficacia para prevenir enfermedad grave, hospitalización, secuelas y fallecimientos”, resalta la doctora Lucía López Granados.

Además, cuando las coberturas vacunales son elevadas, también protegen indirectamente a las personas más vulnerables gracias a la inmunidad de grupo.

9. Las vacunas de ADN o de ARN modifican nuestro ADN

No. Las vacunas de ARN mensajero nunca entran en el núcleo de las células, que es donde se encuentra nuestro ADN. “El ARN permanece en el citoplasma durante un corto periodo de tiempo para producir una proteína que estimula la respuesta inmunitaria y posteriormente se degrada de forma natural en dos o tres días, ese es el ciclo biológico de la vacuna”, explica Jaime Jesús Pérez Martín, presidente de la Asociación Española de Vacunología (AEV). “Las vacunas basadas en ADN tampoco modifican el genoma humano. No existe ningún mecanismo biológico demostrado por el que estas vacunas puedan integrarse en nuestro ADN”, agrega Lucía López Granados.

En definitiva, las vacunas enseñan al sistema inmunitario a reconocer un microorganismo, pero no alteran la información genética de las personas.

10. Las vacunas sobrecargan el sistema inmunitario de los niños

No. El sistema inmunitario de un recién nacido está preparado para responder simultáneamente a miles de microorganismos presentes en el ambiente. “En comparación con esa exposición diaria, la cantidad de antígenos contenidos en las vacunas es mínima. De hecho, aunque actualmente los calendarios vacunales incluyen más vacunas que hace décadas, el número total de antígenos administrados es muy inferior al de las vacunas antiguas gracias a los avances tecnológicos”, indica la experta.

Las vacunas no debilitan ni saturan el sistema inmunitario; al contrario, “lo entrenan para reconocer determinados microorganismos sin necesidad de padecer la enfermedad”, subraya Lucía López Granados.

La respuesta inmunitaria de las vacunas es similar a la que se produce por una infección natural. Sin embargo, “las ventajas de la vacunación es que, pese a que la inmunidad generada es parecida, se evita la enfermedad como tal: sus síntomas y sus complicaciones, que pueden ser muy graves”, explican desde la página web del Hospital Clínic de Barcelona.

These materials were developed in 2026 for the Prebunking at Scale project, with support from the European Fact-Checking Standards Network (EFCSN)/ Estos materiales se elaboraron en 2026 para el proyecto Prebunking at Scale, con el apoyo de la European Fact-Checking Standards Network (EFCSN).

Fuente: INFOVERITAS. Disponible en <https://n9.cl/04bjbp>

SK Bioscience outlines vaccine growth strategy as biotech interest stays high

Jul 4. SK Bioscience Co Ltd (ISIN KR7302440009) is positioning its vaccine portfolio and contract development and manufacturing services as a long-term growth engine, reflecting sustained global demand for advanced immunization solutions and pandemic preparedness capabilities.

Expanding role in global vaccines

SK Bioscience focuses on the development, manufacturing and commercialization of human vaccines, building on experience with viral and bacterial diseases and aiming to supply both domestic and international health programs.

The company offers research and development capabilities for new vaccine candidates, including work on recombinant protein technologies and other modern platforms that can be adapted as infectious threats evolve.

Alongside its own pipeline, SK Bioscience provides manufacturing services to partners that need reliable large-scale production, giving the company exposure to global vaccine demand beyond products developed in-house.

Long-term strategy and partnerships

Recent corporate communication highlights a strategy built around strengthening independent vaccine development while maintaining and expanding cooperative agreements with global pharmaceutical and health organizations.

Management emphasizes investment in research, clinical development and production infrastructure to support future vaccine launches, including potential next-generation influenza and respiratory disease candidates and improved formulations for existing immunization programs.

By linking public health needs with commercial manufacturing expertise, SK Bioscience seeks to generate recurring revenue streams from widely used vaccines as well as from specialized products for emerging or re-emerging diseases.

Representative vaccine portfolio

SK Bioscience's business model centers on a mix of preventive vaccines that target common infectious diseases and newer products designed to address global health priorities such as pandemic threats and under-vaccinated populations.

“SK Bioscience Co Ltd is pushing its vaccine platform strategy while global biotech demand for innovative prevention and pandemic preparedness remains strong.”

The company uses modern bioprocessing and quality-control systems designed to meet international regulatory standards, which allows it to supply products to multiple markets once approvals are obtained.

Beyond finished vaccines, SK Bioscience can provide bulk antigen and fill-and-finish services, giving partners flexibility in how they structure supply chains and allowing the company to participate in a broader portion of the value chain.

Stock trading context

SK Bioscience shares are listed on the Korea Exchange, giving local and international investors access to the company through its home-market listing.

The stock reflects expectations about revenue from established vaccines, contributions from contract manufacturing and the potential upside from new products that may emerge from its development pipeline over the coming years.

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

Uruguay amplía vacunación gratuita contra meningococo tras aumento inusual de muertes

4 jul. El Gobierno de Uruguay anunció la ampliación de la vacunación gratuita contra el meningococo a adolescentes de 11 y 12 años, en respuesta a un aumento “inusual” de casos de la enfermedad que ha dejado 20 contagios y cinco fallecidos en lo que va de 2026, incluidos tres niños, informaron autoridades sanitarias.

La medida, dispuesta por el Ministerio de Salud Pública (MSP), entró en vigor el último día hábil de la semana y alcanza a todos los adolescentes nacidos a partir del 1 de enero de 2014 que tengan entre 11 y 12 años cumplidos y no hayan recibido previamente la vacuna MenFive, que protege contra los serogrupos A, C, W, X e Y.



Habló la ministra de Salud Pública

La ministra de Salud Pública, Cristina Lustemberg, afirmó en conferencia de prensa que Uruguay no enfrenta un brote de enfermedad meningocócica, pero advirtió sobre un “aumento inusual” de casos que llevó a las autoridades a reforzar la estrategia nacional de inmunización.

Según datos oficiales, Uruguay registra 20 casos de enfermedad meningocócica en lo que va del año, incluidos cinco fallecimientos, tres de ellos menores de edad. La ministra indicó que cerca del 70 % de los casos detectados corresponden actualmente al serogrupo C, cuya circulación ha aumentado respecto a años anteriores.

“No estamos modificando el esquema nacional de vacunación. Se trata de una acción preventiva y progresiva”, resaltó Lustemberg, citada por Xinhua, en un cable al que accedió la Agencia Noticias Argentinas.

La ministra explicó además que los adolescentes constituyen uno de los principales reservorios y transmisores de la bacteria, por lo que elevar la cobertura de vacunación en ese grupo poblacional es una herramienta clave para reducir la circulación del microorganismo.

El Gobierno adquirió 300.000 dosis adicionales de MenFive a través de la Organización Panamericana de la Salud por unos 1,3 millones de dólares, señalaron las autoridades.

Las vacunas, cuya llegada está prevista a partir de agosto, permitirán extender de forma gradual la inmunización gratuita hasta los adolescentes de 15 años.

Fuente: NA NOTICIAS ARGENTINAS. Disponible en <https://n9.cl/eykorj>

España lidera la vacunación europea, pero mantiene el reto del calendario para toda la vida

5 jul. España se consolida como el segundo país de Europa con mayor tasa de vacunación, aunque afronta el desafío técnico de extender el calendario actual. José Antonio Navarro Alonso defiende la urgencia de implantar la inmunización a lo largo de toda la vida.

El calendario de vacunación de España se sitúa a la vanguardia internacional y consolida al país como el segundo estado de Europa donde más se vacuna, posicionándose únicamente por detrás de Estonia, que cuenta con un fármaco más en su esquema oficial. Este liderazgo en la aplicación y cobertura de herramientas preventivas afronta ahora el desafío de romper el modelo tradicional exclusivamente infantil. El éxito futuro del sistema asistencial radica en consolidar una estrategia integral que abarque todas las etapas de la edad adulta. Así se expuso en el curso de verano de la Universidad Complutense de Madrid 'Las vacunas aquí, allí, ahora y siempre', desarrollado en CaixaForum.

La conferencia inaugural del encuentro la impartió José Antonio Navarro Alonso, consultor honorario del Ministerio de Sanidad y miembro activo en la redacción de los informes técnicos que guiaron la incorporación de nuevas vacunas a la población española durante la última década. El especialista subrayó que el gran reto pendiente para el Sistema Nacional de Salud consiste en transformar la percepción de los ciudadanos y hacer comprender que la prevención activa no finaliza en la niñez. Para lograr este objetivo, Navarro Alonso argumentó que resulta imprescindible un cambio de mentalidad global, puesto que "es necesaria la inmunización a lo largo de toda la vida".

La trayectoria española en la implantación de terapias avanzadas avala este posicionamiento de liderazgo. En 2021 se recomendó la vacuna frente al herpes zóster, cuya administración efectiva comenzó en 2023 para las personas mayores de 65 años. Asimismo, en 2022 se introdujeron la inmunización infantil contra la gripe y la protección frente al virus del papiloma humano para ambos sexos. Previamente, la crisis del SARS-CoV-2 generalizó la vacunación mediante una estrategia multidisciplinar plasmada en informes donde participaron médicos, sociólogos y profesionales del Derecho.

Vanguardia en coberturas y publicaciones

El ejemplo más reciente de la capacidad del modelo de inmunización español se observa en el abordaje del Virus Respiratorio Sincitial. Su planteamiento inicial surgió al constatar que los menores acudían a los centros sanitarios con infecciones respiratorias graves recurrentes que, en el plazo de dos años, degeneraban en dolencias asmáticas.

La inoculación de este fármaco comenzó en 2023 y, en un periodo de tres años, España se convirtió en el país del mundo con mayor cobertura al superar el 96 %. Este despliegue situó a la sanidad española a la cabeza de las publicaciones científicas internacionales vinculadas a esta patología.

A pesar de la solvencia en el ámbito de la administración de coberturas, el director del curso y jefe del servicio de Prevención y Protección de la Salud de la Región de Murcia, Jaime Jesús Pérez Martín, matizó que la vanguardia que ostenta el país en la aplicación no se replica en la investigación y desarrollo de nuevas moléculas. Pérez Martín señaló la falta de recursos como la causa principal de este déficit y emplazó a corporaciones nacionales y multinacionales a elevar sus inversiones. De este modo, la mejora en el tejido industrial y científico permitirá situar a España en el lugar que le corresponde, consolidando el actual éxito asistencial.

Fuente: DiarioFarma. Disponible en <https://n9.cl/qnoco>

SK Bioscience to Lead Gates Foundation-Backed AI Platform for Vaccine Clinical Development

Jul 6. SK bioscience announced that it will lead the Research Optimization & Trial Outcome Recommender (ROTOR) project, an AI-powered evidence synthesis and clinical development decision-support platform initiative funded by the Gates Foundation, establishing a global collaboration framework. The project is expected to involve technical collaboration with global health nonprofit PATH, and global technology consulting firm Slalom.

ROTOR project brings together SK bioscience, PATH, Slalom and SK AX to develop an AI-powered decision-support platform aimed at accelerating injectable rotavirus vaccine development and expanding vaccine access across low- and middle-income countries.

- ♦ SK bioscience was selected to lead the Gates Foundation-funded ROTOR project, establishing a global collaboration framework.
- ♦ SK bioscience, PATH, Slalom, and SK AX will jointly develop an AI-powered platform for evidence-based clinical development decision-making.
- ♦ The project will support next-generation injectable rotavirus vaccine development and contribute to expanding vaccine access in LMICs.

ROTOR is designed to build a platform that leverages AI to analyze diverse clinical, immunogenicity, and scientific datasets generated throughout the vaccine development process.

The platform will support R&D decision-making and optimize clinical development strategies, facilitating more informed and evidence-based decisions under uncertainty. Over time, the platform is expected to evolve into a scalable AI solution applicable across a broad range of vaccines and disease areas.

The platform will be developed and validated using rotavirus vaccine development experience and datasets from both SK bioscience and PATH. By doing so, the initiative aims to strengthen R&D capabilities among vaccine developers in low- and middle-income countries (LMICs) and contribute to expanding global vaccine access. Reusable components of the platform are expected to support broader adoption across the vaccine development ecosystem.

In pharmaceutical development, decisions on whether to advance into large-scale Phase III clinical trials are typically made based on Phase II trial results. However, in many vaccine fields, including

rotavirus, decisions about whether to advance to large-scale Phase III trials are particularly challenging because validated immune correlates of protection may be limited or absent, and assay results may vary across methodologies. Given that Phase III clinical trials demand substantial financial resources and long-term investment period, the need to build a more scientific and objective decision-making framework has been consistently raised.

The ROTOR platform is expected to address these challenges by applying AI to analyze extensive clinical and research datasets, integrate diverse sources of scientific evidence, and generate structured decision-support insights for vaccine developers. This approach may improve development efficiency of vaccine development programs.

SK bioscience has built a strong track record of collaboration with global public health organizations, including the World Health Organization (WHO), Coalition for Epidemic Preparedness Innovations (CEPI), International Vaccine Institute (IVI), Pan American Health Organization (PAHO), Gavi, the Vaccine Alliance, and the U.S. Centers for Disease Control and Prevention (CDC), helping expand global health infrastructure and vaccine accessibility.

Most recently, the company signed a licensing agreement with the CDC to develop an injectable rotavirus vaccine. Earlier this year, it also entered into an agreement with Gates Medical Research Institute (Gates MRI) for the development of a novel RSV (Respiratory Syncytial Virus) antibody therapy. In February, SK bioscience secured a project from a European Union agency to develop a pandemic influenza (avian influenza) patch vaccine. The company is also advancing a broad infectious disease pipeline that includes Ebola vaccines and cell-culture-based avian influenza vaccines as part of its strategy to become a leading global vaccine company.

Jaeyong Ahn, CEO of SK bioscience stated, "This project represents a new approach to reducing uncertainty in vaccine development through AI and enabling more scientific and efficient decision-making. Through this consortium, we aim to drive innovation in vaccine R&D while contributing to improved vaccine access worldwide."

SK bioscience continues to advance AI-driven innovation across its R&D operations. The company has established AI-assisted experimental design systems based on accumulated research and manufacturing data to improve efficiency and identify optimal experimental conditions, reducing development timelines and trial-and-error processes. It is also implementing digital twin technologies to transform vaccine R&D and further enhancing AI-based data analytics and decision-making capabilities as part of its broader digital transformation (DT) strategy.

Fuente: BIOFARMA APAC. Disponible en <https://n9.cl/4uavbi>

New virus catalogue reveals which pathogens pose the greatest threat

Jul 6. In a typical year, scientists discover two or three viruses that have never been seen in people before. The number fluctuates, but the trend has been fairly steady since the 1960s.

Most of these viruses attract little attention, and my colleagues and I have often had to search through old medical papers to find any mention of them. Some viruses disappear entirely and are all but forgotten. At the other extreme, the discovery of HIV-1 in 1983 and Sars-CoV-2 in 2020 presaged the Aids and COVID pandemics, respectively. Both have killed tens of millions.

The next time a scientist finds an unusual or unknown virus in a patient – probably in the next few months – how will they know whether it could lead to a public health emergency on the same scale as Aids or COVID? My team at the University of Edinburgh has been using the lessons of virus history to help answer this question.

Pandemics come in many forms, but in recent times the biggest culprits have been viruses with genomes made from RNA (rather than the more familiar DNA). Thousands of RNA virus species have been identified, and there may be millions, but only 239 infect humans. We recently published a catalogue that helps pinpoint the riskiest ones.

The type and severity of disease are important indicators, but there will be no pandemic unless the virus can spread between people. That could involve physical contact, or inhaling airborne particles, or exposure to blood or faeces, or the bite of a mosquito or tick.

For two-thirds of the viruses on our list, an infected person is highly unlikely to pass their infection on. These are known as zoonotic viruses, meaning people usually catch them from animals rather than other people. Rabies is one example.

That sounds reassuring, but viruses evolve quickly and there is an understandable concern that a zoonotic virus might acquire the ability to spread among humans. That's why scientists are so worried about bird flu. But there is no documented example of an RNA virus doing that. Rabies hasn't, even though there are tens of thousands of human cases every year.

A much greater threat comes from viruses that already have the ability to spread from person to person. They might become even more transmissible – as did a series of Sars-CoV-2 variants – but they crossed over from animals already able to spread among people. In the distant past, that was the likely origin of measles, mumps and rubella, along with dozens of viruses associated with colds and gastrointestinal infections.

Then there are viruses that are capable of spreading among humans but, so far, have caused only limited outbreaks. That's because their R number (how many people, on average, one infected person goes on to infect) is too low and chains of infection eventually die out of their own accord. But R numbers can change; for example, when a virus previously confined to remote villages reaches a city. That happened with Zaire ebolavirus in west Africa in 2014.

There have only ever been a few dozen names on our list of outbreak viruses, but it's a powerful predictor of public health emergencies. Zaire ebolavirus, the insect-borne Chikungunya, Zika and Oropouche viruses and mpox (a DNA virus) were original entrants, and all have gone on to cause major epidemics.

Some rarer viruses on our list have become more familiar too. One is Andes hantavirus, responsible for a recent outbreak on a cruise ship. Another is the Bundibugyo ebolavirus, which currently spreading in central Africa.



The next pandemic virus

Our data can also help predict what a future pandemic virus – sometimes called disease X – might look like. COVID is a good illustration.

In 2019, my team showed that highly transmissible viruses tend to be closely related to other viruses that spread between humans, but they emerge separately from animals. That turned out to be a perfect description of Sars-CoV-2, very similar to the original Sars coronavirus but independently (and perhaps indirectly) acquired from bats.

The year before, the World Health Organization had proposed a Sars-like coronavirus as a candidate for disease X. That's why scientists were alarmed about COVID from the outset – it was exactly what they had been looking for.

By contrast, neither Andes nor Bundibugyo virus have the right profile to start a global pandemic. But if it were, for example, a novel virus related to measles then it would be a different story. In that scenario, there would be a real possibility of a worldwide emergency much worse than COVID.

Andes and Bundibugyo do reinforce one important lesson, though: both had been spreading for weeks before they were picked up. So had COVID. Finding and understanding new viruses faster would deny the next pandemic the same head start, and could make a huge difference to the eventual toll on lives and livelihoods.

Fuente: GAVI. Disponible en <https://n9.cl/7ifk6>

New HIV vaccine shows unprecedented success in preclinical study

Jul 6. Vaccine approach yields high numbers of HIV-neutralizing antibodies in non-human primates.

Highlights:

- ♦ Scientists at La Jolla Institute for Immunology, Scripps Research have developed an HIV vaccine that trains immune cells to see past HIV's defenses.
- ♦ This HIV vaccine works by prompting the body's immune system to make substantial numbers of rarely seen "broadly neutralizing" antibodies.
- ♦ In this new study, this vaccine resulted in the best HIV-fighting antibody response ever seen in primates. Human trials have now started.

A new HIV vaccine developed by La Jolla Institute for Immunology (LJI), Scripps Research scientists, and IAVI has the potential to protect humans from developing HIV infection and AIDS. This HIV vaccine is the first to generate a high number of "broadly neutralizing," virus-fighting antibodies in primates.

"This feels like a huge success," says LJI Professor and Chief Scientific Officer Shane Crotty, Ph.D., who co-led the research with Scripps Research Professor William Schief, Ph.D. "We constructed a successful vaccine from the ground up, which required a deep understanding of the immune system."

This groundbreaking research, published in *Nature*, is the result of 14 years of collaboration between La Jolla Institute for Immunology and Scripps Research, as part of the Scripps Consortium for HIV/AIDS Vaccine Development (CHAVID). "This has been one of those Apollo moon mission-type projects, where there is an exceptional goal and the team has to accomplish a myriad of discoveries and inventions along the way," says Crotty.

Outsmarting HIV

The new vaccine works by intervening in a process called B cell maturation. B cells make antibodies. Like many immune cells, B cells have an early “naive” stage before they are ready to make antibodies. B cells start to mature once they get the signal that a pathogen, such as a virus, is trying to attack. B cells see pieces of that pathogen’s molecular structure and start producing antibodies that can bind to that structure and halt infection.

It can take a little while for B cells to find the right “bullseye” on a pathogen. But B cells keep trying. As they mature, B cells tweak their antibody production, refining antibody structures to bind to a pathogen in just the right, vulnerable spots.

Scientists describe B cell development as a training process or bootcamp. In most cases, the body is left with a well-honed B cell army.

HIV is hard to beat because it doesn’t give B cells a chance to develop effective antibodies. The first problem is that HIV disguises itself from the immune system. The virus is wrapped in an ever-shifting cloak of sugar molecules, called glycans. This lets HIV sneak undetected past human cells, which are also covered in glycans.

The second big problem is that HIV mutates very quickly. “The worldwide diversity of HIV mutations is extraordinary. Even the diversity within one individual person living with HIV is dramatic,” says LJI Instructor Patrick Madden, Ph.D., who served as study co-first author with Jon Steichen, Ph.D., an institute investigator at Scripps Research.

The third problem is that HIV changes its shape when it infects human cells. Even if B cells get a glimpse of its viral structure—snap!—the structure changes.

Taken together, these problems rarely give B cells a chance to hone their antibody responses against HIV. Even if a B cell manages to make neutralizing antibodies, the virus can mutate or change its shape, rendering those antibodies useless.

The LJI and Scripps Research teams spent years hunting for “broadly neutralizing” antibodies that can actually bind to HIV and recognize key viral structures, even if the rest of the virus mutates. These antibodies are very, very rare, but they can be found in blood samples from a small number of people living with HIV.

An effective HIV vaccine would need to prompt the immune system to make these same broadly neutralizing antibodies. “How could we flip the whole immune response on its head so the rare responses become the common responses? That was a critical challenge we faced,” says Crotty.

Testing the new vaccine

It was time to go back to B cell bootcamp. The scientists studied what made the HIV-fighting B cells special. Then they reversed the process to see exactly how those B cells matured. By looking back at the maturation process, the researchers could track how the B cells changed when they saw specific pieces of the HIV structure.

The team discovered that B cells matured to make broadly neutralizing antibodies after they got an early look at parts of HIV’s outer “envelope” protein. Because these viral sites sparked an immune response, scientists would call them “antigens.”

An effective HIV vaccine would likely need to include models of these antigens. The antigens would work like mugshots of America’s most wanted. If B cells saw those antigens early and often, they

would get really good at recognizing and even neutralizing HIV. “We were trying to mimic the progression of those neutralizing antibodies,” says Madden.

In a feat of molecular engineering, the Schief Lab developed vaccine molecules that resembled the real HIV antigens. The scientists then worked with Emory National Primate Research Center, to test this potential HIV vaccine in a non-human primate species called rhesus macaques.

The researchers first administered a “priming” vaccine meant to activate each animal’s naive B cells. The animals then received a series of “shepherding” booster shots to help their B cells develop along the right path.

“This series of vaccinations will guide, or ‘walk’, a B cell from its naive state to its broadly neutralizing state,” says Madden.

This new type of vaccine approach is called “germline targeting” because it targets naive B cells in their “germline” or naive form, before they begin their training process.

The scientists found that around 44 percent of the animals went on to produce broadly neutralizing antibodies against HIV in their blood. These antibodies were impressively abundant.

“We succeeded in taking ultra-rare antibody responses and turning them into common responses by the end of the vaccination process,” adds Crotty. In other research recently published, they reported a new strategy to accelerate related vaccine antibody responses.

The team didn’t test whether these antibodies could prevent infection, but it’s significant that these antibodies could be found in the blood, where they could encounter and potentially block HIV.

Bringing the HIV vaccine to humans

The Crotty Lab plans to investigate how they might change the booster shot regimen to make the HIV vaccine even more effective. “It was incredible to get those results, but of course we’d like to see a response in 100 percent of the animals,” says Madden.

Importantly, the antibodies found in the animal subjects resembled the exact kinds of broadly neutralizing antibodies seen in those rare humans who made their own neutralizing antibodies. It’s clear that our immune systems can make these powerful antibodies, given the right training.

“We believe this vaccine approach is even more likely to succeed in humans, because of the immunogenetics,” Crotty says.

The priming immunogen used in this study was evaluated in humans in the HVTN 144 trial and is currently being tested in the Phase 1 trial IAVI G004. IAVI, Scripps Research, the HIV Vaccine Trials Network, and partners are now advancing plans to further evaluate the full immunization regimen in a future human clinical study.

About La Jolla Institute

La Jolla Institute for Immunology (LJI) was founded in 1988 as an independent, nonprofit research organization. LJI is based in San Diego, CA, and is home to world-class scientists solely focused on immunology. LJI scientists are harnessing the power of the immune system to defeat cancer, autoimmune, infectious, and neurodegenerative diseases.

Fuente: La Jolla Institute for Immunology. Disponible en <https://n9.cl/r1nifb>

Indonesia-China mRNA dengue vaccine to boost global health: BPOM

Jul 8. The Food and Drug Monitoring Agency (BPOM) said an mRNA-based dengue vaccine developed by the University of Indonesia and Tsinghua University could benefit not only Indonesia but also countries worldwide, and pledged support by ensuring its safety and efficacy.

BPOM Head Taruna Ikrar on Wednesday informed that approximately 390 million dengue infections occur worldwide each year.

Furthermore, data from the Ministry of Health shows that each year, around 161,000 people in Indonesia are infected with dengue, and about 700 die from the disease.

"This is an important discovery, and we can continue developing it further," Ikrar said at the launch of the mRNA Dengue Vaccine Prototype.

He explained that mRNA technology offers several advantages, including greater stability, efficacy, flexibility, and faster development.

Under Indonesia's Health Law No. 17 of 2023, the agency supports these initiatives through strict oversight to ensure that every product consumed by the public, including vaccines, is safe, efficacious, and of high quality.

He stated that although the vaccine is not yet ready, the discovery marks a significant first step, expressing hope that the collaboration will help tackle the disease worldwide.

On that occasion, he also expressed his appreciation for the parties that have involved BPOM in the vaccine's development from the beginning.

He said the agency's involvement would help it better understand the standards, methods, and characteristics of the project, enabling it to provide more appropriate support.

"We will make history: the world's first mRNA dengue vaccine," Ikrar emphasized.

On the same occasion, Beti Ernawati, Principal Investigator from the Department of Clinical Microbiology at the University of Indonesia, stated that the vaccine is currently in the preclinical trial stage.

"Based on the results of our pre-clinical trials, we found that the antibody titers generated against dengue virus serotypes 1, 2, 3, and 4 of Indonesian strains were significantly higher than those reported for the commercial vaccine currently available in Indonesia," Ernawati said.

She also expressed hope that the vaccine's efficacy in Indonesian participants would be evident within six months and align with the preclinical trial results.

Meanwhile, the Director of the Indonesia Endowment Fund for Education (LPDP), Ayom Widipaminto,



Head of the Food and Drug Monitoring Agency (BPOM) Taruna Ikrar (right) in Jakarta, Wednesday (July 8, 2026).

ANTARA/Mecca Yumna/rst

said that his institution, along with PT Etana, is funding the vaccine prototype and clinical trials.

LPDP is providing Rp7 billion (US\$378 thousand) and PT Etana Rp9 billion (US\$486 thousand) for the project, while he said his institution is prepared to provide further funding to ensure Indonesia secures the necessary vaccines and medical equipment.

"This is the second year of the project, which will continue into its third year. The research endowment fund totals Rp14 trillion (US\$757 million), with Rp1 trillion (US\$54 million) available each year to support a broad range of research," Ayom said.

Fuente: ANTARA. Disponible en <https://n9.cl/i06q9>

Scrutiny or public spectacle? How Louis Pasteur put the anthrax vaccine on trial

Jul 8. In May 1881, a farm in Pouilly-le-Fort, near Paris, became the venue for an unprecedented spectacle of science: the public trial of a novel vaccine candidate.

Back then even the concept of a “novel vaccine” was novel.

Nearly a century had passed since the discovery of the original vaccine, vaccinia, a naturally occurring cow virus that Edward Jenner had proven was capable of safely protecting people against deadly smallpox.

But the suggestion that vaccines could be created deliberately, in a laboratory, had barely broken ground.

Louis Pasteur, epoch-defining genius of microbiology, was both convinced and out on a limb. And now he was out of the laboratory, out in the open, loading his big idea into a syringe as nervous barnyard animals and a large human audience looked on.

Pasteur and his collaborators had been working on the anthrax bacterium for a couple of years.

The goal was attenuation: the weakening of the pathogen to the point that it could induce a protective immune response, without causing disease.

Pasteur and an assistant had managed it for the first time in 1879, by accident, by leaving a culture of the bacterium that caused chicken cholera exposed to air. The same method didn't cut it with anthrax, an extremely deadly disease of livestock then widespread in Europe.

“While the trial did not undergo the rigours of peer review that modern trials are subjected to today, the impact of the trial on farming was immense.”

Pasteur and his collaborators Charles Chamberland and Emile Roux experimented, and found they could cause a loss of virulence in anthrax bacteria by exposing them simultaneously to heat and atmospheric oxygen as they grew.

The audience assumed it was this live-attenuated vaccine in the syringe. The fact that it was actually a different vaccine – a “killed” or chemically inactivated vaccine, pioneered by rival scientist Jean-Joseph Henri Toussaint and improved, secretly, by Pasteur's team – only emerged when Pasteur's private notebooks were published in the 1970s.

In light of this bit of scientific sleight of hand, it might seem odd to consider the Pouilly-le-Fort trial as an object lesson on the value of public scrutiny in vaccine development. But that's exactly what epidemiologists Cassandra Freitas and James A Hanley do, compellingly, in an account published in the *European Journal of Epidemiology* earlier this year.

The doubters were at the table

A trial protocol had been handed in for approval by the Agricultural Society of Melun, a town near Pouilly-le-Fort, in April, which meant the methods by which the vaccine would be assessed were available for critique. But in fact, the very origin of the trial was a challenge from a critic.

Hippolyte Rossignol, veterinarian and owner of the Pouilly-le-Fort farm, didn't believe in Pasteur's germ theory of disease, and therefore also didn't believe in his idea of vaccine design.

Rossignol didn't just provide the venue, he selected the 58 sheep, 2 goats, 8 cows, one ox and one bull for the experiment, making sure none had so far been exposed to anthrax. He also conducted the experimental observation of the animals during and after inoculation with both doses of vaccine and, at the end of the month, with the virulent virus to test immunity.

His involvement meant that scepticism had a place of honour at the table. In design and execution, the trial needed to satisfy the people betting against the vaccine as much as it did Pasteur.

Submitting to sceptical scrutiny was not only the proper way to guard against experimental bias, it was also good science communication: transparency meant eventual success would be harder for doubters to dismiss or diminish the results.

Playing to a lay audience

On the first day of the trial, 5 May 1881, spectators gathered in their hundreds. They included politicians, journalists, farmers, military physicians, local doctors and veterinarians.

When Pasteur addressed the crowd after the day's procedures were complete, he used "a lay and familiar tone", Freitas and Hanley write. "Pasteur charmed his audience and managed to convey the potential impact of the trial."

Not a famously humble man, Pasteur enjoyed the attention. But he also appears to have understood that both the processes and results of science can, and should, be communicated plainly, in terms that lay audiences can understand.

Inviting the press

Making the trial accessible to the public guaranteed that its eventual success became an international media event.

On 2 June, Pasteur received a telegram from Rossignol confirming his success: the animals who had been vaccinated before being exposed to anthrax were all alive and healthy.

The unvaccinated goats and sheep, on the other hand, had all died after exposure to the disease, while the unvaccinated cattle had survived, but with large swellings at the site of exposure.

Freitas and Hanley map the relatively rapid spread of that news in France and beyond.

Table 2 Results of pasteur's anthrax vaccine trial

Treatment group (vaccine + anthrax challenge)		Control group #1 (no vaccine + anthrax challenge)	
Number treated	Results within 2 days	Number treated	Results within 2 days
24 sheep 1 goat	24 sheep alive and well 1 goat alive and well	24 sheep 1 goat	24 sheep died 1 goat died
5 cows 1 ox	5 cows alive and well 1 ox alive and well	3 cows 1 bull	3 cows and 1 bull developed edemas at the site of anthrax challenge*

*The unvaccinated bovine group (3 cows and 1 bull) had largely recovered their health by the end of June 1881

Within a few days, it had been reported in Edinburgh and Birmingham. The success of the anthrax vaccine was written up in North American papers in August and September.

Public awareness of the vaccine paved the way for it to make a difference. "While the trial did not undergo the rigours of peer review that modern trials are subjected to today, the impact of the trial on farming was immense," write Freitas and Hanley.

Within weeks, Pasteur and his team had vaccinated tens of thousands of sheep, cattle and horses. By 1894, an estimated 3.4 million animals had been vaccinated, and anthrax mortality plummeted in France.

Ego vs. integrity

The vaccine was a triumph because it worked. The trial was a triumph in large part because it embraced transparency. The great irony was that the vaccine on trial (and subsequently mass-produced) was an impostor.

"In the years following the massive success of the Pouilly-le-Fort trial, Pasteur was careful never to explicitly describe how the anthrax vaccine used at the trial was prepared, never mentioning his use of chemical inactivation," the authors write.

Toussaint had actually never managed to get his chemically inactivated vaccine to produce consistent results. It was Pasteur's collaborator, Charles Chamberland, who cracked the formula.

But even though Pasteur's laboratory deserved the credit for making the inactivated vaccine work, Pasteur apparently wanted to be first.

Science deserves an audience, but good science needs checks and guarantees. Today, researchers are required to hand over their notebooks as part of the trial process, rather than squirrelling them away for posterity to dig through for evidence of ego-driven R&D skulduggery.

Fuente: GAVI. Disponible en <https://n9.cl/408es>

La Universidad de Cambridge busca una “vacuna universal” para adelantarse a futuras pandemias

8 jul. Un ensayo evaluó por primera vez en humanos un antígeno diseñado con herramientas computacionales; aunque la vacuna demostró ser segura, todavía deberá probar que ofrece una protección eficaz.

Una de las características de virus como el SARS-CoV-2, causante de la pandemia de COVID-19, es su capacidad de mutar y generar nuevas variantes, lo que obliga a actualizar constantemente las vacunas existentes para que sean efectivas contra las nuevas cepas. Eso nos deja, de alguna



Lindsey Wasson - AP

manera, siempre un paso por detrás. Sin embargo, un equipo liderado por la Universidad de Cambridge quiere cambiar el enfoque: en lugar de reaccionar cuando aparece una nueva amenaza, busca anticiparse mediante el uso de inteligencia artificial (IA) para diseñar antígenos capaces de reconocer características comunes de una familia de coronavirus. De esta manera, sería posible prevenir futuras pandemias antes de que se produzcan.

El estudio ha causado bastante revuelo tanto en el mundo científico como en los medios de comunicación, en varios de los cuales se habla del gran avance de una vacuna creada por IA. No obstante, el documento, publicado en el *Journal of Infection*, aunque menciona el uso de un método computacional en la etapa de diseño del antígeno, no hace tanto hincapié en la IA como en el hecho de que la vacuna se formuló como de ADN —una tecnología que ofrece varias ventajas frente a los diseños tradicionales— y que demostró ser segura en humanos.

Y aunque la IA no sea la idea central de la noticia, por supuesto que el uso de estas tecnologías en el campo médico acumula cada vez más mérito. Veamos a continuación en qué consistió el ensayo y por qué es realmente importante.

Cómo funciona la “vacuna universal”

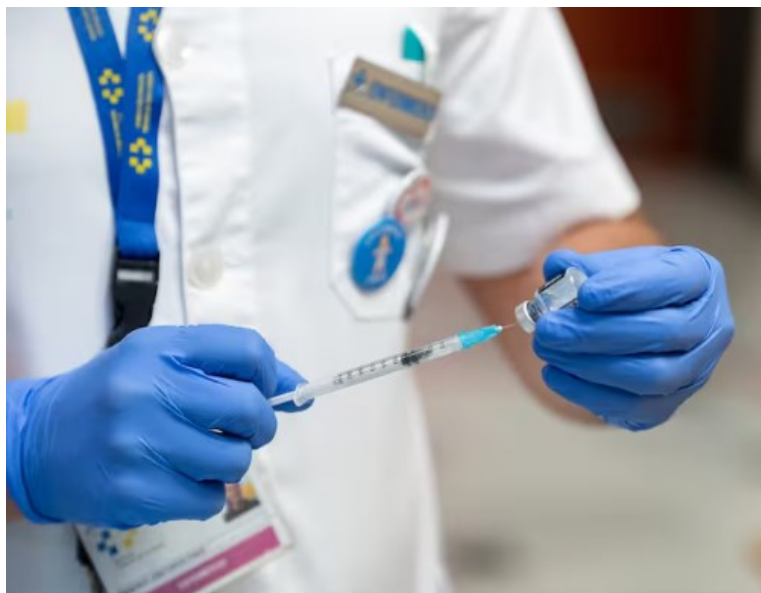
Se habla de una “vacuna universal” porque fue diseñada para reconocer características comunes de los sarbecovirus, un subgénero de coronavirus que incluye al SARS-CoV, responsable del brote de 2002; al SARS-CoV-2, causante de la pandemia de COVID-19, y a numerosos coronavirus presentes en murciélagos con potencial zoonótico (de transmisión animal a humano). La idea es que, al dirigirse a esas regiones comunes y no a una variante concreta, la vacuna pueda ofrecer una protección más amplia frente a esa familia de virus.

Según los investigadores, la nueva vacuna se basa en una tecnología capaz de seleccionar las partes más conservadas de la proteína de la espícula —aquellas que menos cambian entre los distintos sarbecovirus— para inducir una respuesta inmunitaria dirigida contra ellas.

Es precisamente en esa etapa donde entra en juego la inteligencia artificial. En lugar de diseñar el antígeno a partir de un único virus conocido, los investigadores emplearon herramientas

computacionales para analizar miles de secuencias genéticas de coronavirus humanos y animales e identificar los patrones que permanecen prácticamente inalterables entre ellos. Con esa información diseñaron un nuevo antígeno que luego se incorporó a la vacuna experimental.

“Hoy siempre vamos un paso detrás del virus. Lo que se busca ahora es adelantarse”, explica a El Comercio Ronald Vargas, director consultivo de la Maestría en Gerencia de Servicios de Salud de Centrum PUCP. “Lo que hicieron fue utilizar inteligencia artificial para analizar una base de datos muy grande que reúne toda la información genética y estructural de los coronavirus, con el objetivo de identificar y construir un antígeno que sea común a distintos coronavirus y a las variantes que pudieran surgir”.



Así fue como los investigadores construyeron un nuevo antígeno. Aunque en varios medios de comunicación se ha popularizado el término “superantígeno”, este no aparece en el estudio científico ni forma parte de la nomenclatura utilizada por sus autores.

Para Vargas, la importancia crítica del uso de esta tecnología radica en la posibilidad de analizar grandes bases de datos en poco tiempo. “Eso habría tomado muchísimo trabajo y muchísimo tiempo si se hubiera intentado hacer de manera tradicional, con los recursos que normalmente se utilizan, sin recurrir a un sistema de inteligencia artificial”, dice.

El especialista explica que, en un panorama en el que el desarrollo de una molécula para tratar una enfermedad puede tardar hasta 15 años y la tasa de fracaso es muy alta (entre el 90% y el 97%), la inteligencia artificial puede ayudar a reducir esos tiempos y mejorar la eficacia y la eficiencia de todo el proceso.

“Lo mismo ocurre con el enfrentamiento de futuras pandemias. Si ya contás con un conocimiento previo, investigado y validado, partís desde una base distinta cuando un virus que circula en animales logra saltar al ser humano debido a mutaciones. Aunque todavía sea necesario hacer ajustes, el desarrollo será mucho más rápido porque ya existe un trabajo previo sobre el cual construir”.

Inmunidad modesta

Antes de que una vacuna salga al mercado debe pasar por varias fases bien preestablecidas, que van desde la fase preliminar, en la que se hacen pruebas en cultivos celulares y animales, hasta la cuarta fase, en la que se logra su aprobación y se permite el monitoreo a largo plazo.

El ensayo de Cambridge se encuentra en la llamada fase I, en la cual la vacuna es administrada a un grupo reducido de personas y se busca evaluar la seguridad preliminar del compuesto. En este caso, los ensayos se realizaron en 39 personas de entre 18 y 50 años.

Tras las pruebas, el estudio concluye que “si bien los resultados de seguridad fueron alentadores, la inmunogenicidad de pEVAC-PS [nombre de la vacuna] fue modesta y variable”. Esto significa que la vacuna demostró ser segura en esta primera etapa, pero la respuesta del sistema inmunológico fue limitada y no se presentó con la misma intensidad en todos los participantes.

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. Eso, sin embargo, no significa que la vacuna ya haya demostrado ser eficaz. Precisamente, el objetivo de las siguientes fases será determinar si esa respuesta inmunitaria es suficiente para ofrecer protección frente a la infección.

Para Fanny Casado, docente del Departamento de Ingeniería de la PUCP e investigadora del Instituto de Ciencias Ómicas y Biotecnología Aplicada (ICOBA), lo que queda claro de este ensayo es que “como resultado, el efecto fue modesto; como proceso, el desarrollo es realmente muy innovador”.

La doctora considera que el principal aporte del estudio no está tanto en los resultados obtenidos hasta ahora, sino en haber demostrado que un antígeno diseñado mediante herramientas computacionales pudo superar todas las etapas regulatorias, preclínicas y llegar a probarse por primera vez en personas.

“Lo realmente novedoso no es solo la inteligencia artificial, sino que se haya permitido llevar ese diseño hasta un ensayo clínico en personas”, explica.

Hasta ahora, la inteligencia artificial podía ayudar en el proceso de diseño de una vacuna. Lo novedoso de este estudio es que uno de esos diseños logró superar las pruebas preclínicas y convertirse, por primera vez, en una vacuna experimental evaluada en personas.

Vargas, por su parte, también coincide en este punto al señalar que el reto de entidades regulatorias —como la FDA, la EMA o la agencia reguladora del Reino Unido— ha sido determinar cómo evaluar estas herramientas de inteligencia artificial.

“Lo primero es establecer qué son desde el punto de vista regulatorio y, para ellos, son como dispositivos médicos (*medical devices*). Lo primero es demostrar que la herramienta de inteligencia artificial es válida, que realmente hace lo que dice que hace”, comenta.

En ese sentido, el especialista considera que uno de los aprendizajes que dejó la pandemia es la necesidad de que los países fortalezcan sus capacidades regulatorias para incorporar este tipo de innovaciones. “Lo que sí debemos hacer es estar preparados desde el punto de vista regulatorio. Durante la pandemia no lo estábamos”, afirma.

Vacuna de ADN



Pero la toxicóloga Casado no solo destaca el novedoso uso de la IA en el ensayo, sino que también hace énfasis en la adopción de una vacuna de ADN, la cual contiene instrucciones genéticas para que las células produzcan el antígeno y, con este, desencadenen una respuesta inmunitaria.

“Lo interesante de la inteligencia artificial es que permitió hacer algo que antes no se hacía. Tradicionalmente, una vacuna debía diseñarse sobre algo que ya existiera y hubiera sido demostrado experimentalmente”, comenta a El Comercio.

La doctora explica que las vacunas tradicionalmente se diseñaban a partir de proteínas. La diferencia es que una proteína ya tiene una estructura tridimensional definida, mientras que el ADN contiene únicamente la información para construirla.

“Lo que hizo la IA, y eso me parece realmente interesante, fue tomar esa información lineal del ADN y predecir qué epítomos podrían formarse a partir de las reglas conocidas de plegamiento de las proteínas. En otras palabras, generó computacionalmente una enorme cantidad de posibles epítomos antes de probarlos experimentalmente”.

Las vacunas de ADN durante años se utilizaron sobre todo en veterinaria y existía cautela respecto a su uso masivo en humanos, principalmente por preocupaciones teóricas sobre una posible integración del ADN al genoma.

No obstante, el propio estudio recuerda que ese riesgo es extremadamente bajo y que las evaluaciones regulatorias lo consideran insignificante. Históricamente, sin embargo, esa fue una de las razones por las que su desarrollo avanzó más lentamente.

La principal ventaja de las vacunas de ADN es su estabilidad. A diferencia de otras plataformas, no requieren cadenas de frío extremas para su almacenamiento y transporte, lo que facilita su distribución en zonas remotas o en países con menos recursos. Además, en este ensayo el ADN se administró por vía intradérmica mediante un dispositivo de inyección sin agujas, una tecnología que simplifica la aplicación de la vacuna, elimina los residuos punzocortantes y podría facilitar las campañas de inmunización a gran escala, especialmente en contextos con infraestructura sanitaria limitada.

Fuente: LA NACIÓN. Disponible en <https://n9.cl/kgnpjn>

Vietnam dispondrá de productos tecnológicos estratégicos de vacunas de última generación a partir de 2028

9 jul. En la Cumbre Vietnam-Francia celebrada el 9 de julio, la Compañía de Vacunas de Vietnam (VNVC) y el Grupo Sanofi (Francia) anunciaron una hoja de ruta para la producción de vacunas de próxima generación, un producto tecnológico estratégico nacional, en la Fábrica de Vacunas y Productos Biológicos de la VNVC a partir de 2028, con la previsión de su comercialización a partir de 2029, lo que contribuirá a ampliar el acceso a vacunas de alta calidad a precios más razonables para la población.

La Cumbre Vietnam- Francia , organizada por el Ministerio de Salud vietnamita en colaboración con la Embajada de Francia en Vietnam, se centró en el tema "Fortalecimiento de la cooperación en el despliegue de tecnologías estratégicas y productos tecnológicos estratégicos para el desarrollo de vacunas de próxima generación en Vietnam".

A la conferencia de alto nivel asistieron líderes del Partido, del Estado, del Gobierno y de la Asamblea Nacional; líderes de ministerios y agencias centrales; el Ministerio de Salud de Vietnam; la Embajada de la República de Francia en Vietnam; representantes de la Organización Mundial de la Salud (OMS), el Fondo de las Naciones Unidas para la Infancia (UNICEF); expertos, científicos, el Grupo Farmacéutico Sanofi y la Compañía de Vacunas de Vietnam (VNVC).



Durante su intervención en la conferencia, la Sra. Nguyen Thi Thanh, miembro del Comité Central del Partido Comunista y vicepresidenta de la Asamblea Nacional, afirmó que el desarrollo de tecnología y la producción de vacunas de nueva generación no es solo una tarea del sector sanitario, sino también una cuestión de seguridad sanitaria nacional y desarrollo sostenible.

La Vicepresidenta de la Asamblea Nacional valoró enormemente la cooperación entre Vietnam y Francia, junto con las entidades y empresas pertinentes, para apoyar a Vietnam en el fortalecimiento de su capacidad de investigación y desarrollo de tecnologías y productos tecnológicos estratégicos. Se comprometió a transferir tecnología para la producción de vacunas de última generación, capacitar a recursos humanos altamente cualificados y ayudar a Vietnam a dominar gradualmente dicha tecnología. Asimismo, sugirió que las partes elaboren una hoja de ruta de cooperación clara para crear rápidamente productos para la población; promover el papel del sector privado, con el Estado creando un marco jurídico y desarrollando políticas de contratación pública para crear un mercado sostenible y desarrollar la capacidad tecnológica nacional; invertir en el desarrollo de recursos humanos altamente cualificados; y aspirar a convertir a Vietnam en un centro regional para la investigación, los ensayos clínicos, la producción y la distribución de vacunas de última generación.

Según la ministra de Salud, Dao Hong Lan, tras la pandemia de COVID-19, la seguridad sanitaria se ha convertido en un pilar fundamental de la seguridad nacional y el desarrollo sostenible. Vietnam considera las vacunas de nueva generación un producto tecnológico estratégico. La conferencia contribuye a concretar la cooperación entre Vietnam y Francia en el ámbito de las vacunas, promoviendo modelos eficaces de colaboración público-privada, fortaleciendo la capacidad de producción nacional y con el objetivo de convertir a Vietnam en un centro de producción e innovación de vacunas en la región.

"La participación de organismos reguladores, organizaciones internacionales y empresas nacionales y globales en la conferencia de hoy contribuirá a configurar un enfoque integral y multisectorial para el desarrollo de una producción sólida de vacunas de alta tecnología en Vietnam", declaró la Sra. Dao Hong Lan.

Ayudar a las personas a acceder más rápidamente a las vacunas de última generación.

La producción de vacunas es uno de los campos más exigentes en términos de ciencia, tecnología y gestión de calidad. La investigación y el desarrollo de una nueva vacuna suelen llevar muchos años,

requiriendo importantes recursos, procesos de fabricación especializados y sistemas de pruebas rigurosos.

En la conferencia, VNVC y Sanofi anunciaron nuevos avances en su colaboración para producir las vacunas de alta tecnología de Sanofi en la Fábrica de Vacunas y Productos Biológicos de VNVC. Según la hoja de ruta, Sanofi y VNVC cooperarán en la producción de varias vacunas esenciales con alta demanda para niños y adultos. Se prevé que las primeras vacunas clave de última generación de Sanofi se produzcan en Vietnam a partir de 2028.

A lo largo de los años, VNVC y Sanofi (Francia) han traído a Vietnam y administrado muchas vacunas esenciales de nueva generación para niños y adultos, como la vacuna 6 en 1, la vacuna contra la encefalitis japonesa, la vacuna meningocócica ACYW y la vacuna de anticuerpos monoclonales contra el VRS.

El VNVC también actualizó el progreso de la construcción de la Fábrica de Vacunas y Productos Biológicos del VNVC, así como la lista de vacunas de nueva generación priorizadas para su producción, con el fin de satisfacer la demanda de inmunización de alta calidad para niños y adultos en Vietnam. La fábrica, con una inversión inicial de más de 2.500 millones de VND en un área de más de 26.000 m² en Tay Ninh, tiene como objetivo cumplir con los estándares EU-GMP, WHO-GMP y US FDA, con una capacidad de diseño de aproximadamente 100 millones de dosis por año. Está preparada para satisfacer la expansión del portafolio de vacunas del Programa Nacional de Inmunización, contribuyendo a un mayor acceso de la población a las vacunas de nueva generación con un costo de inversión óptimo.

El complejo de fábricas está orientado a convertirse en un centro de investigación y desarrollo (I+D), a recibir transferencia de tecnología y a dominar gradualmente la tecnología para producir vacunas y productos biológicos de alta tecnología; al mismo tiempo que desarrolla capacidades integrales en investigación, producción, control de calidad, gestión operativa y formación de recursos humanos, contribuyendo al desarrollo de productos tecnológicos estratégicos y mejorando la autosuficiencia en la producción de vacunas.

Se prevé que la planta entre en funcionamiento a finales de 2027, produciendo vacunas a partir de 2028 y comercializando vacunas de nueva generación a partir de 2029.

El Sr. Ngo Chi Dung, Presidente y Director Ejecutivo de VNVC, destacó que las lecciones aprendidas de la pandemia de COVID-19 demuestran la necesidad de que Vietnam invierta con determinación en el desarrollo de su capacidad para investigar y producir vacunas de alta tecnología de manera proactiva. En Vietnam, las políticas estratégicas del Partido y del Estado, la dirección del Gobierno y la orientación del Ministerio de Salud han impulsado a las empresas a invertir con audacia en ciencia, tecnología e innovación, especialmente en el campo de la producción de vacunas de última generación.

"Esperamos que surjan más mecanismos y políticas innovadoras que animen a las empresas a seguir invirtiendo en el desarrollo de productos tecnológicos estratégicos, lo que contribuirá a que la población tenga acceso más temprano a vacunas de alta tecnología a precios más razonables", declaró el Sr. Ngo Chi Dung.

Fuente: VIETNAM.VN. Disponible en <https://n9.cl/rkso3>

La tosferina vuelve a expandirse en Panamá con casos en nueve regiones de salud

9 jul. Panamá mantiene reforzada la vigilancia epidemiológica por tosferina, una enfermedad respiratoria altamente contagiosa que puede parecer al inicio un resfriado común, pero que en bebés, niños pequeños, adultos mayores y personas vulnerables puede evolucionar hacia cuadros graves, hospitalización e incluso la muerte.



Hasta el 6 de julio de 2026, el Ministerio de Salud confirmó 49 casos de tosferina en nueve de las quince regiones sanitarias del país.

La mayor cantidad se reporta en Panamá Metro, con 14 casos; Comarca Ngäbe Buglé, con 13; Panamá Oeste, con 7; Colón, con 6; Chiriquí y San Miguelito, con 3 cada una; mientras que Comarca Guna Yala, Panamá Norte y Panamá Este registran un caso cada una.

La doctora Yadira de Moltó, médico encargada de la vigilancia de enfermedades prevenibles por vacunas, advirtió que este año se reportó una defunción en un menor de un año, asociada a la falta de protección vacunal completa. Por ello, insistió en que la vacunación sigue siendo la principal herramienta para evitar complicaciones.

La tosferina, también conocida como pertussis, es causada por la bacteria *Bordetella pertussis*. Se transmite de persona a persona a través de gotitas respiratorias que se expulsan al toser, estornudar o hablar cerca de otras personas.

El problema es que muchos adultos pueden tener síntomas leves o una tos prolongada sin saber que están infectados, y transmitir la bacteria a bebés que todavía no han completado su esquema de vacunación.

Para las autoridades sanitarias, un solo caso de tos ferina ya representa un brote, porque se trata de una enfermedad prevenible por vacuna. El objetivo de los programas de inmunización es evitar completamente su circulación.

Cuando se confirma un caso, los equipos de salud investigan contactos cercanos y familiares, aplican vacunación cuando corresponde y administran antibióticos para cortar la cadena de transmisión.

El esquema nacional de vacunación contempla la inmunización desde el embarazo. Las mujeres deben recibir la vacuna Tdap durante el último trimestre de gestación para transmitir anticuerpos al bebé antes del nacimiento. Luego, los niños reciben dosis a los 2, 4 y 6 meses, con refuerzos a los 18 meses, 4 años y 10 años.

La lógica es clara: proteger al bebé antes de que pueda desarrollar defensas propias. Como los recién nacidos no reciben su primera dosis hasta los dos meses, dependen inicialmente de la

inmunidad transferida por la madre durante el embarazo y de que las personas a su alrededor no los expongan a la bacteria.

Además de la vacunación, el Minsa reiteró la importancia de aplicar medidas de etiqueta respiratoria: cubrirse la boca y la nariz al toser o estornudar, lavarse las manos con frecuencia y evitar el contacto cercano con bebés, menores de cinco años, adultos mayores o personas vulnerables cuando se tiene tos permanente.

El aumento de casos no significa que Panamá haya perdido el control de la enfermedad, pero sí confirma un riesgo evidente: cuando bajan las coberturas de vacunación o se relaja la vigilancia, enfermedades que parecían casi desaparecidas vuelven a circular.

Fuente: infobae. Disponible en <https://n9.cl/6od4m>

The Prevnar 20 vaccine - Pfizer bets on broader adult pneumonia protection

Jul 11. Prevnar 20 rests in a chilled tray, the small glass vial catching the fluorescent light in a hospital vaccination room while a nurse snaps on blue nitrile gloves. Pfizer's conjugate vaccine for adults focuses on pneumococcal disease, and its label reads 0.5 ml like a precise promise.

"Prevnar 20 now targets 20 pneumococcal serotypes in a single adult vaccine dose. This product is driving the price of Pfizer Inc."

What Prevnar 20 is about

Prevnar 20 is Pfizer's 20-valent pneumococcal conjugate vaccine indicated for adults to help protect against invasive disease and pneumonia caused by 20 *Streptococcus pneumoniae* serotypes. The product builds on the company's long-running Prevnar franchise, expanding coverage beyond earlier formulations.

According to Pfizer's prescribing information, Prevnar 20 includes conjugates for 13 serotypes carried over from Prevnar 13 plus seven additional serotypes of particular clinical relevance in adult disease burden. The formulation uses CRM197 as the carrier protein, a non-toxic variant of diphtheria toxin that helps drive a strong immune response.

How it differs from earlier Prevnar products

The obvious technical shift is from 13-valent to 20-valent coverage, a jump that targets serotypes such as 8, 10A, 11A, 12F, 15B, 22F and 33F, which have been implicated in adult invasive pneumococcal disease and antibiotic-resistant strains. This broadened spectrum aims to close gaps identified in epidemiological surveillance over the past decade.

From a practical standpoint, Prevnar 20 lets physicians protect adults against more strains in a single conjugate shot rather than sequencing multiple vaccines. That matters in busy primary care clinics and hospital outpatient wards, where doctors and pharmacists want to keep the immunization schedule as simple as possible while matching guideline coverage.

Manufacturing and cold-chain reality

Pneumococcal conjugate vaccines are not simple mixtures, and Prevnar 20 is no exception. Each of the 20 serotypes must be cultured, purified, chemically conjugated to the carrier protein, and precisely

quantified, a process that Pfizer runs in large-scale biologics facilities. Batch consistency is critical because regulators demand tight control over antigen content and safety profiles.

Like many injectable vaccines, Prevnar 20 requires refrigeration at 2 to 8 degrees Celsius. In a provincial clinic storage room, the carton is just another white box beside influenza and COVID vials, but behind that mundane scene sits a global cold chain moving pallets from Pfizer's plants to wholesaler depots and on to pharmacies and practices.

Safety profile and tolerability

The safety section of the US prescribing information lists local reactions such as injection-site pain, redness, and swelling among the most frequent adverse events, along with systemic reactions like fatigue and headache. Most events are mild to moderate and resolve within a few days, as is common with adult vaccines.

Serious adverse events were infrequent in clinical trials, and the data were sufficient for regulatory authorities to grant approval in major markets. Pharmacovigilance systems continue collecting real-world safety data, and periodic safety updates are submitted by Pfizer to regulators such as the FDA and EMA, reflecting ongoing monitoring rather than a static snapshot.

Regulatory approvals and geography

Prevnar 20 has received approval from the US Food and Drug Administration for adult use and is marketed under that name in the United States. In the European Union, the European Medicines Agency has also cleared Pfizer's 20-valent pneumococcal conjugate vaccine for adult indications, though local brand names and reimbursement conditions can vary by country.

Many national immunization technical advisory groups have evaluated the vaccine's cost-effectiveness and epidemiological impact, feeding their assessments into adult vaccination guidelines. That process means the product's reach is uneven: high-income markets with strong adult vaccination programs tend to integrate Prevnar 20 more quickly than systems with limited funding or lower adult vaccine uptake.

Revenue role in Pfizer's portfolio

In company presentations and earnings calls, Pfizer management, including CEO Albert Bourla, often highlights vaccines as a stabilizing pillar of the business beyond the COVID segment. The Prevnar franchise, anchored by adult and pediatric pneumococcal vaccines, contributes steady, recurring revenue driven by guideline-based demand rather than direct-to-consumer marketing.

Prevnar 20 is part of that franchise's evolution: as older formulations reach maturity, broader-valent products help defend market share against competitors and justify updated pricing, subject of course to payer negotiations. For institutional investors, the product sits in the spreadsheet under "pneumococcal vaccines" but the story is about long-duration cash flows tied to immunization recommendations.

Pricing, reimbursement and target groups

Publicly available US pricing data and CDC contract lists indicate that pneumococcal conjugate vaccines occupy the higher end of adult vaccine price ranges, reflecting manufacturing complexity

and disease burden. Commercial prices can differ from public program contract prices, and individual co-pays depend on insurance design, but older adults under Medicare in the US often see coverage integrated into preventive-care benefits.

The core target group for Prevnar 20 consists of adults, particularly those aged 65 and above and people with chronic medical conditions that increase pneumococcal disease risk, such as chronic heart or lung disease and diabetes. Occupational health services and hospital discharge planners also use the vaccine for specific risk populations, for example patients leaving hospital after severe respiratory infections.

Competition and landscape

Pneumococcal vaccines are a competitive space. Other manufacturers have launched their own conjugate products targeting overlapping sets of serotypes, and polysaccharide vaccines remain in use for certain indications. Health authorities weigh comparative data on immunogenicity, serotype coverage, and programmatic feasibility when setting guidelines.

For Pfizer, Prevnar 20 must defend and extend its position against these alternatives. Broader-valent coverage and established manufacturing capacity help, but pricing pressure from payers and tender competition in public programs are real constraints. The balance between coverage advantages, budget impact, and logistics ultimately determines how widely the vaccine is deployed.

Stock context and investor view

From an equity perspective, Prevnar 20 does not dominate headlines in the way COVID products did but acts as a quiet contributor to Pfizer's vaccines segment, underpinning recurring revenue linked to population aging and guideline adoption. On Xetra, Pfizer Inc. stock trades as an American depositary receipt quoted in euro, reflecting investor expectations for sustained, if unspectacular, cash flows from mature vaccine franchises.

Prevnar 20 by Pfizer Inc. at a glance

- Product: Prevnar 20
- Manufacturer: Pfizer Inc.
- Category: B2B/Pro line adult vaccine
- Market launch: FDA approval for adults in 2021
- MSRP / Price: Pricing varies by market and contract; US public program prices are at the higher end of adult vaccine ranges
- Availability: Available in the United States and multiple international markets through healthcare providers, pharmacies, and vaccination programs
- Target group: Adults, especially those aged 65 and above and adults with certain chronic or risk conditions for pneumococcal disease
- Highlight / USP: 20-valent pneumococcal conjugate coverage in a single adult dose

Fuente: AD HOC NEWS. Disponible en <https://n9.cl/n21wjh>

Vacunas en parche, sin inyecciones y sin refrigeración

12 jul. Las vacunas son medicamentos delicados, y en muchos casos se deben conservar en frío, o se descomponen. Esto dificulta su distribución en países pobres, por ejemplo, donde puede ser imposible mantener la temperatura.

La cadena de frío es uno de los mayores obstáculos para la distribución global de las vacunas de ARNm. Las vacunas contra la COVID-19 de esta tecnología requerían



almacenarse a temperaturas de hasta -70°C , una exigencia que cierra la puerta a gran parte del planeta. Incluso con las formulaciones más modernas, que se mantienen a temperaturas de nevera convencional, el transporte y el mantenimiento en condiciones siguen siendo un reto logístico y económico en países de renta baja. Un parche de vacuna que se pudiera guardar en un cajón a temperatura ambiente y aplicar sin jeringuilla cambiaría radicalmente la ecuación. El nuevo estudio de RMIT, MIT y Harvard da un paso concreto hacia ese objetivo.

Por qué secar las nanopartículas de ARNm es un problema difícil

Las vacunas de ARNm funcionan gracias a las nanopartículas lipídicas (LNP), esferas microscópicas hechas de lípidos que encapsulan el ARNm y lo transportan al interior de las células sin que las enzimas del organismo lo destruyan antes. Esas partículas son frágiles. Son estables en suspensión acuosa mantenida fría, pero cuando se intenta secarlas para incluirlas en un parche de microagujas, el proceso puede dañarlas: las membranas lipídicas pueden fusionarse, colapsar o reorganizarse de formas que destruyen su capacidad de proteger el ARNm y liberar su contenido una vez dentro del organismo.

Los parches de microagujas están fabricados con un polímero disolvente en el que se incrustan cientos de puntas microscópicas que penetran la capa superficial de la piel, demasiado finas para llegar a los nervios y demasiado eficientes para no depositar su contenido en la epidermis. El desafío es conseguir que las nanopartículas sobrevivan al proceso de secado en ese polímero y luego a la redisolución cuando el parche entra en contacto con la piel.

Lo que el estudio identificó sobre la supervivencia de las nanopartículas

El equipo liderado por el Dr. Brendan Dyett (RMIT) usó técnicas avanzadas de imagen y rayos X para observar las nanopartículas antes del secado, durante el proceso y después de la rehidratación, lo que permitió ver directamente cómo cambiaban su estructura a lo largo del ciclo.

Los resultados mostraron que dos factores determinan de forma crítica cuánto se preservan las nanopartículas: el diseño interno de la propia nanopartícula y la cantidad de polímero presente en el material del parche. Variando esas dos condiciones, el equipo pudo identificar cuáles favorecen que las partículas mantengan su estructura y su actividad biológica tras secar y redisolverse, lo que proporciona una guía de diseño concreta para futuras formulaciones de parches secos de ARNm.

"Nuestro estudio ayuda a explicar cómo responden las partículas portadoras de ARNm al secado y la rehidratación, lo que es un paso importante hacia el diseño de futuros parches de vacuna más estables y prácticos de distribuir", señaló Dyett.

Por qué el problema importa más allá de las vacunas

Los parches de microagujas no tienen interés exclusivamente para la vacunación. El mismo formato podría aplicarse a otros medicamentos de ARNm que están en desarrollo para el tratamiento del cáncer, enfermedades genéticas raras y otras condiciones en las que el ARNm se usa para instruir a las células del paciente a producir proteínas terapéuticas. Si el problema de la estabilidad en seco se resuelve para las vacunas, la misma solución podría transferirse a esa clase de terapias.

El contexto global añade urgencia a la investigación. Según la OMS y UNICEF, en 2024 unos 14,3 millones de niños en el mundo no recibieron ninguna vacuna, en gran parte por las dificultades logísticas de distribución en entornos de recursos limitados. Un parche de vacuna de ARNm estable a temperatura ambiente, sin jeringuilla y sin formación especializada para aplicarlo, representaría un cambio de acceso de enorme magnitud.

El Distinguished Professor Calum Drummond AO, investigador principal de RMIT, resumió la dirección del trabajo: "Esta investigación ayuda a construir los cimientos para parches de microagujas que puedan hacer las vacunas y terapias avanzadas más sencillas de usar y más fáciles de acceder. El objetivo a largo plazo es apoyar tecnologías que no solo sean eficaces, sino prácticas para los lugares y comunidades que más las necesitan."

Los próximos pasos

El estudio actual identifica las condiciones de formulación más prometedoras, pero no mide todavía la respuesta inmunitaria en animales ni en humanos. Los próximos pasos incluyen optimizar las formulaciones de nanopartículas y parche identificadas, probar cómo ese diseño se traduce en respuesta inmune real y explorar si el mismo enfoque puede aplicarse a otros medicamentos de ARNm. Es una prueba de concepto técnica con una hoja de ruta clara hacia la validación preclínica y clínica.

Fuente: Quo. Disponible en <https://n9.cl/vycch>

Accelerating outbreak clinical trials: How CEPI and PATH assessed AI to speed protocol development

Jul 13. When an outbreak hits, time lost to paperwork can mean time lost to response. CEPI's 100 Days Mission calls for compressing every step of vaccine R&D, starting with faster, regulator-ready clinical trial protocols and essential documents.

In late 2025, CEPI and PATH began working on a simple question with big implications for outbreak response: Could market-ready artificial intelligence (AI) help teams draft high-quality, compliant clinical trial protocols faster, without sacrificing scientific rigor or usability?

For CEPI's 100 Days Mission, shortening protocol timelines could mean starting trials sooner. For PATH, it was an opportunity to test emerging tools against real-world clinical research requirements. The partnership agreed early on not to begin with a pilot. Instead, CEPI and PATH structured this

project as a decision-support effort: define what “good” looks like, invite the market to respond, and then test claims in a way that would withstand scrutiny from clinical, technical, and regulatory perspectives.

Starting with evidence

The work began with groundwork that often gets skipped in fast-moving technology projects. PATH analyzed peer-reviewed and gray literature (2019–2025) to understand how AI-enabled documentation tools have been evaluated and where the evidence is thin for protocol-specific use.

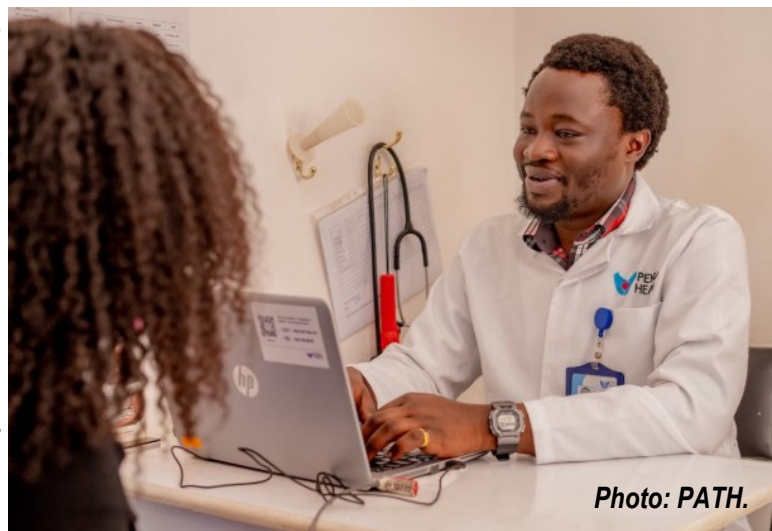


Photo: PATH.

In parallel, CEPI and PATH mapped the real workflow for protocol and essential document development, aligning it with the International Council for Harmonisation (ICH) E6 (R3) Good Clinical Practice guideline, a globally recognized standard that helps ensure clinical trials are scientifically sound, ethically conducted, and acceptable to regulators across multiple jurisdictions. We also aligned with CEPI expectations and common regulatory requirements, including U.S Food and Drug Administration (FDA) Investigational New Drug (IND) requirements and National Institutes of Health (NIH)-funded trial needs.

By grounding the workflow in these internationally accepted standards and regulatory expectations, the team ensured that the evaluation framework reflected the practical realities of developing protocols that can support high-quality, compliant clinical research. That combination of evidence review and process mapping became the backbone of a practical scorecard for judging tools on quality, compliance, usability, and implementation readiness.

From the outset, CEPI and PATH assessed tools across five lenses: technical performance, regulatory compliance, document quality, usability in real trial workflows, and implementation readiness (including security and suitability for low-resource settings).

With the evaluation approach in place, the project moved from theory to the market.

Opening the door to the market

In December 2025, CEPI and PATH published a global Expression of Interest, inviting market-ready “AI-for-protocols” solutions and requesting comparable information across vendors about tool capabilities, evidence of use, governance, and practical constraints such as cost and licensing.

To support broad participation, the Expression of Interest was shared through CEPI and PATH channels and accompanied by an informational webinar. When vendors requested more time, the submission window was extended to ensure a competitive and diverse response.

By the final deadline, ten proposals had been received, enough to confirm that the AI-for-protocols market is not only active but also varied in maturity and evidence. Participating vendors included Verily, Emmes Group-Veridix, Risklick, Kitsa, EpiDriver, Synterex, Izertis, and Saama, among others.

Fuente: PATH. Disponible en <https://n9.cl/ch9j9>

OMS y UNICEF alertan que 13.5 millones de niños no recibieron ninguna vacuna en 2025

15 jul. La cobertura mundial de vacunación infantil mejoró ligeramente en 2025, pero todavía no alcanza el nivel necesario para proteger a todos los niños frente a enfermedades prevenibles.

Las nuevas estimaciones de la Organización Mundial de la Salud y UNICEF muestran que el 90 % de los lactantes recibió al menos una dosis de la vacuna contra la difteria, el tétanos y la tosferina, conocida como DTP. El 85 % completó las tres dosis recomendadas.

La cifra marca una recuperación parcial frente al impacto que dejó la pandemia de COVID-19 en los programas rutinarios de inmunización. Sin embargo, el avance sigue siendo insuficiente.

En 2025, 13.5 millones de niños no recibieron ninguna vacuna. Son los llamados niños “cero dosis”, una categoría que suele usarse para medir quiénes están completamente fuera del alcance de los servicios de inmunización. La cifra representa una mejora frente a 2024, cuando había 14.2 millones de niños sin ninguna vacuna.

Pero sigue siendo peor que en 2019, el año de referencia de la Agenda de Inmunización 2030. Desde entonces, el número de niños cero dosis aumentó en unas 674,000 personas. El objetivo global es reducir a la mitad el número de niños sin ninguna dosis para 2030.

Para seguir encaminado, el mundo debía llegar en 2025 a unos 9.6 millones de niños cero dosis. En cambio, cerró el año con 13.5 millones. Eso deja una brecha de casi 4 millones de niños frente a la trayectoria esperada. El retraso preocupa porque la vacunación infantil es una de las intervenciones de salud pública más eficaces y costo-efectivas.

UNICEF estima que la inmunización evita unos 4.4 millones de muertes cada año. Pero ese beneficio depende de que las vacunas lleguen a tiempo, de forma sostenida y con cobertura suficiente. Los datos muestran que el problema no es solo cuántos niños reciben vacunas, sino quiénes quedan fuera.

OMS y UNICEF advierten que los países afectados por fragilidad, conflicto o violencia concentran una proporción desproporcionada de niños sin vacunar.

Según Reuters, más de la mitad de los niños completamente no vacunados viven en países afectados por conflictos, aunque esos territorios representan alrededor de un tercio de los nacimientos mundiales.

UNICEF también reporta que alrededor de 7.8 millones de niños no vacunados o subvacunados viven en 24 países con fragilidad, conflicto o violencia.

En esos entornos, los servicios de salud pueden quedar interrumpidos por desplazamientos, inseguridad, falta de personal, destrucción de infraestructura, escasez de insumos o dificultades para llegar a comunidades remotas. El resultado es una doble vulnerabilidad.



Los niños tienen más riesgo de exposición a brotes y menos acceso a vacunación, atención médica, agua segura y nutrición adecuada.

Nigeria, República Democrática del Congo, Yemen, India, Indonesia, Etiopía, Afganistán, Pakistán y Angola concentran más de la mitad de los niños cero dosis del mundo.

Nigeria fue señalada como el país con mayor número de niños sin vacunar en 2025.

Yemen, además, registró una de las coberturas más bajas de DTP1, un indicador clave de acceso inicial a los programas de inmunización.

La primera dosis de DTP funciona como una señal de entrada al sistema. Cuando un niño no recibe DTP1, probablemente tampoco ha tenido contacto efectivo con otros servicios básicos de vacunación.

En 2025, la cobertura de DTP1 osciló de 49 % en países como Papúa Nueva Guinea y Yemen a 99 % en 41 países. Esa diferencia muestra una brecha enorme entre sistemas capaces de llegar casi a todos los niños y otros que no logran alcanzar ni a la mitad.

La cobertura con la tercera dosis de DTP también revela desigualdades. A escala global fue de 85 %. Pero la meta de la Agenda de Inmunización 2030 es alcanzar 90 %. En 2025, solo 107 países lograron al menos 90 % de cobertura de DTP3. En 2019, eran 124 países.

Eso significa que, aunque hay recuperación, menos países están alcanzando el estándar global que antes de la pandemia.

La región de Asia Meridional registró la cobertura más alta de DTP3, con 92 %. África Occidental y Central tuvo la más baja, con 71 %. América Latina y el Caribe y Asia Meridional lograron superar sus niveles prepandémicos de DTP3, mientras Oriente Medio y Norte de África y Europa y Asia Central siguieron más rezagadas frente a 2019.

La vacunación contra el sarampión es otro punto crítico. El sarampión es tan contagioso que funciona como una señal temprana de fallas en la inmunidad colectiva. Cuando baja la cobertura, los brotes aparecen rápidamente.

En 2025, la cobertura mundial con la primera dosis de vacuna contra el sarampión aumentó a 86 %. Aun así, 19 millones de niños no recibieron esa primera dosis.

La cobertura sigue por debajo del 95 % necesario para prevenir brotes y avanzar hacia metas de eliminación.

Esto explica por qué la OMS ya observa señales de alarma en forma de más brotes de sarampión, difteria y cólera.

Kate O'Brien, directora del Departamento de Inmunización, Vacunas y Productos Biológicos de la OMS, advirtió que hay "grietas" reales en el sistema de inmunización y riesgos mayores por venir. Uno de esos riesgos es la reducción de financiación externa.

Reuters reportó que los recortes globales iniciados en 2025 todavía no se reflejan completamente en los datos, pero generan preocupación para 2026.

La inmunización rutinaria depende de cadenas de frío, personal sanitario, transporte, campañas comunitarias, vigilancia epidemiológica, compra de vacunas y sistemas de información.

Cuando se reduce la financiación, el impacto puede aparecer meses después, pero puede ser profundo.

Ephrem Lemango, jefe global de inmunización de UNICEF, advirtió que los avances celebrados ahora son frágiles y pueden erosionarse con facilidad. Esa fragilidad es especialmente preocupante porque muchos países aún están intentando cerrar brechas acumuladas desde la pandemia.

Los datos también muestran avances.

La vacuna contra el virus del papiloma humano, que ayuda a prevenir el cáncer cervicouterino, siguió expandiéndose. Para finales de 2025, 162 países habían introducido la vacuna contra el VPH en sus programas. El 33 % de las niñas recibió al menos una dosis y el 31 % completó el esquema final. La cobertura sigue siendo baja, pero aumentó frente a 2024.

UNICEF señala que la expansión de la vacuna contra el VPH es especialmente importante en países con alta carga de cáncer cervicouterino.

También hubo crecimiento en la introducción de vacunas contra neumococo y rotavirus. En 2025, 167 países incorporaban la vacuna neumocócica conjugada, siete más que en 2024. Y 138 países incluían la vacuna contra rotavirus, nueve más que el año anterior.

Estas vacunas ayudan a prevenir neumonía y diarrea, dos causas importantes de enfermedad y muerte infantil. Sin embargo, la introducción de vacunas no garantiza cobertura universal. Un país puede tener una vacuna en su calendario y aun así dejar sin protección a miles o millones de niños si los servicios no llegan a las comunidades.

Por eso, OMS y UNICEF insisten en reforzar los sistemas de inmunización.

La recuperación no puede limitarse a comprar dosis. También requiere identificar a los niños no vacunados, mejorar registros, fortalecer atención primaria, sostener campañas comunitarias, combatir la desinformación, garantizar cadenas de frío y llegar a zonas rurales, fronterizas, urbanas marginales y afectadas por violencia.

La meta de la Agenda de Inmunización 2030 sigue siendo ambiciosa.

Reducir a la mitad los niños cero dosis para 2030 implica acelerar el ritmo de avance.

La mejora de 2025 muestra que es posible recuperar terreno.

Pero el mundo aún no avanza con la velocidad necesaria.

La diferencia entre una recuperación parcial y una recuperación real se medirá en niños concretos.

Niños que reciben la primera dosis.

Niños que completan esquemas.

Niños protegidos contra sarampión, difteria, tosferina, neumonía, diarrea por rotavirus y cáncer cervicouterino en el futuro.

El mensaje de OMS y UNICEF es claro: la inmunización infantil está mejorando, pero no lo suficiente. Y mientras millones de niños sigan fuera del sistema, los brotes seguirán siendo una amenaza para comunidades enteras.

Fuente: DIARIO DE SALUD. Disponible en <https://n9.cl/3kcxlc>

The state of global immunisation in eight charts

Jul 15. The latest WHO and UNICEF estimates suggest immunisation coverage is improving, particularly in lower-income countries.

One of the clearest snapshots of childhood immunisation was released today, offering fresh insights into the health of the world's children.

Published each year by the World Health Organization and UNICEF, the WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) track how many children received routine vaccines against diseases such as measles, tetanus and polio in 2025.

The latest estimates reveal where progress is being made, while highlighting where children are still being left behind.

Here are eight key takeaways from the data, with a particular focus on lower-income countries:

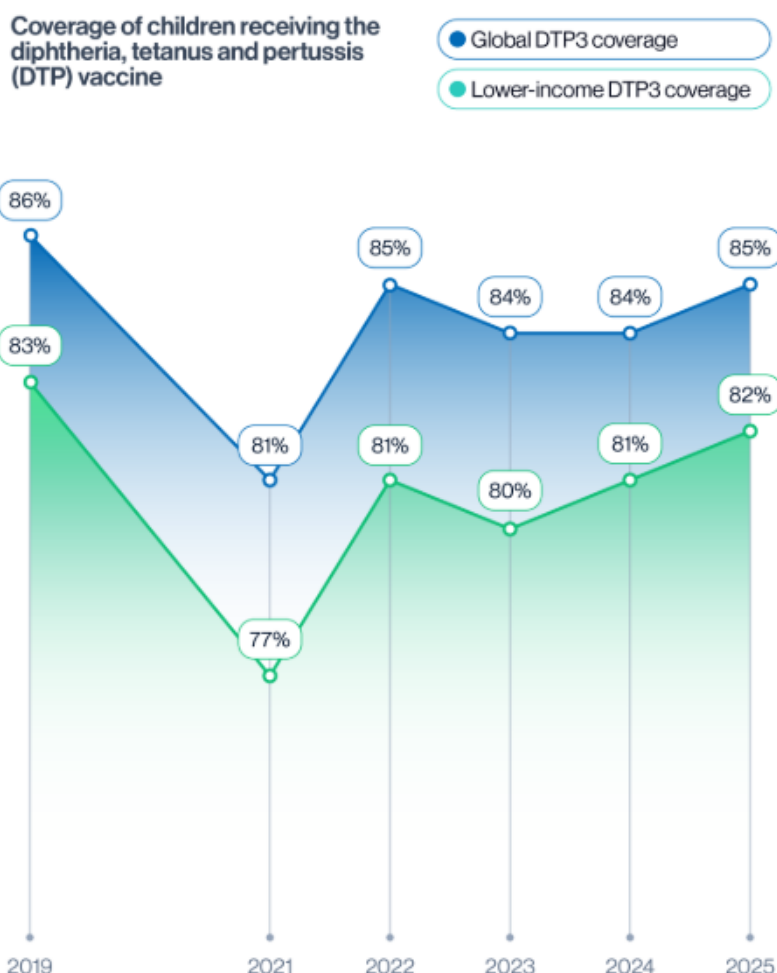
1. Basic immunisation coverage is rising

Globally, the proportion of children receiving three doses of diphtheria, tetanus and pertussis-containing (DTP3) vaccine – a key indicator of countries' ability to consistently deliver essential childhood vaccinations – is increasing.

Global DTP3 coverage reached 85% in 2025, almost recovering to its pre-pandemic level. Protection with a critical first dose of the diphtheria-tetanus-pertussis vaccine (DTP1) has also increased to 90%.

The same trend can be seen in lower-income countries supported by Gavi, the Vaccine Alliance. Gavi currently supports vaccination programmes in 57 countries, with eligibility based primarily on national income. Average DTP3 coverage across these countries reached 83% in 2025, just below its pre-pandemic level, while more than half had already matched or exceeded their 2019 coverage. Protection with a first dose of DTP vaccine increased one percentage point to 88% in 2025, the same level as 2019.

These achievements are remarkable given the disruption caused by COVID-19, the growing number of outbreaks straining health systems and rising birth cohorts in many lower-income countries, which means they must vaccinate more children each year simply to maintain coverage.



2. Basic immunisation coverage has also increased in fragile and conflict-affected countries

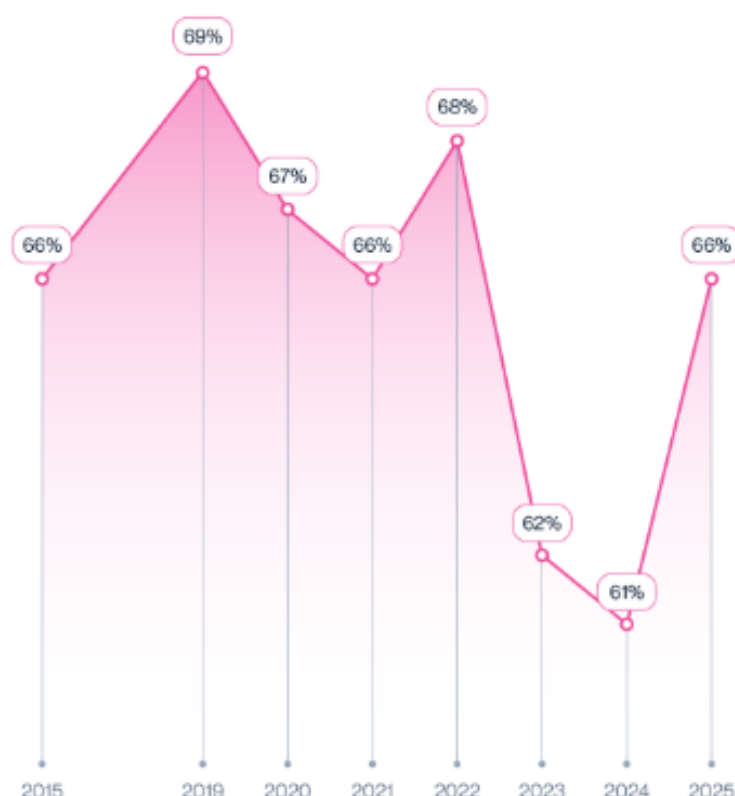
Routine immunisation programmes are particularly vulnerable to disruption in fragile and conflict-affected settings, where insecurity, displacement, damaged health settings and often rapidly growing birth cohorts make it harder to reach every child.

Even so, DTP3 coverage across 12 countries classified as experiencing fragility and conflict increased by five percentage points in 2025, reaching 66%. Sudan recorded the largest improvement, with coverage rising by 32 percentage points.

Coverage also increased in six other countries: the Central African Republic (+4 percentage points), Chad (+3), Somalia (+2), Mali (+1), Niger (+1) and Papua New Guinea (+1).

However, Syria experienced a 13-percentage-point decline from 2024 to 2025, while coverage in Yemen (-3 percentage points), Afghanistan (-2) and Haiti (-2) also declined.

Basic immunisation coverage in fragile and conflict-affected lower-income countries



3. The number of zero-dose children has fallen, but there's still a long way to go

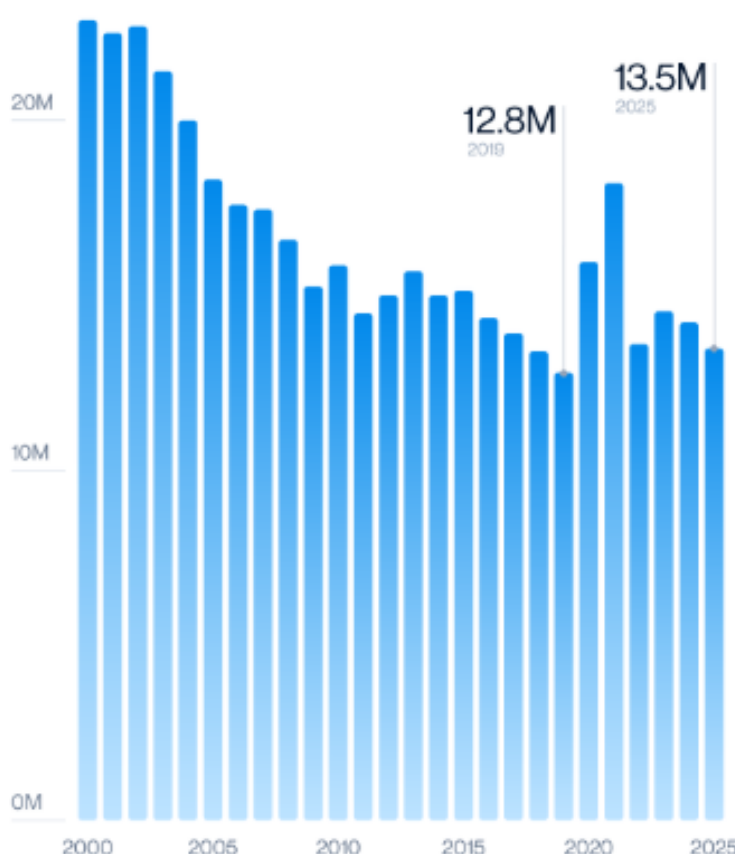
In 2025, an estimated 13.5 million children globally did not receive even a first dose of a diphtheria, tetanus and pertussis-containing vaccine during their first year of life, meaning they were missed by routine immunisation services.

Although the number of these so-called zero-dose children fell from 14.2 million in 2024, it remains higher than before the COVID-19 pandemic.

Around 70% of the world's zero-dose children live in lower-income countries supported by Gavi. Their number fell by 640,000 in 2025 to 9.5 million, largely driven by improvements in coverage in populous countries including Sudan, Ethiopia and India.

This accounted for 85% of the global reduction and brought the total in Gavi-supported countries close to its pre-pandemic (2019) level of 9.1 million.

Number of zero-dose children worldwide



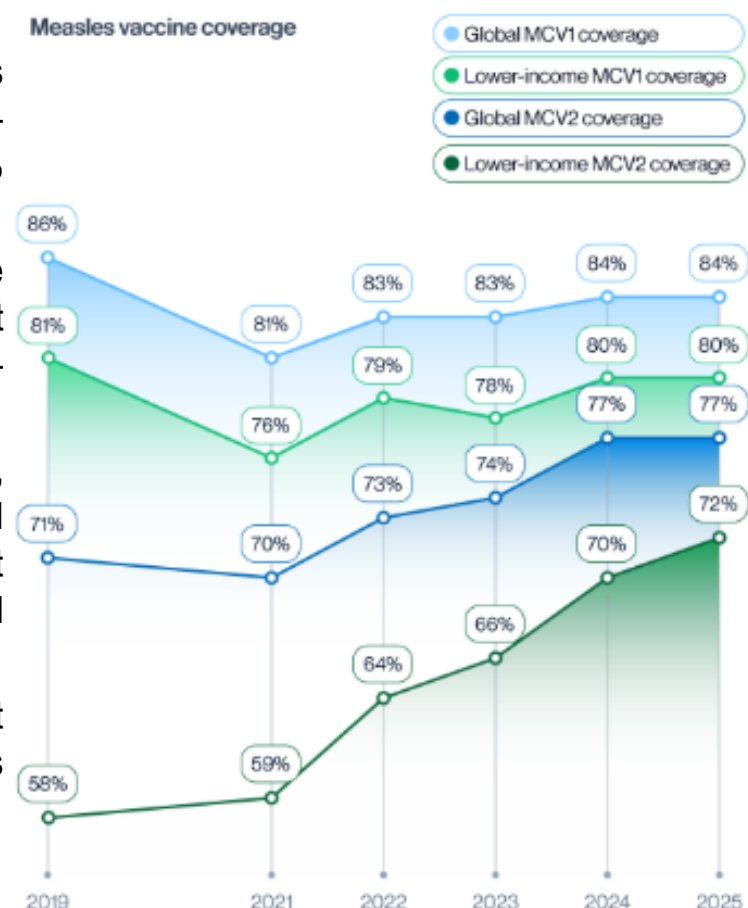
4. First-dose measles coverage has stalled, but second-dose coverage in lower-income countries is improving

Globally, coverage with a first dose of measles vaccine (MCV1) is still struggling to recover to its pre-pandemic level of 86% and remained steady at 84% in 2025.

However, coverage with a second measles vaccine dose (MCV2) continues to improve, as countries that recently introduced this dose strengthen their second-year-of-life programmes.

In lower-income countries supported by Gavi, coverage with a first dose of measles vaccine held steady at 80% and is now just one percentage point off pre-pandemic levels. Coverage with a second dose rose to 72% in 2025.

Despite these gains, most countries remain well short of the 95% coverage with two doses of measles vaccine needed to prevent outbreaks.



5. High measles vaccination coverage is the best way to prevent large outbreaks

The link between high measles vaccination coverage and fewer outbreaks is clear.

Countries that have avoided large or disruptive measles outbreaks over the past five years have consistently achieved higher coverage than the 97 countries that have experienced them.



6. Protection against multiple vaccine-preventable diseases in lower-income countries is approaching levels seen in wealthier ones

Children in lower-income countries are now, on average, as well protected against multiple vaccine-preventable diseases as those in the rest of the world.

Average coverage across the full range of Gavi-supported vaccines (a measure known as breadth of protection) reached 65% in 2025, matching the rest of the world for the first time.

This represents a 16-percentage-point increase since 2019, driven largely by the introduction and scale-up of new vaccines.



7. The global roll-out of HPV vaccines to prevent cervical cancer continues to gather pace

The roll-out of the HPV vaccine, which protects against cervical cancer, continues to accelerate.

Globally, around 65% of adolescent girls now have the opportunity to be vaccinated against HPV through their country's routine immunisation programme, with 15 new introductions in 2025. HPV vaccine coverage has also increased, with roughly a third (33%) of adolescent girls in countries that have access to the vaccine receiving at least one dose during 2025.

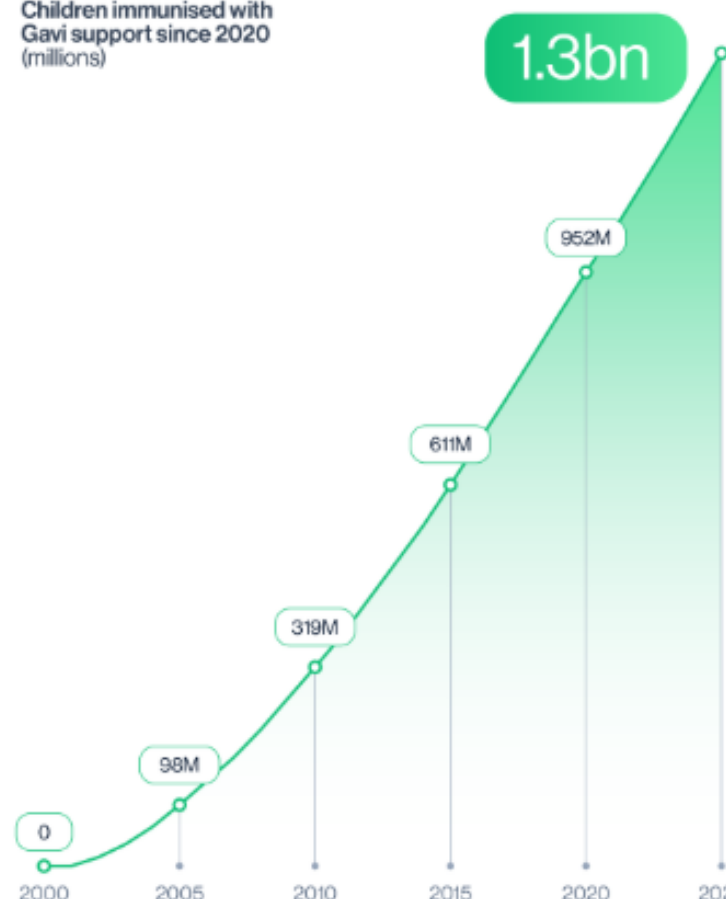
In lower-income countries supported by Gavi, the total protected with the HPV vaccine is now 95 million, with 79 million vaccinated in the past three years alone. In these countries, coverage with a first dose currently stands at 29%.



8. More children are also being immunised in lower-income countries than ever before

Since 2000, lower-income countries have immunised more than 1.3 billion children with Gavi-supported vaccines. From 2021-25 alone, more than 351 million children were immunised.

Children immunised with Gavi support since 2020 (millions)



Fuente: GAVI. Disponible en <https://n9.cl/vpf8q8>

La vacuna ARVAC hecha en Argentina entra a la OPS para abastecer con una estrategia COVID segura y eficaz a los países de la region

16 jul. En un continente donde la espera por vacunas siempre fue una carrera contra el reloj y la distancia, ARVAC marca el momento en que América Latina deja de depender de soluciones ajenas y toma en sus manos la llave de su propia protección: una vacuna nacida en laboratorios locales, pensada para los desafíos y realidades de la región, que transforma la inmunización en un acto de soberanía y colaboración científica.

La Organización Panamericana de la Salud (OPS) aprobó ahora la inclusión de la vacuna COVID de Cassará en su Fondo Rotatorio, permitiendo a los países de América Latina y el Caribe acceder por primera vez a una vacuna producida íntegramente en la región, basada en tecnología proteica de última generación. La decisión marca un punto de inflexión en la etapa pospandémica, al ofrecer a los sistemas de Salud una opción local con alta eficacia, bajo perfil de efectos adversos y ventajas logísticas inéditas frente a las vacunas de emergencia importadas.

Desde 2026, la OPS habilita la adquisición de la vacuna ARVAC, desarrollada por Cassará en Argentina, como parte de su estrategia para reducir la dependencia de insumos médicos críticos

“La compra de la vacuna por el Fondo Rotatorio del organismo sanitario, desarrollada por el Conicet y la UNSAM, y producida en escala por el Laboratorio Cassará, marca un punto de inflexión en la estrategia de plataforma proteica para la COVID-19.”

provenientes de fuera del continente. Según el listado oficial de precios, la vacuna figura con la oferta más competitiva, tanto en presentaciones monodosis como multidosis, consolidándose como alternativa local para los programas nacionales de inmunización.

La vacuna ARVAC representa una de las primeras adaptaciones proteicas a las variantes circulantes actuales de COVID. Sus ensayos clínicos, publicados en revistas como *Nature Communications* y *Vaccine*, muestran una respuesta inmunológica robusta, en particular en adultos mayores y personas con factores de riesgo como afecciones cardíacas, respiratorias o diabetes. A diferencia de las vacunas de ARN, que provocan efectos adversos en más del 50 % de los vacunados —dolor de cabeza, fatiga, dolores articulares y musculares, entre otros—, ARVAC destaca por su muy baja reactogenicidad.

Jorge Cassará, presidente de la Fundación Cassará y director del Laboratorio, dijo a Infobae tras la mencionada y destacada publicación, que “no son muchos los países que pueden diseñar, desarrollar y producir vacunas innovadoras. Este es un nuevo hito de un proyecto interdisciplinario de más de veinte instituciones públicas y privadas y constituye un ejemplo de lo que se puede lograr en Argentina cuando se trabaja en equipo”.

El desarrollo de ARVAC no solo es innovador desde el punto de vista científico, sino también por su modelo de producción. Involucró la labor conjunta de más de 500 profesionales de 20 instituciones diferentes en Argentina, consolidando un paradigma de colaboración público-privada para la fabricación de biológicos de alta complejidad. Desde la perspectiva de la OPS, tal enfoque reduce de manera tangible la exposición a problemas de abastecimiento, fenómeno que quedó expuesto durante los momentos críticos de la pandemia.



Vacuna argentina contra el Coronavirus - ARVAC CECILIA GRIERSON

 Diseñada para los refuerzos y adaptada a las nuevas variantes del SARS-CoV-2	 Almacenamiento 2° C a 8° C Temperatura heladera	 FASE 1 80 voluntarios SEGURIDAD E INMUNOGENICIDAD ARVAC es segura y además aumenta hasta 30 veces los anticuerpos neutralizantes contra distintas variantes del virus, incluyendo Ómicron.
 Desarrollada en el país por investigadores de la UNSAM y del CONICET en conjunto con la Fundación y el Laboratorio Cassará	 Inicio del desarrollo junio del 2020. Financiamiento: Público (Ministerio de Ciencia, Tecnología e Innovación) y privado (Laboratorio Cassará)	 HITO Es la primera vez que una vacuna preventiva de enfermedades infecciosas diseñada y desarrollada integralmente en Argentina completó los estudios clínicos de Fase I.



“La disponibilidad de una vacuna COVID de tecnología segura y de muy baja reactogenicidad como la vacuna de Cassará ARVAC, representa una oportunidad estratégica para recuperar la confianza en vacunas y mejorar las coberturas de vacunación”, puntualizó el doctor Marcelo Corti, integrante de

la Academia Nacional de Medicina de Argentina.

El especialista advirtió que el malestar producido por las vacunas de ARN fue, según una revisión publicada en *The Lancet* el 30 de junio de 2026, un factor determinante del abandono de los esquemas de vacunación anual. “El temor a experimentar este malestar físico de las vacunas ARN frena la intención de vacunarse, lo que resalta la importancia de contar con plataformas tradicionales de bajos efectos adversos como la vacuna ARVAC de Cassará”, afirmó Corti.

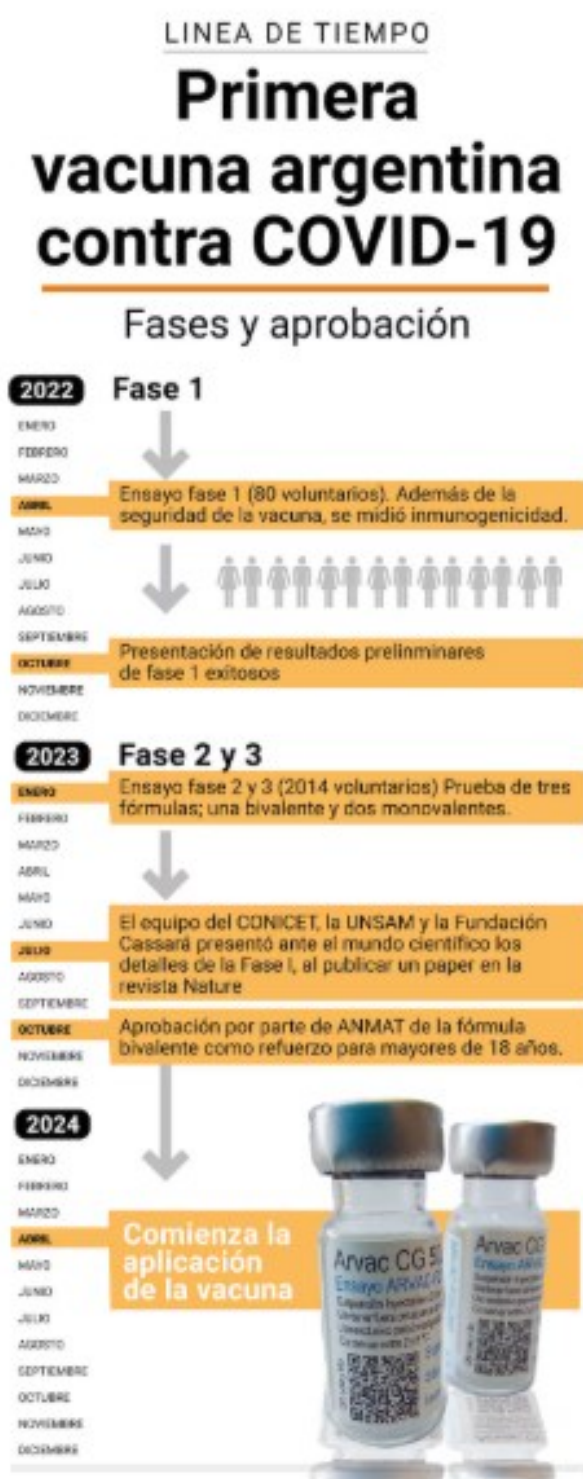
Pero el giro más relevante que introduce la vacuna de Cassará radica en su diseño para los desafíos prácticos de la epidemiología regional. La ARVAC se presenta en forma líquida lista para usar y está disponible en versión monodosis, lo cual reduce los desperdicios hasta en 80 % frente a las presentaciones multidosis habituales de las vacunas importadas.

Además, a diferencia de las vacunas de ARN mensajero que requieren temperaturas de hasta -80 °C (-112 °F), la vacuna de Cassará se conserva en heladeras convencionales, entre 2-8 °C, manteniendo su vigencia durante 24 meses; un salto logístico sobre las 10 semanas de estabilidad que ofrecen las opciones de emergencia una vez descongeladas.

Esta extensión de la vida útil transforma la flexibilidad operativa de las campañas de vacunación, facilitando el acceso en zonas rurales o periféricas, donde el equipamiento de cadena de frío es limitado. Al tratarse de un producto regional, la ARVAC se distribuye con empaques en español —incluyendo prospectos y fechas de vencimiento en formato local—, lo que evita confusiones propias de las vacunas importadas con etiquetado en inglés y formatos de fecha diferentes.

En cuanto al impacto en salud pública durante la pospandemia, autoridades y expertos subrayan que el contexto actual se caracteriza por una caída de la percepción de riesgo y una renuencia creciente de la población a las campañas de refuerzo. No obstante, el COVID sigue generando contagios y secuelas persistentes, como neblina mental y deterioro cognitivo, según subrayan fuentes del sector sanitario.

“El ingreso al Fondo Rotatorio de esta nueva generación de vacunas proteicas de alta inmunogenicidad y seguridad, combinadas con baja reactogenicidad, representa un hito y una oportunidad estratégica para mejorar las coberturas de vacunación COVID en la región”, enfatizó por su parte el doctor Roberto Debbag, presidente de la Sociedad Latinoamericana de Vacunología.



La decisión de la OPS se enmarca dentro de un plan más amplio de fortalecimiento biofarmacéutico y soberanía sanitaria en América. El director de la OPS, doctor Jarbas Barbosa, lo definió así en directrices recientes: “La producción regional de vacunas es un componente esencial de la seguridad sanitaria en las Américas. El fortalecimiento de las capacidades industriales locales representa un paso concreto para reducir la vulnerabilidad logística, mitigar la dependencia de proveedores externos y garantizar un acceso equitativo y oportuno a tecnologías de salud de alta calidad durante emergencias y programas regulares de inmunización”.

En la misma línea, el Fondo Rotatorio de la OPS, con más de 40 años consolidando compras conjuntas de vacunas para América Latina y el Caribe, aparece como la plataforma clave para masificar esta iniciativa. Desde su fundación en 1948, Cassará mantiene un perfil ligado a la innovación y la producción de biológicos complejos, incluyendo medicamentos biosimilares y vacunas recombinantes como la de la Hepatitis B, y ahora lidera la fabricación local de vacunas COVID adaptadas a las demandas actuales.

El lanzamiento de ARVAC como vacuna regional constituye, según el propio balance de la OPS, una herramienta para cubrir vacíos de suministro, reducir los costos logísticos y favorecer la equidad en el acceso, a la vez que obtiene ventajas regulatorias y operativas indiscutibles sobre las alternativas extranjeras.

Eficacia, seguridad y tecnología probada en la inmunización contra COVID-19

La protección que ofrece ARVAC se basa en el uso de tecnología de antígeno recombinante con hidróxido de aluminio como adyuvante, un enfoque tradicional y seguro que replica el diseño de la vacuna contra la Hepatitis B desarrollada por el laboratorio Cassará hace tres décadas y utilizada desde entonces en recién nacidos.

En relación con ARVAC, los datos del estudio de Fase III indican una incidencia muy baja de eventos adversos sistémicos y, en la mayoría de los casos, la respuesta a la vacuna resulta indistinguible de la observada con el placebo.

Los resultados sobre el alcance de la protección y el perfil de seguridad de la vacuna recibieron una valoración positiva por parte de especialistas, especialmente ante la actual circulación viral y los bajos niveles de cobertura de vacunación.

Los ensayos clínicos realizados con la vacuna argentina contra la COVID-19 evidenciaron que ARVAC induce seroconversión —generación de anticuerpos específicos— en más del 90 % de las personas inmunizadas. Entre los adultos mayores de 60 años, el 92 % alcanzó niveles de anticuerpos neutralizantes asociados con un 90 % de protección frente a la enfermedad sintomática, según información proporcionada por los investigadores.

“ARVAC no posee el antígeno versión ancestral por lo cual no tiene el problema del *imprinting* inmunológico que las vacunas bivalentes de ARN poseen. Además, fue diseñada para que su principio activo pueda actualizarse en cuatro meses para hacer frente a nuevas variantes del virus que escapen a la respuesta inmunológica de la población. Al ser producida en el país garantiza la respuesta más veloz frente a una nueva emergencia”, explicaron desde la UNSAM.

Fuente: INFOBAE. Disponible en <https://n9.cl/gzhde>

Chilean scientists take different path to vaccine discovery

Jul 17. Following the first step taken by Chilean scientists in designing a new vaccine against bacterial kidney disease (BKD), the project is beginning to reveal its true potential: a next-generation strategy based on reverse vaccinology that could change the way complex pathogens are dealt with in salmon farming.



In an interview with Fish Farming Expert's Chilean sister site Salmonexpert.cl, Dr Fernando Gómez, a researcher at the Pontifical Catholic University of Valparaíso (PUCV) and a member of the development team, delves into the scope of this innovative approach, which focuses on a chimeric protein designed from the complete analysis of the genome of *Renibacterium salmoninarum*, the bacterium which causes BKD.

Antibody production and activation of cellular immune response

One of the main changes introduced by this technology is the shift from traditional methods towards a rational design of vaccines.

"For many years, vaccine development was based on cultivating the microorganism, inactivating or attenuating it, and evaluating whether it provided protection. Today we can do the reverse: first identify the proteins with the greatest immunological potential and then design the vaccine candidate," explains Gómez.

This approach, known as reverse vaccinology, allows for the analysis of thousands of proteins instead of working with a few empirically selected ones. The main advantage is that it enables a much more rational selection of antigens, reducing time and costs while increasing the likelihood of success.

Unlike conventional strategies, the Chilean development does not target a single objective, but rather multiple key mechanisms of the bacteria.

"We were interested in proteins that were conserved across different strains of *R. salmoninarum*, that were recognisable by the immune system, and, above all, that participated in processes essential for the bacteria. In this way, we reduced thousands of proteins to a much smaller group of truly interesting candidates. Finally, the vaccine was composed of protein fragments that participate in very different functions that the bacteria need to survive and establish infection," the researcher explains.

"We were interested in proteins recognisable by the immune system, and that participated in processes essential for the bacteria. In this way, we reduced thousands of proteins to a much smaller group of truly interesting candidates."

Dr Fernando Gómez.

These targets include essential processes such as iron acquisition, interaction with host cells, nutrient transport, and molecule secretion.

Thus, the idea was to enable the fish to simultaneously recognise several important mechanisms for the pathogen, instead of concentrating the response on a single target.

“Furthermore, during the design process, we not only looked for proteins capable of stimulating antibody production, but also for regions with the potential to activate the cellular immune response. This is especially important when working with intracellular pathogens, since immune system cells play a fundamental role in recognising and eliminating infected cells.

Of course, this is a hypothesis that now needs to be experimentally validated,” explains Gómez.

Projection: from the laboratory to industry

Currently, the development is in the computational design stage, with promising results, where researchers have already bioinformatically validated the chimeric protein. The next step is to produce it and begin its experimental evaluation.

According to Gómez, the next phases include protein production and purification, *in vitro* trials, and *in vivo* studies in fish.

Although still in its early stages, the ultimate goal is to develop a product applicable to salmon farming. However, the scientist explains that they must first evaluate its ability to induce an immune response and, subsequently, conduct challenge studies in fish to determine its protective efficacy.

“That is the goal of all applied research: to transform knowledge into concrete solutions for industry. If the experimental results confirm what was observed in the design, this candidate has significant potential to move towards a practical application,” he concludes.



Fuente: Fishfarming Expert. Disponible en <https://n9.cl/22ba8>

Breeze Bio (formerly Aedit) will join hands with Riga Chem Bio to develop a next-generation messenger ribonucleic acid (mRNA) cancer vaccine

Jul 20. Breeze Bio (formerly Aedit) will join hands with Riga Chem Bio to develop a next-generation messenger ribonucleic acid (mRNA) cancer vaccine.

Breeze Bio announced on the 20th that it has signed a joint research contract with Riga Chem Bio to develop new innovative cancer vaccine drugs. The key to this cooperation is to verify the new anticancer treatment strategy by combining Breeze Bio's Hydrophilic Nano Particle (HNP) platform and Rigachem Bio's low-molecular immuno-oncology drug.

The two companies plan to selectively deliver HNPs equipped with tumor antigen mRNA and immune anticancer drugs to the immune system to activate antigen presenting cells (APC) and to check whether tumor growth can be suppressed by inducing tumor antigen-specific immune responses.

As personalized mRNA cancer vaccines have recently produced results in late-stage clinical trials of solid cancer, the joint study is meaningful in that it is a new modality fusion case that combines low-molecular compounds, mRNA, and drug delivery technologies.

If the research results are significant, the two companies will also pursue follow-up partnership contracts, including commercialization of cancer vaccines and technology transfer.

"It will serve as an opportunity to expand the delivery technology that has been verified in the field of autoimmune diseases to the anticancer field," said Lee Geun-woo, CEO of Breeze Bio. "We will establish a collaboration model with domestic biotech and actively promote the recruitment of talent and infrastructure of Korean R&D centers."

"It is a meaningful attempt to confirm the synergy between low-molecular immune anticancer drugs and mRNA cancer vaccines by converging the technologies of both companies," said Han Jin-hwan, CTO of Riga Chembio. "It will serve as an opportunity to expand the anticancer pipeline to the next level."

Breeze Bio is a biotech founded in 2016 by Korean scientists from Berkeley, USA, and has a 'Nano Galaxy' platform that delivers gene therapy drugs, including mRNA, to specific cells and tissues. In 2024, it signed a license agreement worth a total of \$630 million with Genentech, and currently operates the South San Francisco headquarters in the U.S. and Pangyo R&D Center in Gyeonggi Province.



Fuente: Maeil Business. Disponible en <https://n9.cl/78xt4v>

India transfiere a producción tres tecnologías biomédicas nacionales contra el cáncer y las infecciones

Jul 21. El Consejo Indio de Investigación Médica (ICMR) ha transferido licencias para tres tecnologías biomédicas nacionales a fabricantes farmacéuticos y de vacunas indios. Así lo informa IANS, socio de TV BRICS, citando un comunicado del Ministerio de Salud y Bienestar Familiar de la India.

Esto se ha hecho para acelerar la implementación de los resultados de la investigación estatal en tratamientos seguros, asequibles y mínimamente invasivos.

Una de las tecnologías transferidas es un candidato terapéutico (fármaco potencial para el tratamiento) contra el virus del papiloma humano (VPH). Es el primer fármaco dirigido de su clase que destruye selectivamente las células precancerosas y cancerosas del cuello uterino inducidas por el VPH, sin dañar los tejidos sanos. Podría convertirse en una alternativa segura y asequible a los tratamientos existentes.

Las otras dos tecnologías son vacunas de nueva generación contra infecciones bacterianas intestinales. Han sido desarrolladas en el Instituto Nacional de Investigación de Infecciones Bacterianas del ICMR (ICMR-NIRBI) en Calcuta.

La primera vacuna es una construcción híbrida con una proteína de la membrana externa de *Salmonella typhi*. Es un candidato prometedor para crear una vacuna más eficaz contra la fiebre tifoidea.

La segunda incluye una composición vacunal recombinante contra infecciones causadas por *Salmonella typhi*, *Salmonella paratyphi* y *Shigella*. Proporciona protección contra los principales agentes causantes de infecciones bacterianas intestinales.

En el comunicado del ministerio se subraya que la transferencia de tecnologías fortalece el ecosistema de innovación biomédica de la India. En el ICMR funciona un mecanismo que acompaña los desarrollos en todas las etapas, desde la investigación de laboratorio y la patentación hasta los ensayos clínicos y la comercialización.

Fuente: TV BRICS. Disponible en <https://n9.cl/4542a9>



Phase 2b clinical trial of promising TB vaccine candidate MTBVAC has reached full enrollment

Jul 21. IAVI and Biofabri are proud to announce that the Phase 2b clinical trial of tuberculosis (TB) vaccine candidate MTBVAC reached full enrollment on July 16, 2026. This trial, known as IMAGINE (Investigation of MTBVAC toward Accelerating Global Immunization for a Neglected Epidemic), has successfully completed its target of 5,500 participants enrolled across 16 clinical research centers in South

"IMAGINE, a large-scale safety and efficacy trial, is evaluating MTBVAC in adults and adolescents to address the world's deadliest infectious disease."

Africa, Kenya, and Tanzania. The IMAGINE trial is designed to assess safety and efficacy of MTBVAC in the prevention of active TB lung disease in adolescents and adults with latent TB infection. It also incorporated an additional cohort of participants that have never been exposed to TB infection, allowing for more robust data collection.

“Reaching full enrollment of 5,500 participants in the IMAGINE trial is a tremendous milestone and a testament to the dedication of our participants, investigators, and study teams. Tuberculosis continues to be the leading infectious disease killer worldwide and remains a major global cause of chronic lung damage and disability. While we must await the trial results, completing recruitment brings us one step closer to answering one of the most important questions in global health research today: whether MTBVAC can provide improved protection against tuberculosis. We now eagerly look forward to the next phase of the study and the opportunity to evaluate the promising efficacy of MTBVAC,” said Keertan Dheda, MBBCh, FCP, FCCP, Ph.D., FRCP, professor of respiratory medicine, director of the Centre for Lung Infection and Immunity, head of the Division of Pulmonology in the Department of Medicine at the University of Cape Town, and principal investigator for the IMAGINE trial.

MTBVAC was developed by the Spanish biopharmaceutical company Biofabri. The IMAGINE trial is sponsored by IAVI and funded by Coefficient Giving, the Gates Foundation, the German Federal Ministry of Research, Technology and Space (BMFTR) through the KfW Development Bank, Wellcome, and Global Health EDCTP3 as part of the MTBVAC AVANTE consortium. The first participant was enrolled in February 2025, marking the start of this large-scale safety and efficacy trial. Results from the preceding Phase 1b/2a A-050 trial were shared in April 2025 and strengthened the program’s rationale with a publication in *Lancet Global Health*, demonstrating that MTBVAC had a safety profile comparable to the *Bacillus Calmette-Guérin* (BCG) vaccine at selected doses and induced immune responses in adults that were similar to, or stronger than, those generated by BCG revaccination.

TB disease caused 1.23 million deaths in 2024 and is widely recognized as the world’s most lethal infectious disease. BCG, the only approved vaccine for TB, was introduced over 100 years ago. It provides important but incomplete protection to young children and does not prevent TB disease in adolescents or adults. A new TB vaccine that is effective across these populations could save millions of lives over time and is a top priority for research and development.

“This milestone reflects the remarkable effort and collaboration required to conduct a clinical trial of this scale across multiple countries,” said Mark Feinberg, M.D., Ph.D., IAVI CEO and president. “We are grateful to the study participants, investigators, funders, and all partners who are advancing MTBVAC. A new, efficacious, and accessible vaccine against the world’s deadliest infectious disease would be a substantial accomplishment for public health, and IAVI and partners are working to make this a reality.”

“Completing enrollment in 5,500 adolescents and adults marks one of the most significant milestones in the development of MTBVAC. It brings us closer to understanding the vaccine’s potential to protect the populations most affected by pulmonary tuberculosis and reflects the extraordinary commitment of the volunteers, investigators, and partners whose dedication has made this milestone possible,” said Rolando Pajón, Ph.D., chief medical and scientific officer of Biofabri.

About MTBVAC

MTBVAC is a single-dose vaccine delivered via intradermal delivery. It does not require an adjuvant and is well-suited for use in difficult-to-reach locations.

MTBVAC was designed by the Spanish researcher Carlos Martin, from the University of Zaragoza, and Brigitte Gicquel, Ph.D., of Institut Pasteur, and was industrially developed and in-licensed by Biofabri (Zendal Group). It is the only live-attenuated TB vaccine candidate derived from M.tb in current trials. This is a notable difference from BCG, the only approved TB vaccine, which is derived from *Mycobacterium bovis*, the bovine form of tuberculosis.

About IAVI

IAVI is a global nonprofit biomedical research organization dedicated to addressing unmet health challenges including HIV, tuberculosis, and a range of emerging infectious diseases. Its mission is to translate scientific discoveries into affordable, globally accessible public health tools. Read more at www.iavi.org.

About Biofabri

Biofabri is a biopharmaceutical company founded in 2008 to research, develop and manufacture vaccines for human use. With strong scientific and technical expertise in vaccines and immunotherapy, the company is responsible for the clinical and industrial development of the tuberculosis vaccine candidate MTBVAC, currently in the advanced stages of clinical development.

Biofabri is part of the Zendal Group, a biopharmaceutical group comprising companies specialized in human and animal health.

Fuente: IAVI. Disponible en <https://n9.cl/uhlid7>

The world's first Bundibugyo Ebola vaccine has entered human trials: here's why it matters

Jul 23. The world's first vaccine against Bundibugyo ebolavirus has entered phase 1 human trials.

The news comes as health workers begin to lay the groundwork for a study to test whether the existing Ervebo vaccine against a different species of ebolavirus could provide partial protection against the Bundibugyo virus, while Bundibugyo-specific vaccines continue to be developed and tested.

“Launching this first-in-human study of a Bundibugyo ebolavirus vaccine is an important milestone for the programme, and the culmination of a significant effort by teams across vaccine development, manufacturing and clinical testing.” *Prof Katrina Pollock, MRC Clinician Scientist in Vaccinology, and chief investigator at the Oxford Vaccine Group*

Dr Jean Kaseya, Director General of Africa Centres for Disease Control and Prevention (Africa CDC) said the Bundibugyo vaccine trial marked an important step in the global effort to accelerate safe and effective tools against Bundibugyo ebolavirus.

“Early-stage clinical trials are not an immediate solution for communities facing the outbreak today, but they are a critical part of building the tools we need for this response and for future outbreaks.”

Several other Bundibugyo vaccine candidates are also being developed and advanced towards clinical trials as quickly as possible in an unprecedented collaboration.

Why does the world need another Ebola vaccine?

Bundibugyo is one of six known species of Orthoebolavirus, four of which are known to cause Ebola disease in humans. While licensed vaccines are available against Ebola virus (formerly Zaire ebolavirus), and vaccine candidates for Sudan virus are advancing through clinical trials, there is currently no vaccine against Bundibugyo virus.

This is important because, although Ebola and Sudan virus have caused more outbreaks, Bundibugyo virus can also be deadly and has caused at least two previous outbreaks before the current multinational outbreak.

“The ongoing Bundibugyo ebolavirus outbreak continues to devastate affected communities, underlining the urgent need for effective vaccines and treatments,” said the study’s lead scientific investigator, Prof Teresa Lambe at the Oxford Vaccine Group and Pandemic Sciences Institute in Oxford, UK.

How does the Bundibugyo vaccine candidate work?

The vaccine candidate is known as ChAdOx1 BDBV and uses the same viral vector platform as the Oxford/AstraZeneca COVID-19 vaccine, but instead of carrying the genetic instructions for the SARS-CoV-2 spike protein, it carries instructions for a Bundibugyo virus protein.

“The deadly Bundibugyo epidemic is already the third-largest Ebola outbreak on record, and infection numbers are continuing to rise. Every step that brings a safe and effective vaccine closer helps strengthen our ability to protect vulnerable communities, save lives and bring this outbreak under control.” *Dr Nicole Lurie, CEPI’s Executive Director for Preparedness and Response*

After vaccination, some of the body’s cells should briefly produce this protein, training the immune system to recognise and respond rapidly to the Bundibugyo virus if it is encountered in the future.

The vaccine candidate was developed by scientists at the University of Oxford’s Oxford Vaccine Group and Pandemic Sciences Institute and is one of at least three vaccine platform approaches being explored for a potential Bundibugyo vaccine.

The others are a recombinant vesicular stomatitis virus-based vaccine being developed by the International AIDS Vaccine Initiative (IAVI), and an mRNA vaccine being developed by Moderna.

How is it being tested?

Volunteers are currently being recruited for the Phase 1 trial in Oxford, UK, which will assess the safety of the vaccine candidate and the immune responses it generates in 50 healthy adults aged 18–55 years.

To support the study, the Serum Institute of India has already manufactured and stockpiled around 620,000 doses of ChAdOx1 BDBV. If the vaccine proves safe and generates a promising immune response in this initial trial, these doses could be used in larger clinical studies and, subject to regulatory approval, deployed rapidly.

“Launching this first-in-human study of a Bundibugyo ebolavirus vaccine is an important milestone for the programme, and the culmination of a significant effort by teams across vaccine development, manufacturing and clinical testing,” said Prof Katrina Pollock, MRC Clinician Scientist in Vaccinology, and chief investigator at the Oxford Vaccine Group.

“We are focused on delivering a rigorous phase 1 trial, to the highest standard of care, to evaluate the safety, tolerability and immune responses generated by the vaccine.”

This work is supported by funding from the Coalition for Epidemic Preparedness Innovations (CEPI) to advance the development of Bundibugyo vaccines.

“The University of Oxford’s work to progress their Bundibugyo vaccine candidate ready to enter phase 1 trials in a matter of weeks is a pivotal milestone in the response effort,” said Dr Nicole Lurie, CEPI’s Executive Director for Preparedness and Response.

“The deadly Bundibugyo epidemic is already the third-largest Ebola outbreak on record, and infection numbers are continuing to rise. Every step that brings a safe and effective vaccine closer helps strengthen our ability to protect vulnerable communities, save lives and bring this outbreak under control.”

What happens next?

Assuming the vaccine candidate proves safe and triggers promising immune responses, it will then need to be evaluated in further trials to identify the optimal dose, monitor for less common side-effects that may not be detected in a small phase 1 study, and confirm it is safe and effective in populations for use in Bundibugyo Ebola outbreaks.

Meanwhile, Africa CDC is working with Médecins Sans Frontières and other partners on the design of a trial that could test whether a dose of the existing Ervebo vaccine against Ebola virus, followed by a dose of an experimental vaccine being developed against Sudan virus, could provide partial protection against Bundibugyo virus.

Studies in macaque monkeys have suggested that this so-called prime-boost strategy might increase survival, though not necessarily prevent Ebola illness altogether.

Fuente: GAVI. Disponible en <https://n9.cl/45qi4>

Panamá adquirirá anticuerpo monoclonal contra el VRS a través del Fondo Rotatorio de la OPS

23 jul. El Ministerio de Salud (Minsa), a través del Programa Ampliado de Inmunización, anunció que en el año 2027 iniciará la estrategia combinada contra el Virus Respiratorio Sincitial (VRS) para proteger a los recién nacidos y prevenir las complicaciones de esta enfermedad.

La coordinadora del Programa Ampliado de Inmunización (PAI), Itzel de Hewitt, explicó que esta estrategia mixta consiste en la aplicación de la vacuna contra el VRS a las embarazadas y del anticuerpo monoclonal (nirsevimab) a los recién nacidos, cuyas madres no se vacunaron durante el embarazo.

Al respecto, el ministro de Salud, Fernando Boyd Galindo, ya aprobó los fondos para la compra, a través del Fondo Rotatorio de la Organización Panamericana de la Salud (OPS), del anticuerpo monoclonal que será aplicado a los recién nacidos en los hospitales nacionales y regionales del país.

La funcionaria amplió que se está trabajando en el proceso para el uso de anticuerpos monoclonales, implementando una estrategia orientadas a proteger a los recién nacidos cuyas madres no fueron inmunizadas.

Paralelamente, se continuará aplicando la vacuna contra el Virus Sincitial Respiratorio (VSR) a las

mujeres embarazadas entre las semanas 30 y 36 de gestación.

La infección por VRS causa una carga sustancial de infecciones graves de las vías respiratorias inferiores en todos los países y representa aproximadamente el 30% de las hospitalizaciones por estas infecciones. Sin embargo, se estima que cerca del 97% de la mortalidad relacionada se produce en países de ingresos bajos y medios, con unas 101 400 muertes anuales en niños menores de 5 años. También es una causa importante de morbilidad y mortalidad en adultos mayores, describe la Organización Mundial de la Salud (OMS).

El VRS en Panamá, “es el virus más importante en incidencia en población infantil en relación con otros virus respiratorios”.

Panamá ya aplica la vacuna

En la actualidad, todas las instalaciones de salud del Ministerio de Salud (Minsa) disponen de la vacuna contra VSR.

En total, se disponen de 69 079 dosis de reserva en los depósitos del Programa Ampliado de Inmunización (PAI)

Esta vacuna se aplica principalmente a dos grupos: mujeres embarazadas (entre las semanas 30 y 36 de gestación) y personas mayores de 60 años.

Se llama vacuna materna porque se le coloca a la madre para que transmita los anticuerpos a su bebé, quien estará protegido desde el momento del nacimiento y hasta los primeros seis meses de edad, el periodo de mayor riesgo de desarrollar una enfermedad grave.

Fue en mayo de 2025, cuando las autoridades panameñas anunciaron el inicio de la vacunación en embarazadas y adultos mayores.

“La vacunación de la mujer embarazada es una política de salud pública altamente eficiente, que protege a la madre, al feto y al lactante de determinadas infecciones. Las vacunas pretenden estimular la inmunidad materna, es decir, la capacidad natural de las mujeres embarazadas para brindar protección a sus bebés mediante la transferencia de anticuerpos. Los anticuerpos maternos se transfieren en los últimos meses del embarazo a través de la placenta (principalmente IgG) y tras el parto, y a través de la lactancia materna (principalmente IgA)” Sociedad Panameña de Obstetricia y Ginecología (SPOG).

Uso del anticuerpo monoclonal

El Comité de Vacunas de la Sociedad Panameña de Pediatría (SPP), al presentar la Tercera Edición de las Recomendaciones para la Inmunización contra el Virus Respiratorio Sincitial (VRS), propuso usar el anticuerpo monoclonal nirsevimab (que no es una vacuna), dirigido a todos los niños sanos menores de 6 meses de edad. Prematuros menores de 35 semanas (incluyendo los de edad gestacional menor de 29 semanas), a los niños de 6 a 24 meses, quienes tienen un mayor riesgo de enfermedad grave por VRS y a los pacientes con ciertas condiciones médicas de riesgo.

La SPP afirma que “la mejor estrategia de protección pediátrica es la utilización del anticuerpo monoclonal, en términos de prevenir el mayor número de casos de VRS, hospitalizaciones, ingresos a la Unidad de Terapia Intensiva y muertes, además de generar un ahorro en costos asociados a la atención en salud”.

La medida forma parte de la estrategia mixta del Minsa para reducir hospitalizaciones a causa del virus respiratorio que más afecta a población pediátrica

Describen que “la evidencia demuestra que una dosis única ofrece beneficios significativos durante toda la temporada típica de VRS, con una protección sostenida de 150 días tras su administración.

Este anticuerpo monoclonal no solo reduce las consultas ambulatorias por infecciones del tracto respiratorio inferior (LRTI) asociadas al VRS, sino que también disminuye la necesidad de prescripción de antibióticos por cualquier causa”.

El anticuerpo monoclonal se administra en una sola inyección intramuscular a recién nacidos y lactantes para brindar protección inmediata contra el virus, el cual es el principal causante de la bronquiolitis y de hospitalizaciones en bebés.

El Dr. Xavier Sáez Llorens, médico pediatra y científico, ha explicado que «la profilaxis con el anticuerpo monoclonal es fundamental para los bebés que no estén protegidos por vacunación materna debido a realidades como la cobertura de vacunación en embarazadas, madres con comorbilidades que afectan la tasa de transferencia de anticuerpos al infante (anormalidades placentarias, toxoplasmosis, sífilis, malaria, malnutrición...) o con inmunodeficiencias que no generan respuesta inmune óptima».

El Minsa reitera el llamado a las mujeres embarazadas y a los adultos mayores a colocarse la vacuna contra el VRS para prevenir complicaciones con la enfermedad y evitar hospitalizaciones prolongadas.

La medida forma parte de la estrategia mixta del Minsa para reducir hospitalizaciones a causa del virus respiratorio que más afecta a población pediátrica.

Fuente: La Web de la Salud. Disponible en <https://n9.cl/t5xmy>

South Korea accelerates mRNA vaccine push as GC Biopharma seeks phase 2

Jul 24. GC Biopharma(006280)'s domestically developed messenger ribonucleic acid (mRNA) COVID-19 vaccine, under development with government support, is entering phase 2 clinical trials.

The Korea Disease Control and Prevention Agency National Institute of Health said on the 24th that GC Biopharma, which is participating in the "pandemic readiness mRNA vaccine development support project," has submitted an investigational new drug (IND) application for a phase 2 clinical trial of its COVID-19 mRNA Vaccine candidate to the Ministry of Food and Drug Safety.

The application followed a prior review by the Ministry of Food and Drug Safety based on phase 1 results and nonclinical study data. It is a key step to initiate phase 2.



The domestic mRNA Vaccine development project is a national research and development (R&D) program that supports the entire process from nonclinical studies through phase 3. The government aims to secure a domestic mRNA platform to establish a system that can rapidly develop vaccines when new infectious diseases emerge.

Since April last year, the agency has been supporting nonclinical and clinical research centered on institutions with core mRNA technologies, and, in cooperation with related ministries including the Ministry of Food and Drug Safety, has been providing regulatory and technical support in parallel. Based on the results of a phase 1 study approved and conducted in December last year, GC Biopharma applied for this phase 2 trial.

The government has also completed the selection process for the phase 2 research project and plans to begin the study in August after signing agreements. If the Ministry of Food and Drug Safety approves the clinical trial plan, a clinical study will proceed to evaluate safety and immunogenicity by administering the vaccine candidate to healthy adults.

The government aims to secure a domestic mRNA Vaccine platform by 2028. By supporting everything from nonclinical studies to phase 3, sample production, and manufacturing process development, it plans to pursue marketing authorization and commercialization of the COVID-19 vaccine, and to build a foundation that allows new vaccines to be developed within 3 to 6 months by replacing only the antigen on the platform when new infectious diseases occur. In the event of a pandemic, the goal is to supply vaccines within a maximum of 200 days.

Nam Jae-hwan, director of the National Institute of Health, said, "The mRNA platform is a core technology applicable not only to COVID-19 vaccines but also to the development of treatments for various infectious diseases, cancer, and rare diseases," adding, "We will comprehensively support technology, regulation, and research infrastructure to ensure phase 2 proceeds successfully."

Im Seung-gwan, commissioner of the Korea Disease Control and Prevention Agency, said, "Domestic mRNA Vaccine development is meaningful for securing vaccine sovereignty and strengthening the nation's capacity to respond to infectious diseases," adding, "We will continue cooperation between project institutions and related ministries to support the research so it can proceed successfully."

Fuente: CHOSUN BIZ. Disponible en <https://n9.cl/2d04ks>

La OPS y *The Lancet* proponen un cambio clave en la vacuna de la COVID-19 a tres años del fin de la pandemia

24 jul. Dos hechos relevantes de salud pública ocurrieron casi en simultáneo en los últimos días, vinculados con la vacuna de la COVID-19. Uno fue un artículo publicado en la revista *The Lancet*, que entre otras cosas evalúa el impacto negativo de los efectos adversos leves en la adherencia a la inmunización. El otro, la inclusión de la vacuna argentina ARVAC en el denominado Fondo Rotatorio de la Organización Panamericana de la Salud (OPS), para que los países de la región puedan acceder a ese fármaco a un precio más bajo.

Ambos acontecimientos se producen a poco más de tres años del final de la pandemia, decretado por la OMS en mayo de 2023, cuando habían pasado ya más de tres años de terror sanitario global. Pese al tiempo transcurrido, la COVID-19 sigue siendo un virus de riesgo y cada vez es menor la proporción de la población que tiene cobertura vacunal y natural -por la cantidad de nacimientos que

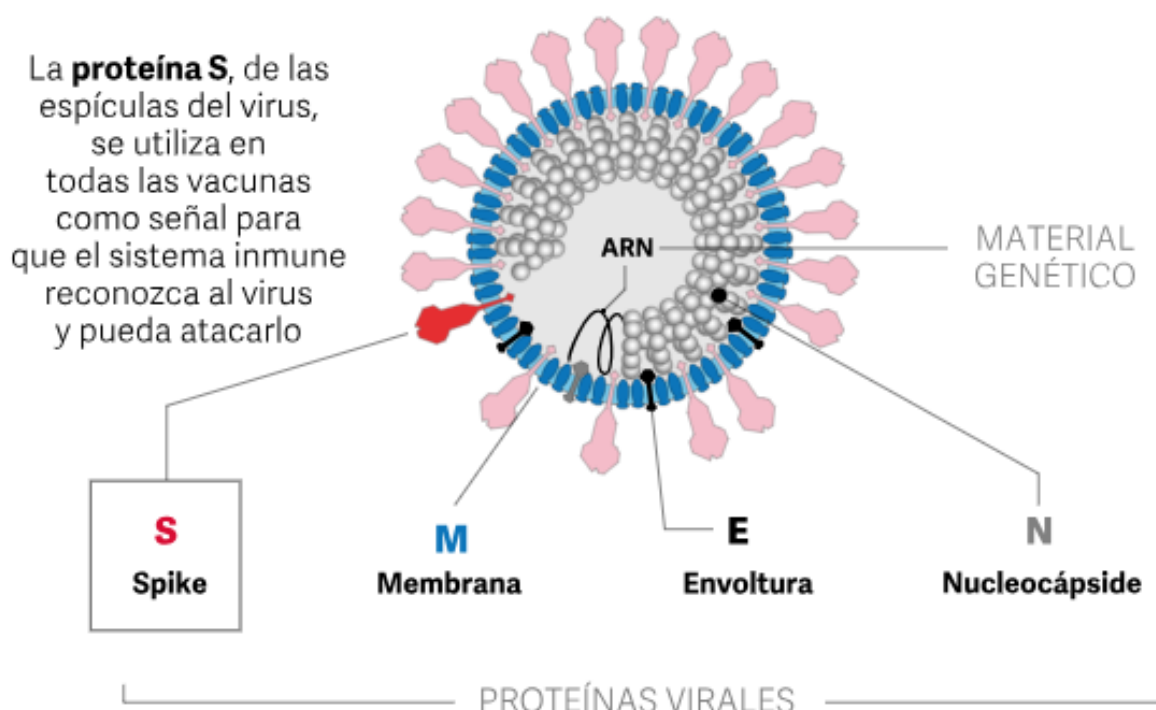
hubo post pandemia-. Si bien el riesgo no es tanto ahora el poder epidémico del virus, son probadas las secuelas que el patógeno puede dejar a largo plazo, donde el deterioro cognitivo aparece entre las más importantes.

La publicación de *The Lancet*, firmada por investigadores de Estados Unidos, China y Canadá, se focaliza en la seguridad y la eficacia de las vacunas de ARN mensajero (como la de Pfizer y Moderna). Asegura que esta tecnología representa un “avance transformador en la vacunología”. Pero a diferencia de estudios previos que aíslan la inmunología de la sociología, esta revisión masiva conecta directamente los mecanismos biológicos de la plataforma de ARNm con la percepción de salud pública.

Así, se dedica a analizar cómo la reactogenicidad puede impactar en la voluntad de la población de vacunarse. Los autores distinguen entre reactogenicidad y eventos adversos raros y graves, e insisten en que la comunidad médica debería enseñar a la población a diferenciar: los eventos adversos graves son excepcionales, mientras la reactogenicidad son los síntomas comunes: dolor en el sitio de inyección, fatiga generalizada, fiebre leve o cefalea.

En ese marco aparece un dato clave: experimentar una reactogenicidad moderada o intensa en la primera o segunda dosis podría ser un predictor para que una persona decida no aplicarse dosis de refuerzo o actualizaciones anuales. Una divisoria de aguas. De manera que el malestar físico inmediato podría eclipsar el “beneficio invisible” de la protección inmunológica a largo plazo.

Estructura del virus



Por eso dicen que el diseño de la próxima generación de vacunas debería centrarse fundamentalmente en ese aspecto. Para que estas innovaciones tengan éxito comercial y clínico, los autores establecen que el objetivo prioritario de la industria no es solo aumentar la eficacia, sino “mitigar la reactogenicidad intrínseca”.

La decisión de la OPS

Esa conclusión científica linkea con la decisión que acaba de tomar la OPS, al introducir por primera vez en su Fondo Rotatorio la vacuna ARVAC, en un contexto en el que las tasas de vacunación contra la COVID-19 experimentan un sostenido derrumbe. En el Gobierno argentino, por ejemplo, donde el Estado viene administrando las vacunas de ARNm, admitieron ante la consulta de Clarín que las actuales tasas de vacunación contra la COVID-19 son muy bajas.

La OPS advirtió este escenario a nivel regional y luego de varios años en los que el Fondo Rotatorio ofreció las vacunas de ARNm, decidió reforzar el portfolio con la vacuna ARVAC, debido a su ya reconocida menor reactogenicidad, al tratarse de una vacuna de proteínas recombinantes, más parecida a otras vacunas clásicas de calendario. Por lo tanto, el organismo entendería que la alternativa podría adaptarse mejor a la necesidad de inmunización pública ya superada la emergencia sanitaria.

El objetivo es que la mayor cantidad de gente reciba la mejor vacuna posible. Así es como el artículo de *The Lancet* valora el poder de las vacunas de ARNm como “una plataforma segura, eficaz y adaptable, con una relevancia duradera para la prevención de enfermedades infecciosas y la preparación en salud pública en el futuro, así como para el tratamiento del cáncer y las enfermedades autoinmunes”. Pero con un desafío no menor: “Reducir la reactogenicidad, mejorar la amplitud y la duración de la inmunidad, ampliar el acceso global y fomentar una confianza pública sostenible”.

Fuente: CLARIN. Disponible en <https://n9.cl/b91v6y>

Disminuye incidencia de VPH en Brasil tras vacunación

24 jul. La vacunación contra el virus del papiloma humano (VPH) redujo casi a la mitad la circulación de los principales tipos del patógeno entre jóvenes brasileños, reveló hoy una investigación.

Al mismo tiempo, la acción a favor de la salud demostró un efecto protector sobre personas no inmunizadas.

El estudio, el mayor en América Latina sobre la efectividad de la vacuna contra el VPH, fue desarrollado por el Hospital Molinos de Viento en colaboración con el Ministerio de Salud de Brasil.

Reportes de prensa agregaron que la pesquisa comparó datos obtenidos antes y después de la introducción del inmunizante en el Sistema Único de Salud (SUS).

Los resultados mostraron que la prevalencia de los cuatro tipos de VPH cubiertos por la vacuna descendió de 14,98 a 7,95 por ciento entre los períodos 2016-2017 y 2020-2023.

Tales cifras representan una reducción cercana al 50 por ciento en la circulación de las variantes más asociadas al desarrollo de diversos tipos de cáncer.

Durante la primera fase de la investigación fueron analizadas muestras de seis mil 388 personas no vacunadas, y después se incorporaron a más de 10 mil participantes, vacunados y no vacunados, de 16 a 25 años de edad, grupo con mayor incidencia de infección por el virus.

Entre las mujeres inmunizadas, la presencia de los tipos de VPH incluidos en la vacuna cayó de 15,6 a 3,1 por ciento, una reducción de aproximadamente 81 por ciento.

Asimismo, la prevalencia en quienes no recibieron el inmunizante descendió hasta 10,5 por ciento, resultado atribuido por los investigadores al efecto colectivo de la vacunación, que disminuye la circulación del virus.

La pesquisa también constató que no existen diferencias relevantes en la protección conferida por una, dos o tres dosis, lo que respalda la estrategia de dosis única adoptada actualmente por el SUS para la inmunización contra el VPH.

Más allá de los resultados positivos, el estudio alertó que la cobertura vacunal todavía permanece por debajo de la meta oficial, pues entre las mujeres llega al 61,8 por ciento y en el caso de los hombres solo al 31,1.

Agencia Brasil recordó que la vacuna contra el VPH está disponible gratuitamente en la red pública brasileña desde 2014 y actualmente se ofrece a niñas y niños de nueve a 14 años de edad, además de grupos considerados más vulnerables.

Ese virus es el principal causante del cáncer de cuello uterino y también está asociado al desarrollo de tumores en el ano, el pene y la garganta.

Fuente: PRENSA LATINA. Disponible en <https://n9.cl/3vdqj>

Nona Biosciences Enters Research Collaboration With Medical University Of Vienna

Jul 25. Nona Biosciences announced a research collaboration with the Medical University of Vienna, granting the inter-university Ignaz Semmelweis Institute access to Nona's proprietary H2L2 Harbour Mice transgenic mouse technology platform to support antibody research for infectious diseases. The H2L2 Harbour Mice platform uses genetically modified mice that produce antibodies with fully human structures following immunization.

Under the agreement, MedUni Vienna is granted rights to use Nona's technology for antibody generation and to further develop resulting antibodies for research, diagnostic, and therapeutic applications, while the platform and its associated intellectual property remain owned by Nona Biosciences. Nona, a wholly owned subsidiary of HBM Holding Limited, supports drug discovery programs through its I to I framework spanning target validation through early clinical development, and its Harbour Mice platform also includes a heavy chain-only antibody format that the company describes as the world's first fully human HCAb transgenic mouse platform with clinical validation.

"We are delighted to partner with the Medical University of Vienna. This collaboration underscores the power of our H2L2 Harbour Mice platform to accelerate the discovery of fully human antibodies against clinically relevant targets. By combining our technology with the scientific expertise of Prof. Krammer and his team at the Ignaz Semmelweis Institute, we aim to make meaningful contributions to antiviral therapeutic development and pandemic preparedness."

Dr. Di Hong, Chief Executive Officer, Nona Biosciences

"Access to this technology expands our capabilities to generate and characterise human antibodies against relevant biological targets, particularly viral spike proteins. This provides us with an additional foundation for the development of antiviral therapies, particularly with a view to future pandemics."

Fuente: PULSE 2.0. Disponible en <https://n9.cl/0mq8>

Study Reveals Dengue Virus Infects Immune Cells Meant to Fight Disease

Jul 28. Researchers at the University of Vermont (UVM) Robert Lerner, M.D. College of Medicine and State University of New York Upstate (SUNY Upstate) Medical University in Syracuse, New York, have discovered that dengue virus can infect and replicate inside memory B cells, immune cells traditionally understood to help protect the body from infection. The findings, published July 20 in the Journal of Virology, reveal a previously unrecognized way the virus may evade immune defenses and point toward new strategies for treating a disease that threatens 40 percent of the world's population, including parts of the southern United States.

The study was conducted by researchers in the laboratories of Sean Diehl, Ph.D., professor of microbiology and molecular genetics at UVM, and Adam Waickman, Ph.D., associate professor of microbiology and immunology at SUNY Upstate.

Four different dengue viruses (DENV1–4) are transmitted by tropical mosquitoes, infecting an estimated 100 million people each year worldwide. More than four billion people live in regions where dengue-carrying mosquitoes are present. Symptoms can include high fever, severe headaches, muscle and bone pain, and, in severe cases, life-threatening complications caused by damage to blood vessels and dangerously low blood pressure.

Scientists have long known that a previous dengue infection can sometimes make a later infection with a different dengue virus strain more severe, a phenomenon known as antibody-dependent enhancement (ADE). In ADE, antibodies generated during a first infection bind to a second dengue strain but fail to neutralize it, instead helping the virus enter certain immune cells.

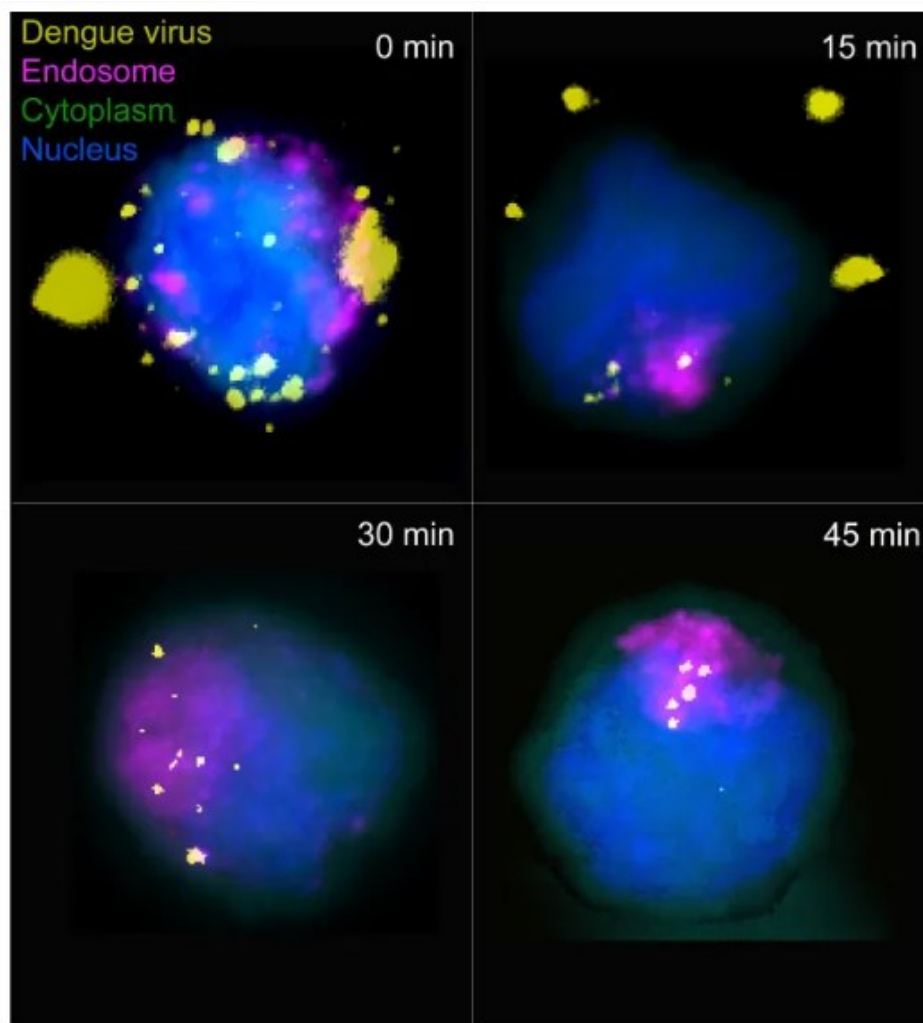
“It is a high bar to show something genuinely new in dengue research ... it opens new avenues for understanding dengue disease and developing interventions to prevent or treat it.” — Sean Diehl, Ph.D.

Previous work from the Diehl and Waickman laboratories identified another possible pathway. The researchers showed that dengue virus could enter B cells—the cells that make antibodies—through the B cell receptor, a molecule on the cell surface responsible for recognizing pathogens. The team named this process B cell receptor-dependent enhancement (BDE).

In the new study, co-led by UVM cellular, molecular, and biomedical sciences graduate student Gaby Madrigal and SUNY Upstate staff scientist and recent Ph.D. graduate Chad Gebo, the team demonstrated for the first time that dengue-specific memory B cells can become infected by all four dengue virus types and produce infectious virus. Memory B cells are generated following an initial infection and persist for years, making them likely targets during subsequent exposure to a different dengue strain.

Using advanced microscopy techniques, in collaboration with Menelaos Symeonides, Ph.D., assistant professor of microbiology and molecular genetics at UVM, the team was able to visualize dengue virus entering these cells and to identify potential vulnerabilities in the process by targeting molecular signaling pathways activated by the B cell receptor that are required for infection.

“It is a high bar to show something genuinely new in dengue research and I am very proud of this high-quality data produced by our trainees who rose to the occasion,” said Dr. Diehl.



Photographs taken through a high-resolution imaging microscope at 15-minute intervals show dengue viruses (yellow dots) contacting a dengue-virus-sensing B cell (blue and green regions) and, over the course of 45 minutes at body temperature, gaining access to an internal compartment called the endosome (purple area), which allows the virus to begin replicating inside the B cell. (photo: Sean Diehl Laboratory)

The findings could have important therapeutic implications. There are currently no approved drugs that specifically target dengue virus, and vaccines continue to face challenges related to broad implementation and effectiveness across different populations. In contrast, several drugs that target B cells are already approved for treating cancers and autoimmune diseases, raising the possibility that similar approaches could be adapted for dengue treatment.

Researchers say future strategies might also include therapies designed to selectively eliminate or modify high-risk memory B cells after an initial dengue infection, potentially reducing the risk of severe disease following later exposure.

“This work challenges existing assumptions about how dengue interacts with the immune system,” said Diehl. “By revealing a previously unrecognized route of infection, it opens new avenues for understanding dengue disease and developing interventions to prevent or treat it.”

The researchers believe the discovery represents an important advance in understanding how dengue virus subverts immune defenses and may help guide the development of future therapies aimed at reducing the global burden of the disease.

Fuente: UNIVERSITY OF VERMONT. Disponible en <https://n9.cl/a8ykf>

Takeda's dengue vaccine becomes India's first approved dengue vaccine

Jul 29. Takeda recently announced that India's Drug Controller General of India (DCGI) has granted marketing authorization for Takeda's dengue vaccine (TAK-003) for the prevention of dengue disease in individuals four to 60 years of age. TAK-003 is India's first-ever approved dengue vaccine and was approved for use in individuals regardless of previous dengue exposure, without the need for pre-vaccination testing.

Like many countries in South and Southeast Asia, dengue transmission in India is no longer confined to monsoon season. Several states report sustained year-round dengue transmissions expanding across both urban and rural areas. Reported cases exceeded 233,000 in 2024, but modeling analyses suggest the dengue burden in India appears to be higher than reported, likely representing tens of millions of infections each year. With cases rising more than 11-fold in the past two decades and outbreaks growing more frequent and harder to predict, dengue is no longer a sporadic public health threat; it's an accelerating global challenge.

"Dengue is a growing public health challenge, and India needs sustained, evidence-based prevention. The latest seven-year data for TAK-003 shows continued protection against dengue infection and hospitalization across all four serotypes; an important milestone for communities and health systems. Since its launch in 2022, TAK-003 has been approved in 43 countries, with more than 32 million doses distributed globally. This approval marks an important step forward in strengthening dengue prevention in India. Building on Takeda's 245-year heritage and more than 70 years of vaccine expertise, we remain committed to working with public health authorities, healthcare professionals, and partners to support equitable and sustainable access," said Dr. Mahender Nayak, Head of Intercontinental Markets, Takeda.

Extensive global clinical development

TAK-003's approval in India is supported by an extensive global clinical development program, including a local Phase 3 study as well as data from the pivotal Phase 3 Tetravalent Immunization against Dengue Efficacy Study (TIDES), the largest and longest efficacy trial conducted for a dengue vaccine. In the TIDES trial, TAK-003 demonstrated sustained protection against dengue and dengue-related hospitalization and a favorable safety profile.

"Dengue is a shared regional challenge that requires collaboration across borders and sectors. Takeda is committed to working with governments, public health authorities, healthcare professionals and partners across South and Southeast Asia, not only to support access to TAK-003, where approved and recommended, but also to strengthen broader dengue prevention efforts, including surveillance, awareness, vector control and community engagement.



Our aim is to contribute to sustainable, evidence-based solutions that reflect the needs of each country,” said Peter Streibl, Cluster General Manager, Southeast Asia and India, Takeda.

Since 2023, WHO’s Strategic Advisory Group of Experts on Immunization (SAGE) endorsed the use of TAK-003 without the need for pre-vaccination screening. Since then, TAK-003 has been recommended by the WHO for use in dengue-endemic settings, supporting its introduction in public immunization programs in areas with high transmission. The vaccine has also received WHO prequalification, confirming it meets global standards for quality, safety and efficacy, and enabling eligibility for procurement through international agencies such as UNICEF and PAHO to support wider access.

Continued collaboration

Following the approval by DCGI, Takeda will continue to collaborate with Indian regulatory authorities, public health stakeholders, and healthcare providers to support the planning, delivery, and availability, of TAK-003 in India.

In addition to India, TAK-003 is also approved in Indonesia, Thailand, Malaysia and Vietnam across the region. To date, TAK-003 has been distributed worldwide through public and private programs across Asia, Latin America and Europe, including Brazil’s National Immunization Program and public programs in Argentina, Colombia and Indonesia.

TAK-003 is a dengue vaccine that is based on a live-attenuated dengue serotype 2 virus, which provides the genetic “backbone” for all four dengue virus serotypes and is designed to help protect against any of these serotypes.

Fuente: BUSINESS MIRROR. Disponible en <https://n9.cl/ujrlt>

EEUU restituirá 600 millones de dólares en financiación a la alianza para las vacunas Gavi

29 jul. La organización se financia con fondos de donantes privados y gubernamentales para ayudar a países en desarrollo a adquirir vacunas contra enfermedades críticas a un precio más accesible.

"Es una buena noticia que, tras nuestras recientes gestiones, el Departamento de Estado se haya comprometido a desembolsar la totalidad de los 600 millones de dólares destinados a Gavi", declaró Collins, presidenta de la comisión presupuestaria del Senado, en un comunicado.

El año pasado, Estados Unidos retiró su apoyo. Su secretario de Salud, Robert F. Kennedy Jr., un conocido escéptico de las vacunas, afirmó sin pruebas que existían preocupaciones sobre la seguridad de los biológicos.

"Estados Unidos aportará 600 millones de dólares a la organización global de vacunas Gavi, dijo el martes la senadora republicana Susan Collins, una restitución de fondos que llega después de que el gobierno del presidente Donald Trump los retirara al inicio de su mandato."

Gavi, creada en el año 2000, la organización asegura que ayuda a vacunar más de la mitad de los niños en todo el mundo contra enfermedades infecciosas, entre ellas COVID-19, ébola, malaria, polio, cólera, tuberculosis, y fiebre tifoidea y amarilla.



El renovado compromiso de Estados Unidos llega cuando República Democrática del Congo sufre una nueva epidemia de ébola, causada por la cepa Bundibugyo para la cual no hay vacuna ni tratamiento.

Gavi anunció anteriormente que pondría a disposición hasta 50 millones de dólares para los esfuerzos de desarrollo de una vacuna contra esta cepa.

Fuente: FRANCE24. Disponible en <https://n9.cl/fessy>

Moderna recibe la opinión positiva del CHMP de la EMA para la actualización de Spikevax, su vacuna de ARNm frente a la COVID-19

30 jul. Moderna ha anunciado que el Comité de Medicamentos de Uso Humano (CHMP) de la Agencia Europea de Medicamentos (EMA) ha adoptado una opinión positiva en la que recomienda la aprobación de la incorporación de una nueva variante a la vacuna frente a la COVID-19 Spikevax, dirigida a la variante XFG del SARS-CoV-2, para la inmunización activa con el fin de prevenir la COVID-19 en personas a partir de los 6 meses de edad. Tras la opinión positiva del CHMP, Moderna espera la decisión de la Comisión Europea sobre su vacuna frente a la COVID-19 actualizada para la temporada 2026-2027.



“Celebramos la aprobación de la actualización de nuestra vacuna Spikevax”, ha afirmado Chantal Friebertshäuser, vicepresidenta sénior y directora general para Europa y Oriente Medio de Moderna. “La COVID-19 sigue suponiendo una carga importante, especialmente para las personas con mayor riesgo. A medida que el virus evoluciona, las vacunas actualizadas siguen siendo esenciales. Nuestra plataforma de ARNm nos permite adaptar rápidamente nuestras vacunas para dirigirse a las variantes circulantes y contribuir a proteger a las personas en toda Europa”, ha añadido.

La opinión positiva del CHMP está respaldada por un amplio conjunto de datos que avalan el perfil de seguridad ya establecido y la capacidad de las vacunas Spikevax para generar respuestas inmunitarias frente al SARS-CoV-2. La vacuna actualizada está alineada con las recomendaciones de la EMA y de otras destacadas autoridades de salud pública que respaldan el uso de una vacuna frente a la COVID-19 basada en la variante XFG para la temporada de vacunación 2026-2027.

La COVID-19 sigue afectando de forma desproporcionada a las personas mayores, que representan el 84% de las hospitalizaciones por COVID-19 en Europa; sin embargo, la cobertura vacunal entre los adultos de 60 años o más alcanzó una mediana de tan solo el 6,4 %, con variaciones significativas entre países, durante la campaña 2025-2026.

Fuente: pmfarma. Disponible en <https://n9.cl/rn413>

HIPRA recibe la opinión positiva del CHMP de la Agencia Europea de Medicamentos para su vacuna contra la COVID-19 adaptada a la variante XFG.1.1

30 jul. HIPRA ha recibido la opinión positiva del Comité de Medicamentos de Uso Humano (CHMP) de la Agencia Europea de Medicamentos (EMA) para su vacuna de proteína recombinante frente a la COVID-19, BIMERVAX®, adaptada a la variante XFG.1.1.

Una vez que la Comisión Europea conceda la correspondiente autorización, la vacuna adaptada estará disponible para la inmunización activa con el fin de prevenir la COVID-19 causada por el SARS-CoV-2 en personas a partir



de 12 años. Esta supone la tercera adaptación de la vacuna frente a la COVID-19 de HIPRA alineada con las recomendaciones de variantes.

La vacuna actualizada se ha desarrollado siguiendo la recomendación emitida por el Grupo de Trabajo de Emergencias de la Agencia Europea de Medicamentos (EMA-ETF), que identificó la variante XFG como el objetivo preferente para la campaña de vacunación 2026/2027. Esta recomendación se basó en la situación epidemiológica y en la evidencia disponible que respalda una protección más amplia frente a las variantes circulantes de la línea JN.1.

Refuerzo de la plataforma y nuevas presentaciones

Al igual que en adaptaciones anteriores, la vacuna se ha desarrollado utilizando la plataforma de proteína recombinante de HIPRA, lo que permite actualizar el antígeno en respuesta a la evolución del SARS-CoV-2, manteniendo el mismo adyuvante basado en escualeno, la misma tecnología de fabricación y los mismos estándares de calidad.

La vacuna actualizada estará disponible en dos presentaciones listas para su uso: el vial monodosis ya existente y, por primera vez, una jeringa precargada (PFS, por sus siglas en inglés). Ambas presentaciones están diseñadas para facilitar su administración por parte de los profesionales sanitarios, mientras que la incorporación de la jeringa precargada ofrece una alternativa adicional para la práctica clínica habitual.

Un nuevo hito en la trayectoria de crecimiento de HIPRA

Este logro vuelve a poner de manifiesto la capacidad de HIPRA para desarrollar, adaptar, fabricar y suministrar vacunas innovadoras. En un contexto en el que la COVID-19 continúa circulando, esta nueva adaptación permitirá incorporar una opción más a las campañas de vacunación frente a la COVID-19, reforzando el papel de las vacunas de proteína recombinante en la fase endémica de la enfermedad.

Carles Fàbrega, director general del área de Salud Humana de HIPRA, afirmó: *“Este es un paso más en nuestro compromiso por consolidar a HIPRA como un socio de confianza en el suministro de vacunas para las personas, tanto en Europa como en el resto del mundo. Recibir una opinión positiva*

del CHMP para nuestra vacuna adaptada a la variante XFG.1.1 constituye un hito que refleja dedicación, capacidad y trabajo en equipo”.

BIMERVAX® ha sido desarrollada por HIPRA y se fabrica en las instalaciones de la compañía en la provincia de Girona (España), donde se integran las principales etapas del ciclo de vida de la vacuna, incluyendo la investigación y el desarrollo, la fabricación a escala industrial, el control de calidad, las actividades regulatorias y la liberación final de los lotes.

Estas capacidades integradas refuerzan la contribución de HIPRA a la autonomía estratégica de Europa en materia de salud y su capacidad de preparación para responder a futuras emergencias de salud pública.

Fuente: PHARMA MARKET. Disponible en <https://n9.cl/jliu2>

GSK Advances New Toddler Pneumococcal Booster, Signaling Ongoing Vaccine Pipeline Momentum

Jul 31. GlaxoSmithKline is running a Phase 1 trial called “A Phase 1, Observer-Blind, Randomized, Active Controlled Trial to Evaluate the Safety and Reactogenicity of an Investigational Pneumococcal Vaccine in Toddlers 12 To 15 Months of Age Receiving a Single Booster Dose.” The study aims to check how safe and well tolerated a new booster vaccine is in young children, a key step before wider pediatric use.

The trial tests a new biological vaccine, Pn-MAPS30plus, as a single booster dose given by injection. It is compared with PCV20, an existing pneumococcal combination product, to see if the new option can match or improve on current protection for toddlers in routine immunization programs.

The study is interventional and uses random assignment so each child gets either the new vaccine or PCV20. It follows a parallel design, and is observer-blind, meaning parents, doctors, and outcome assessors do not know which vaccine was given, with the main goal to prevent bacterial pneumonia through better vaccination.

The study was first submitted on 06 Feb 2026, marking the formal launch of the trial record and recruitment. The most recent update was filed on 29 Jul 2026, signaling active management of the protocol; primary and final completion dates are not yet posted, showing the project is still in its early clinical phase.

For investors, this update supports GSK’s push in pediatric pneumococcal vaccines, a segment where Pfizer’s PCV franchise has long led the market. Positive safety data could strengthen GSK’s vaccine pipeline narrative and support sentiment, though real revenue impact will depend on later-stage trials and how health systems respond to competing options.

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

Fuente: The Globe and Mail. Disponible en <https://n9.cl/o59c8>



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Patentes registradas en Patentscope

Estrategia de búsqueda: (Vaccine) AND DP:([01.07.2026 TO 31.07.2026]) as the publication date 99 records.

1. [20260188432](#) METHOD FOR DESIGNING MRNA [VACCINE](#), METHOD FOR PREDICTING TRANSLATION EFFICIENCY OF MRNA [VACCINE](#), AND HARDWARE APPARATUS

US - 02.07.2026

Clasificación Internacional [G16B 40/00](#)Nº de solicitud 19544084 Solicitante IUCF-HYU (INDUSTRY-UNIVERSITY COOPERATION FOUNDATION HANYANG UNIVERSITY) Inventor/a Jin-Wu NAM

A method for designing an mRNA [vaccine](#) includes receiving sequence information of a candidate mRNA [vaccine](#), extracting an input sequence including a 25nt primer-binding sequence in a 5' UTR (Untranslated Region) of the sequence information, a 50nt sequence of the 5' UTR immediately before a CDS (Coding sequence) region, and a 30nt sequence after a start codon of a coding region, calculating secondary structure information for the input sequence, predicting translation efficiency of the candidate mRNA [vaccine](#) by inputting the input sequence and the secondary structure information into a pre-trained deep learning model, and, when the translation efficiency of the candidate mRNA [vaccine](#) is equal to or greater than a threshold, generating a final mRNA [vaccine](#) sequence by linking a sequence of an antigen protein to the sequence information of the candidate mRNA [vaccine](#).

2. [WO/2026/144797](#) IMMUNE COMPLEX, ADJUVANT AND [VACCINE](#)

WO - 09.07.2026

Clasificación Internacional [A61K 39/39](#)Nº de solicitud PCT/CN2025/139880 Solicitante MAXVAX BIOTECHNOLOGY CO., LTD. Inventor/a CHEN, Dexiang

The present invention belongs to the technical field of vaccines. Provided are an immune complex, an adjuvant and a [vaccine](#). An immune complex, which comprises: a liposome and quillaja saponin, wherein the liposome comprises cholesterol, the distribution density of quillaja saponin on cholesterol in the liposome is 0.204-0.556 g/g, and the amount of cholesterol adsorbed with quillaja saponin accounts for 25.7%-70% of the total amount of cholesterol. When applied to the preparation of a [vaccine](#), the immune complex can effectively ensure the safety of the [vaccine](#) and effectively improve the immunogenicity of the [vaccine](#), thereby ensuring the product quality of a [vaccine](#) product.

3. [0002866382](#) COMPOSITION OF THE [VACCINE](#) FOR THE PREVENTION OF RESPIRATORY SYNCYTIAL VIRAL INFECTION

RU - 20.07.2026

Clasificación Internacional C12N 15/02Nº de solicitud 2025124580SolicitanteInventor/a Стюкова Марина Анатольевна (RU)

FIELD: pharmaceuticals; immunology; biotechnology. SUBSTANCE: **vaccine** for the prevention of respiratory syncytial virus (RSV) infection and influenza infection has been disclosed. The **vaccine** is a **vaccine** based on an attenuated modified influenza A virus expressing the RSV F antigen as part of a shortened reading frame of the NS1 protein with surface antigens of the human influenza A virus – at least 107 EID50/dose. The **vaccine** also contains auxiliary substances in the form of buffering agents and lyoprotectors. The use of the **vaccine** for the prevention of RSV infection, including for patients over 60 years of age, is also disclosed. EFFECT: expanding the range of vector vaccines for the prevention of diseases caused by RSV infection and influenza A virus; the **vaccine** has low side effects and is stable. 10 cl, 2 dwg, 5 ex

4.0002866445HA-BASED **VACCINE** FOR HA-POSITIVE TARGETS

RU - 20.07.2026

Clasificación Internacional A61K 39/145Nº de solicitud 2023108553SolicitanteInventor/a ЛАНГЕРЕЙС, Мартейн, Александр (NL)

FIELD: biotechnology. SUBSTANCE: recombinant vector capable of expressing a recombinant influenza virus hemagglutinin (HA) stem polypeptide in a target is described, for use in reducing the risk of infection or disease caused by the influenza virus in a target that, at the time of vaccination, has antibodies to the HA head domain of the influenza virus, characterized in that said polypeptide comprises an HA stem domain without the head domain of the influenza virus, a trimerization domain and a transmembrane domain, wherein the expressed influenza virus HA stem polypeptide has an amino acid sequence selected from one of SEQ ID NO: 4, 6, 8, 10 and 12, and where the target is any human or animal susceptible to infection by the influenza virus. A **vaccine** is disclosed for use in reducing the risk of infection or disease caused by the influenza virus in a target that has antibodies to the HA head domain of the influenza virus during vaccination, wherein the **vaccine** comprises the described recombinant vector, or a host cell containing the said recombinant vector, and a pharmaceutically acceptable carrier. The present invention relates to the use of the described recombinant vector or host cell containing said recombinant vector and/or the disclosed **vaccine** to reduce the risk of infection or disease caused by the influenza virus in a target that, at the time of vaccination, has antibodies to the HA head domain of the influenza virus. A method is described for reducing the risk of infection or disease caused by the influenza virus in a target that, at the time of vaccination, has antibodies to the HA head domain of the influenza virus, comprising administering to said target the described recombinant vector, a host cell containing the described recombinant vector, and/or the disclosed **vaccine**. EFFECT: group of inventions makes it possible to induce an early and effective immune response against an infection or disease caused by the influenza virus, which is not hindered by previously acquired antibodies to the HA head domain. 6 cl, 1 dwg, 3 tbl

5.WO/2026/149106RNA **VACCINE** AND RELATED PRODUCT THEREOF

WO - 16.07.2026

Clasificación Internacional C12N 15/37Nº de solicitud PCT/CN2025/140448Solicitante MAXVAX

BIOTECHNOLOGY CO., LTD.Inventor/a CHEN, Dexiang

Provided are an RNA vaccine and a related product thereof, relating to the field of biomedicine. The RNA vaccine is a therapeutic vaccine. An antigen contained in the RNA vaccine comprises a combination of HPV16E6721 and HPV18E6721 or a combination of HPV16E672, HPV18E672 and HPV16/18E1. Compared with existing vaccines, the provided vaccine can induce viral clearance during a low-copy replication phase of the virus, and has a better immune effect.

6.WO/2026/149516 VACCINE AGAINST MYCOBACTERIUM ABSCESSUS AND MYCOBACTERIUM MARINUM AND PREPARATION METHOD THEREFOR

WO - 16.07.2026

Clasificación Internacional C12N 1/21Nº de solicitud PCT/CN2026/071558Solicitante SHANGHAI JIAO TONG UNIVERSITYInventor/a WANG, Zhe

Disclosed is a vaccine against Mycobacterium abscessus and Mycobacterium marinum, comprising a recombinant plasmid based on an antigen protein gene for stable expression of a cell wall antigen protein. The recombinant plasmid sequentially comprises, in a clockwise direction, a resistance screening gene Kan, an Escherichia coli replicon oriE, a promoter hsp60, an antigen protein gene MMAR_1296, and a gene tag Flag-tag, wherein the DNA sequence of the promoter hsp60 is as shown in SEQ ID No. 1, the sequence of the antigen protein gene MMAR_1296 is shown in SEQ ID No. 2, and the DNA sequence of the gene tag Flag-tag is as shown in SEQ ID No. 3. By displaying the cell wall antigen protein MMAR_1296 derived from Mycobacterium marinum on the surface of a non-virulent Mycobacterium smegmatis vaccine vector, a recombinant strain and a vaccine thereof are constructed. Subcellular fractionation and western-blot experiments demonstrate that the antigen protein MMAR_1296 is successfully displayed on the surface of Mycobacterium smegmatis. In vivo experiments in Balb/c mice demonstrate that the immune effect of the recombinant Mycobacterium smegmatis vaccine displaying the antigen protein MMAR_1296 on the surface is far superior to that of a Bacillus Calmette-Guerin (BCG) vaccine.

7.WO/2026/155574 PAPILLOMAVIRUS VIRUS-LIKE PARTICLE-BASED ANTI-AMYLOID BETA VETERINARY VACCINE

WO - 23.07.2026

Clasificación Internacional A61K 39/00Nº de solicitud PCT/KR2026/000940Solicitante POSVAX CO., LTD.Inventor/a KIM, Hong-Jin

The present invention relates to a papillomavirus virus-like particle-based anti-amyloid beta Alzheimer's disease vaccine and to a vaccine for the purpose of preventing and treating amyloid beta-associated diseases in animals. Specifically, the present invention relates to an Alzheimer's disease vaccine in which an amyloid beta antigenic group is loaded onto virus-like particles of human papillomavirus (HPV). According to the present invention, an amyloid beta peptide fragment is linked to HPV VLPs having excellent structural and immunological properties, thereby greatly enhancing the effect of inducing antibodies against amyloid beta. In addition, it was confirmed that the vaccine prepared according to the present invention exhibits superior immunogenicity and seroconversion rate compared to conventional VLP-based Alzheimer's disease vaccines.

8. 20260209278 DNA **VACCINE** COMPOSITION COMPRISING HEPATITIS VIRUS B-DERIVED MUTANT MOLECULE AND PATHOGEN- OR TUMOR-ASSOCIATED ANTIGEN MOLECULE AND USE THEREOF

US - 23.07.2026

Clasificación Internacional C07K 14/005Nº de solicitud 19137953 Solicitante SEOUL NATIONAL UNIVERSITY R&DB FOUNDATION Inventor/a Byoung Jun KIM

The present disclosure relates to: a DNA **vaccine** including a mutant molecule derived from a hepatitis B virus and either an antigen molecule of a pathogen or a tumor-associated antigen protein; and use of the DNA **vaccine** as a composition for preventing or treating a pathogenic infection or a tumor. According to a **vaccine** composition of an aspect, due to the inclusion of the mutant molecule derived from a hepatitis B virus, humoral immunity and cellular immunity are significantly activated compared to the existing DNA vaccines, and thus the **vaccine** composition can be utilized as a **vaccine** for preventing or treating a pathogen infection, such as a viral or bacterial infections or a tumor.

9. 20260191947 AFFORDABLE UNIVERSAL FUSION UNIVERSAL **VACCINE** FOR FOOT AND MOUTH DISEASE INFECTIONS

US - 09.07.2026

Clasificación Internacional A61K 39/135Nº de solicitud 19012157 Solicitante Matthias Magoola Inventor/a Matthias Magoola

The present invention relates to a pharmaceutical composition for inducing one or more immune responses capable of cross-protection against multiple strains or serotypes of a virus to generate protection with a single vaccination campaign. This universal **vaccine** comprises a composition presenting epitopes of antigens of all known sera of A, O, C, Asia, and the South African types of SAT-1, 2, and 3 capable of developing immunity against the Foot and Mouth Disease (FMD) in food-producing animals, such as cattle, sheep, goats, swine and other cloven-hoofed animals. The antigen **vaccine** is fused with serum proteins or short peptides to bind to serum proteins to enhance its half-life and with an adjuvant to enhance the activity of the **vaccine** when produced using recombinant technology. The RNA-based delivery of vaccines reduces the cost significantly, making this universal fusion **vaccine** affordable globally.

10. 4775222 DENGUE-VIRUS-IMPFSTOFF UND DENGUE-VIRUS-IMPFSTOFF-KIT

EP - 15.07.2026

Clasificación Internacional A61K 39/12Nº de solicitud 24862749 Solicitante UNIV KAGOSHIMA Inventor/a KOHARA KYOKO

A dengue virus **vaccine** includes a recombinant vaccinia virus having a DNA encoding a region other than NS1 in non-structural proteins of a dengue virus and having a promoter controlling expression of the region other than NS1, wherein the **vaccine** is inoculated into an inoculation subject two or more times.

11. WO/2026/149097 HPV **VACCINE** AND PREPARATION METHOD THEREFOR AND USE THEREOF

WO - 16.07.2026

Clasificación Internacional A61K 39/12Nº de solicitud PCT/CN2025/139876 Solicitante MAXVAX BIOTECHNOLOGY CO., LTD. Inventor/a CHEN, Dexiang

An HPV **vaccine**, and a preparation method therefor and a use thereof, relating to the field of medicine. By

combining target antigens HPV E1, E2, E6, and E7 and performing sequence optimization, a therapeutic HPV vaccine is obtained. The HPV vaccine has excellent immunogenicity, helping to effectively clear viruses and early lesions associated with HPV infection, and has a wide range of application.

12. 20260201411 TRIVALENT TUBERCULOSIS VACCINE

US - 16.07.2026

Clasificación Internacional C12N 15/86Nº de solicitud 19127886 Solicitante McMaster University Inventor/a Zhou Xing

A multi-valent vaccine is provided which targets the multi-stage life cycle of *Mycobacterium* species of the tuberculosis complex. The vaccine comprises a transgene that expresses an acute mycobacterial infection-associated antigen such as Ag85A, an acute/chronic mycobacterial infection-associated antigen such as TB 10.4, and a dormant/latent resuscitation mycobacterial infection-associated antigen such as RpfB, for induction of broad protective immunity against pulmonary tuberculosis. The vaccine provides robust mucosal immunity against not only actively replicating but also dormant non-replicating mycobacteria in the lung.

13. WO/2026/145675 RABIES MRNA VACCINE AND USE THEREOF

WO - 09.07.2026

Clasificación Internacional A61K 9/00Nº de solicitud PCT/CN2025/147938 Solicitante SHANGHAI RNACURE BIOPHARMA CO., LTD. Inventor/a LIN, Jinzhong

The present invention relates to a rabies mRNA vaccine and the use thereof. The rabies mRNA vaccine uses an mRNA of the rabies virus G protein as an active ingredient. The mRNA comprises a coding sequence of the rabies virus G protein, and the coding sequence is selected from any one of the following: (1) the G protein comprises an amino acid sequence as shown in SEQ ID NO: 1, and the coding sequence comprises a nucleic acid sequence selected from any one of SEQ ID NOs: 10-14 and 17; and (2) the G protein comprises an amino acid sequence as shown in SEQ ID NO: 8. Compared with traditional inactivated vaccines, the vaccine provided has stronger immunogenicity, can stimulate a stronger humoral immune response, and has a better protection effect.

14. WO/2026/155116 PREDICTION OF EFFECTS OF CANCER VACCINE

WO - 23.07.2026

Clasificación Internacional G01N 33/68Nº de solicitud PCT/JP2026/000749 Solicitante NATIONAL UNIVERSITY CORPORATION KOBE UNIVERSITY Inventor/a SHIRAKAWA, Toshiro

The present disclosure provides a feature related to cancer prediction. More specifically, the present disclosure provides a method for predicting effects of a cancer vaccine. The method includes checking reactivity with immune cells (for example, peripheral blood mononuclear cells) derived from the patient caused by stimulation from a cancer antigen corresponding to the cancer vaccine or an antigenic portion of the cancer antigen, and predicting/calculating the effects of the cancer vaccine (for example, efficacy (efficacy/persistence) / determining patients to be vaccinated) on the basis of the reactivity.

15. WO/2026/138655 TRICHINELLA SPIRALIS VACCINE KIT BASED ON PRIME-BOOST SEQUENTIAL

IMMUNIZATION PROGRAM AND USE THEREOF

WO - 02.07.2026

Clasificación Internacional A61K 39/00Nº de solicitud PCT/CN2025/143728 Solicitante JILIN UNIVERSITY Inventor/a LIU, Xiaolei

Provided are a *Trichinella spiralis* vaccine kit based on a prime-boost sequential immunization program and use thereof, improving the protective effect against trichinosis. The kit is divided into two parts; the first part is a *Trichinella spiralis* recombinant protein vaccine having an amino acid sequence set forth in SEQ ID NO. 1 or SEQ ID NO. 2, and the second part is a recombinant adenovirus expressing an amino acid sequence set forth in SEQ ID NO. 1. The prime-boost immunization strategy not only effectively avoids the deficiency associated with a single-type *Trichinella spiralis* vaccine, but also significantly improves the efficacy and durability of the immune response.

16.0002866143 CULTURE-BASED INACTIVATED EMULSION VACCINE AGAINST FOOT-AND-MOUTH DISEASE GENOTYPE SAT-1/II

RU - 14.07.2026

Clasificación Internacional A61K 39/135Nº de solicitud 2025133833 Solicitante Inventor/a Доронин Максим Игоревич (RU)

FIELD: veterinary virology; biotechnology. SUBSTANCE: culture-based inactivated emulsion vaccine against foot-and-mouth disease of the SAT-1/II genotype has been proposed. The vaccine is made from the strain "SAT-1/ARRIAH/Topotype II" of the genotype SAT-1/II using the oil adjuvant Montanide ISA-206 VG. EFFECT: obtaining a vaccine against foot-and-mouth disease virus with high immunogenic activity, which is capable of providing effective protection to susceptible animals against the epizootic strain of foot-and-mouth disease virus of the SAT-1/II genotype. 3 cl, 1 dwg, 7 tbl, 14 ex

17.20260191942 BACTERIAL VACCINE

US - 09.07.2026

Clasificación Internacional A61K 39/085Nº de solicitud 19276360 Solicitante BELLEVACC AS Inventor/a Henning SØRUM

The present document discloses a method for producing a bacterial vaccine composition against bacterial diseases in animals, such as tetrapods or fish, wherein said bacterial vaccine composition comprises inactivated bacteria of the bacterium causing said bacterial diseases. The method involves exposing the bacteria to different growth conditions and then preparing a bacterial vaccine composition where the bacteria are exposed to different growth conditions. With vaccines prepared by the present method, bacterial diseases that previously had not been able to be cured could be treated or the effect of the treatment was more long-lasting.

18.4773980 REKOMBINANTES VACCINIA VIRUS UND VERFAHREN ZUR VERWENDUNG DAVON

EP - 15.07.2026

Clasificación Internacional A61K 35/768Nº de solicitud 24863497 Solicitante REIGNITE THERAPEUTICS

INCInventor/a MARURI AVIDAL LILIANA

The present disclosure provides a replication-competent, recombinant oncolytic vaccinia virus; and compositions comprising the replication-competent, recombinant oncolytic vaccinia virus. The present disclosure also provides use of the vaccinia virus or composition for inducing oncolysis in an individual having a tumor.

19.20260199451 **VACCINE** COMPOSITIONS AND METHODS

US - 16.07.2026

Clasificación Internacional A61K 39/215Nº de solicitud 19443595Solicitante FLAGSHIP PIONEERING INNOVATIONS VII, LLCInventor/a Jacob Rosenblum Rubens

The present disclosure provides, for example, **vaccine** compositions comprising an mRNA molecule and a double stranded DNA molecule. The DNA molecule may be hemi-modified. The mRNA molecule and DNA molecule may encode the same or similar immunogen. In some embodiments, the combination of the mRNA molecule and the DNA molecule evokes a stronger immune response than either one alone. Methods of making and using the **vaccine** compositions are also described.

20.20260186000 **ITERATIVE VACCINE** DESIGN IN AN ERA OF EMERGING INFECTIOUS DISEASES

US - 02.07.2026

Clasificación Internacional G01N 33/68Nº de solicitud 19295449Solicitante Board of Regents, The University of Texas SystemInventor/a Nikos Vasilakis

Methods provide a scalable, iterative system for designing multi-epitope vaccines against emerging infectious diseases, particularly alphaviruses. A computational pipeline integrates immune-informatic tools to identify and rank B-cell and T-cell epitopes based on immunogenicity, MHC binding affinity, HLA allele coverage, solubility, and stability. Selected epitopes are validated via peptide microarrays and T-cell immunogenicity assays in human, murine, and nonhuman primate models, ensuring robust immune activation. Final **vaccine** candidates are optimized for broad viral strain coverage. In vivo mouse studies demonstrate immune response induction and protection against viral challenge. Implemented via a Nextflow-orchestrated, containerized pipeline, executable on high-performance or cloud computing platforms, this system enables rapid, adaptable **vaccine** design leveraging real-time bio-surveillance data.

21.WO/2026/151879 **VACCINE** COMPOSITIONS AND METHODS

WO - 16.07.2026

Clasificación Internacional A61K 39/12Nº de solicitud PCT/US2026/010614Solicitante FLAGSHIP PIONEERING INNOVATIONS VII, LLCInventor/a RUBENS, Jacob Rosenblum

The present disclosure provides, for example, **vaccine** compositions comprising an mRNA molecule and a double stranded DNA molecule. The DNA molecule may be hemi-modified. The mRNA molecule and DNA molecule may encode the same or similar immunogen. In some embodiments, the combination of the mRNA molecule and the DNA molecule evokes a stronger immune response than either one alone. Methods of making and using the **vaccine** compositions are also described.

22.4773995 NEUARTIGE HEPATITIS-C-VIRUS-IMMUNOGENE UND ZUGEHÖRIGE VERWENDUNGEN

EP - 15.07.2026

Clasificación Internacional A61K 39/29Nº de solicitud 24863639 Solicitante THE SCRIPPS RESEARCH INST Inventor/a HE LINLING

Provided are Hepatitis Virus C (HCV) soluble fusion immunogens (SE1E2) that are derived from engineered or redesigned HCV sE1 and sE2 polypeptides and are configured to form native-like E1E2 interface that may be used in vaccine formulations. Also provided are related vaccine compositions that display the engineered SE1E2 immunogens after cleavage into an SE1E2 protein with native E1E2 conformation on a self-assembling nanoparticle scaffold. Also provided are methods of using the immunogens and vaccine compositions in methods for prophylaxis or therapy for HCV infections.

23. 4770751 VERWENDUNG VON CODON-DEOPTIMISIERUNG UND OPTIMIERUNG ZUR HERSTELLUNG EINES LARYNGOTRACHEITIS-VIRUS-VERSTÄRKTEN IMPFSTOFFS

EP - 08.07.2026

Clasificación Internacional A61P 31/12Nº de solicitud 23951030 Solicitante EDGE ANIMAL HEALTH INC Inventor/a MOORE KRISTI MAE

An improved method of deoptimization of nucleic acids, particularly nucleic acids associated with genes and/or open reading frames (ORFs) of a variety of pathogens including viruses, retroviruses, bacteria, fungi, and the like. Nucleic acids may be related to genes and/or ORFs from infectious viruses or other diseases and be associated with the elicitation of a protective response when inserted, using recombinant techniques, into a vector and used in a vaccine composition. The nucleic acid sequence of one or more ORFs may be optimized or deoptimized for use in an improved recombinant vaccine to elicit an immune response against an infectious agent when administered to a subject using a variety of dosing and timing regimens.

24. 20260191944 ACINETOBACTER VACCINE AND METHOD OF USE THEREOF

US - 09.07.2026

Clasificación Internacional A61K 39/104Nº de solicitud 19133520 Solicitante Washington University Inventor/a Scott HULTGREN

The present disclosure provides for a vaccine comprising an *Acinetobacter* adhesin protein or fragment thereof and a pharmaceutically acceptable carrier or adjuvant. The vaccine may be used for treating or preventing a urinary tract infection (UTI) in a subject in need thereof, particularly a catheter-associated UTI (CAUTI). In some embodiments, the *Acinetobacter* adhesin protein or fragment thereof is an isolated *Acinetobacter* chaperone-usher pathway (CUP) adhesin protein or immunogenic fragment thereof.

25. WO/2026/152544 RAPID MRNA CONSTRUCTION METHOD AND USE THEREOF

WO - 23.07.2026

Clasificación Internacional C12Q 1/686Nº de solicitud PCT/CN2025/081876 Solicitante FUDAN UNIVERSITY SHANGHAI CANCER CENTER Inventor/a HUANG, Shenglin

The present invention provides a rapid mRNA construction method and a use thereof. The method uses a pre-prepared double-stranded DNA fragment library and full-length amplification primer and a chemically synthesized oligonucleotide (a target protein primer) to achieve rapid assembly synthesis under the catalytic synthesis of a high-fidelity DNA polymerase, and the synthesized linear double-stranded DNA, after simple purification, can be used for an in vitro transcription reaction for synthesis of target mRNA. The rapid mRNA

construction method can be used for rapidly synthesizing a tumor mRNA vaccine encoding a single tumor antigen epitope, and the tumor mRNA vaccine can further be mixed to form a mRNA vaccine library for tumor treatment. In addition, in the present invention, a rapid identification method for neoantigens in tumor patients is further developed on the basis of the rapid mRNA construction method.

26. WO/2026/151918 MRNA VACCINES FOR HUMAN PAPILLOMAVIRUS (HPV)

WO - 16.07.2026

Clasificación Internacional C12N 15/63Nº de solicitud PCT/US2026/010676 Solicitante ADVANCED RNA VACCINE (ARV) TECHNOLOGIES, INC. Inventor/a HE, Zhengxiang

Described herein are compositions and methods of using the same. The compositions can include a first nucleic acid encoding for an HPV E6 peptide or a variant or fragment thereof; a second nucleic acid encoding for an HPV E7 peptide or a variant or fragment thereof; and a third nucleic acid encoding a subdomain of the SARS-CoV-2 spike protein.

27. 20260207764 MODIFIED CLOSTRIDIAL NEUROTOXINS AS VACCINES AND CONJUGATE VACCINE PLATFORMS

US - 23.07.2026

Clasificación Internacional A61K 47/68Nº de solicitud 19636838 Solicitante The Medical College of Wisconsin, Inc. Inventor/a Joseph T. Barbieri

Provided herein are engineered non-catalytic, non-toxic tetanus toxin variants and methods of using such engineered tetanus toxin variants as low dose, protective vaccines that are non-toxic and more potent than their respective chemically inactivated toxoids. In addition, provided herein are conjugate vaccine carriers comprising engineered tetanus toxin variants and methods of using such conjugate vaccines to elicit T-cell dependent immune memory responses which can target a broad spectrum of microbial pathogens as a single vaccine.

28. 4770669 IMPFSTOFF GEGEN T-ZELLEN-BREITBAND-BETACORONAVIRUS

EP - 08.07.2026

Clasificación Internacional A61K 39/215Nº de solicitud 24765401 Solicitante NEC ONCOIMMUNITY AS Inventor/a MALONE BRANDON

The present invention relates to polypeptides, polynucleotides, compositions, microorganisms, vectors and vaccine compositions optimised for the treatment or prophylaxis of a disease or infection caused by Betacoronaviruses, including but not limited to: Embecovirus, Hibecovirus, Merbecovirus, Nobecovirus, Sarbecovirus, MERS-CoV, SARS-CoV-1 and SARS-CoV-2. In particular, the invention provides a vaccine composition comprising a polypeptide, wherein the polypeptide comprises one or more epitope sequences, wherein the one or more epitope sequences have the amino acid sequences of any one or more of the sequences of Table 1, or a variant thereof having at least 70% sequence identity thereto, and wherein the polypeptide sequence is no more than 1400 amino acids in length.

29. WO/2026/138849 CANINE RECOMBINANT ALLERGEN VACCINE, PREPARATION METHOD THEREFOR, AND USE THEREOF

WO - 02.07.2026

Clasificación Internacional A61K 39/35Nº de solicitud PCT/CN2025/144997Solicitante ZONHON BIOPHARMA INSTITUTE, INC.Inventor/a MA, Bruce Yong

Provided are a canine recombinant allergen **vaccine**, a pharmaceutical composition thereof, a preparation method therefor, and a use thereof. The canine recombinant allergen **vaccine** is used for identifying, during diagnosis, an allergen molecule causing an allergic reaction, and is used for performing allergen immunotherapy on a patient during treatment.

30.WO/2026/153357RESPIRATORY SYNCYTIAL VIRUS ANTIGENIC POLYPEPTIDE, NUCLEIC ACID AND **VACCINE**, AND USE THEREOF

WO - 23.07.2026

Clasificación Internacional C07K 14/135Nº de solicitud PCT/CN2026/072490Solicitante SHENZHEN RHEGEN BIOTECHNOLOGY CO.,LTD.Inventor/a WEN, Jianyu

Provided are a respiratory syncytial virus antigenic polypeptide, a nucleic acid and a **vaccine**, and the use thereof. First, provided is a respiratory syncytial virus antigenic polypeptide or an immunogenic fragment thereof. The amino acid sequence of the respiratory syncytial virus antigenic polypeptide or an immunogenic fragment thereof has one or more mutation sites of the following amino acid residues compared with the amino acid sequence of a respiratory syncytial virus wild-type Pre-F protein: positions 174-176, positions 181-184, positions 210-213, and positions 160-161. Further provided are an mRNA **vaccine** for a respiratory syncytial virus, which encodes a respiratory syncytial virus antigenic polypeptide or an immunogenic fragment thereof. The present invention can enhance pre-F immunogenicity and/or help improve protein expression levels.

31.20260193671RECOMBINANT RSV **VACCINE**: METHODS OF MAKING AND USING THE SAME

US - 09.07.2026

Clasificación Internacional C12N 15/86Nº de solicitud 19125921Solicitante BLUE LAKE BIOTECHNOLOGY, INC.Inventor/a Biao HE

Compositions and methods of inducing an immune response in a subject having RSV comprising administering a pharmaceutical composition comprising a prophylactic **vaccine** against RSV infection, wherein the **vaccine** comprises a live recombinant canine parainfluenza (CPI) vector backbone engineered to express a RSV F protein.

32.20260191949VP4-BASED TRIVALENT PSEUDOVIRUS NANOPARTICLE **VACCINE** FOR ROTAVIRUS AND METHODS OF USING SAME

US - 09.07.2026

Clasificación Internacional A61K 39/15Nº de solicitud 19124333Solicitante CHILDREN'S HOSPITAL MEDICAL CENTERInventor/a MING TAN

Disclosed herein are **vaccine** compositions, in particular, polyvalent icosahedral compositions for presentation of a rotavirus antigen. The disclosed compositions may contain an S particle made up of recombinant fusion proteins that further comprise a rotavirus antigen. The recombinant fusion proteins may include a norovirus

(NoV) S domain protein, a linker protein domain operatively connected to the norovirus S domain protein, and a rotavirus antigen protein domain. The disclosed particles and compositions may be used as a vaccine composition for reducing the likelihood of becoming infected with rotavirus, diminishing the severity of a rotavirus infection, reducing the duration of time of a rotavirus infection, or otherwise improving an immune response following contact with rotavirus in an individual.

33. 20260201414 METHOD FOR PREPARING CORONA VIRUS-LIKE PARTICLES AND VACCINE COMPRISING THE SAME

US - 16.07.2026

Clasificación Internacional C12N 15/86Nº de solicitud 19353267 Solicitante National Defense Medical University Inventor/a SZU-CHENG KUO

The present invention provides a method for producing coronavirus virus-like particles (VLPs) and a vaccine comprising the same. The method comprises: constructing a recombinant baculovirus carrying a coronavirus spike protein gene; transducing mosquito cells with the recombinant virus; and culturing the transduced cells in a serum-free medium to produce VLPs containing the coronavirus spike protein. Preferably, the mosquito cells are C6/36 cells, and the spike protein gene may be derived from SARS-COV, MERS-COV, or SARS-COV-2. Furthermore, the invention provides a vaccine containing the VLPs produced by the above method, which can be administered intranasally or by intramuscular injection.

34. 20260191952 PNEUMOCOCCAL CONJUGATE VACCINE FORMULATIONS

US - 09.07.2026

Clasificación Internacional A61K 39/385Nº de solicitud 19133544 Solicitante Pfizer Inc. Inventor/a Awa Diop

The present invention relates to new vaccine formulations comprising conjugated *Streptococcus pneumoniae* capsular saccharide antigens (glycoconjugates) and uses thereof. Vaccine formulations of the present invention will typically comprise at least one glycoconjugate from a *S. pneumoniae* serotype in a formulation designed to facilitate resuspension.

35. WO/2026/151374 ORAL FISH VACCINES AND COMPOSITIONS COMPRISING THE SAME

WO - 16.07.2026

Clasificación Internacional C12N 1/21Nº de solicitud PCT/SG2025/050791 Solicitante NATIONAL UNIVERSITY OF SINGAPORE Inventor/a YANG, Daiwen

Disclosed herein is an oral fish vaccine comprising a recombinant cell comprising virus-like particles, wherein the recombinant cell is intact, inactivated, and does not exhibit antibiotic resistance. In one preferred embodiment, the inactivation is performed using sodium hypochlorite. In another preferred embodiment, the recombinant cell is *Escherichia coli* (*E. coli*) or *Lactococcus lactis* (*L. lactis*). In a further preferred embodiment, the virus-like particles comprise nervous necrosis virus capsid proteins and the vaccine is used in treating or preventing viral nervous necrosis.

36. 20260188423 IDENTIFICATION OF CELL SURFACE ANTIGENS WHICH INDUCE T-CELL RESPONSES AND THEIR USES

US - 02.07.2026

Clasificación Internacional G16B 20/00Nº de solicitud 19127401 Solicitante VERDI SOLUTIONS

GMBHInventor/a Julianna Lisziewicz

Disclosed is a computer-implemented method for identifying, for a subject, at least one antigen which is expected to induce a T-cell response to attack unhealthy cells in the subject. The invention further relates to using said antigens for designing personalized vaccines and to the use of such personalized vaccine and personalized vaccine compositions in kits and methods for the treatment of disease.

37.20260191941 VACCINE FOR PROTECTION AGAINST LEPTOSPIRA SEROVAR AUSTRALIS

US - 09.07.2026

Clasificación Internacional A61K 39/02Nº de solicitud 18873757Solicitante INTERVET INC.Inventor/a Henricus Leo Bernardus Maria KLAASEN

The present invention is directed to providing a canine with protective immunity against *Leptospira* serovar *Australis* with a vaccine that comprises a non-*Australis leptospira* serovar.

38.WO/2026/143237 VACCINES AGAINST CLOSTRIDIODES DIFFICILE AND METHODS OF USING THE SAME

WO - 02.07.2026

Clasificación Internacional C07K 14/33Nº de solicitud PCT/US2025/061444Solicitante CLOSTRIDIAL DISEASE PREVENTION INC.Inventor/a SASSER, Joseph, M.

Disclosed are vaccine compositions comprising polypeptides selected from Clostridioides difficile binary toxin B, Clostridioides difficile binary toxin A, a High Molecular Weight portion of Clostridioides difficile Surface Layer Protein A, and a Low Molecular Weight portion of Clostridioides difficile Surface Layer Protein A. Methods of preparing the vaccine composition, methods of preventing or reducing attachment of C. difficile to an epithelial cell, and methods of preventing or treating a condition caused by infection of Clostridioides difficile are also provided.

39.4766388 NEUES SCHEMA ZUR VERABREICHUNG EINES MULTIVALENTEN IMPFSTOFFS GEGEN SCHWEINEINFEKTIONEN

EP - 01.07.2026

Clasificación Internacional A61K 39/08Nº de solicitud 24758288Solicitante CEVA SANTE ANIMALEInventor/a FACHINGER VICKY

The present disclosure relates to a multivalent vaccine composition and its use in the protection against swine infections in a female pig and its progeny with a new scheme of administration.

40.WO/2026/139785 HUMAN MONOCLONAL ANTIBODIES AGAINST MONKEYPOX VIRUS AND OTHER ORTHOPOXVIRUSES

WO - 02.07.2026

Clasificación Internacional C07K 16/081Nº de solicitud PCT/IB2025/063059Solicitante FONDAZIONE BIOTECNOPOLO DI SIENAINventor/a PACIELLO, Ida

The present invention relates to monoclonal antibodies or antigen-binding portion thereof that have neutralizing or cross-neutralizing activity against poxvirus, in particular against monkeypox virus, vaccinia

virus and cowpox virus. The invention relates also to the use of such monoclonal antibodies or antigen binding portion thereof in therapy, prophylaxis and diagnosis of poxvirus, in particular monkeypox virus, vaccinia virus and cowpox virus dependent diseases.

41. WO/2026/150132 COMBINATION THERAPY COMPRISING AN RNA CANCER **VACCINE** AND A MULTISPECIFIC BINDING AGENT TARGETING PD-1/PD-L1 AND VEGF/VEGFR FOR CANCER TREATMENT

WO - 16.07.2026

Clasificación Internacional C07K 16/22Nº de solicitud PCT/EP2026/050601 Solicitante BIONTECH SE Inventor/a SAHIN, Ugur

The present invention relates to combination therapy using an RNA anti-cancer **vaccine** in combination with a binding agent that binds to (i) PD-1, PD-L1, or both, and (ii) VEGF, VEGF receptor (VEGFR), or both to reduce or prevent progression of cancer or to treat cancer.

42. 4766386 MULTIVALENTER IMPFSTOFF GEGEN SCHWEINEINFEKTIONEN

EP - 01.07.2026

Clasificación Internacional A61K 39/02Nº de solicitud 24758278 Solicitante CEVA SANTE ANIMALE Inventor/a FACHINGER VICKY

The present disclosure relates to a multivalent **vaccine** composition and its use in the protection against *Escherichia coli* (*E. coli*), *Clostridium spp.*, porcine parvovirus and *Erysipelothrix rhusiopathie* (*E. rhusiopathie*) infections in a pig and its progeny, preferably with a new scheme of administration for passive and active immunization of a pig and its progeny.

43. 4766393 LÖSLICHES HCV GLYCOPROTEIN E2 ALS IMPFSTOFF GEGEN HEPATITIS C VIRUS

EP - 01.07.2026

Clasificación Internacional A61K 39/12Nº de solicitud 24789874 Solicitante TWINCORE ZENTRUM FUER EXPERIMENTELLE UND KLINISCHE INFektionsFORSCHUNG GMBH Inventor/a LABUHN MAURICE

The present invention relates to the field of vaccination, in particular, of vaccination against hepatitis C virus (HCV). The present invention provides a composition comprising HCV glycoprotein E2 from strain GT4a.ED43, and optionally, further HCV glycoproteins E2 from other strains and/or an adjuvant. The glycoprotein can be soluble glycoprotein or it can be displayed on the surface of a nanoparticle. Alternatively, it provides a composition comprising a nucleic acid encoding HCV glycoprotein E2 from strain GT4a.ED43, and, optionally, from other strains. The composition is useful as a **vaccine**, e.g., for prophylactic vaccination against HCV. The invention also provides a method for producing said composition as well as HCV glycoprotein E2 from strain GT2b.2b5 and a nucleic acid encoding the same.

44. WO/2026/143879 EXCIPIENT FOR DELIVERING EXOGENOUS PLASMID DNA, AND PREPARATION THEREOF AND USE THEREOF

WO - 09.07.2026

Clasificación Internacional A61K 47/18Nº de solicitud PCT/CN2025/086236 Solicitante CAPITAL MEDICAL UNIVERSITY Inventor/a SUN, Wenzhi

An excipient for delivering exogenous plasmid DNA, and the preparation thereof and the use thereof. The excipient is a liquid mixture or a lyophilizate of the liquid mixture, and the liquid mixture comprises an amino acid substance and a buffer, wherein when delivering exogenous plasmid DNA, the effective delivery concentration of the amino acid substance is 3 mmol/L or more. After mixing the excipient with the exogenous plasmid DNA, an exogenous plasmid DNA preparation is obtained, wherein in the exogenous plasmid DNA preparation, the effective delivery concentration of the amino acid substance is 3 mmol/L or more, and the effective delivery concentration of the exogenous plasmid DNA is 0.05 ug/uL or more. The exogenous plasmid DNA preparation can achieve the aim of delivering exogenous plasmid DNA to muscles and skin tissue with higher efficiency and broader coverage and over a longer period of time in multiple species, and can expand the transfection range, improve the protein expression level of a target gene, and enhance the immune response. The present invention can be used for developing a tumor vaccine and an infectious disease vaccine with good immune effects, thus having clinical value.

45. 20260185060 ZIKA AND HCV ATTENUATED VIRUSES AND USE THEREOF

US - 02.07.2026

Clasificación Internacional C12N 7/04Nº de solicitud 19541345 Solicitante BAR-ILAN UNIVERSITY Inventor/a Tamir TULLER

Attenuated forms of virulent Zika virus and Hepatitis C virus are provided. Vaccine compositions comprising the attenuated virus and methods of eliciting a protective immune response in a subject by administering the vaccine compositions are also provided.

46. WO/2026/152590 METHOD FOR AUTOMATED HIGH-THROUGHPUT PREPARATION OF MRNA VACCINE AND DRUG

WO - 23.07.2026

Clasificación Internacional C12M 1/36Nº de solicitud PCT/CN2025/091946 Solicitante PROXYBIO THERAPEUTICS CO., LTD. Inventor/a LIN, Jiaqi

Disclosed in the present invention is a method for automated high-throughput preparation of an mRNA vaccine and drug. The method uses a microfluidic chip and a preparation system. The microfluidic chip has a curved sample injection channel and a mixing channel composed of alternately communicated transverse and longitudinal flow channels and is capable of automated and efficient mixing of an aqueous phase and an organic phase for high-throughput preparation of LNPs. The preparation system comprises the microfluidic chip and is further integrated with a variety of peripheral devices and pipetting workstations, and can achieve end-to-end, high-throughput, rapid, integrated automated preparation involving mRNA preparation and purification, LNP encapsulation, in vitro transfection, and cell level characterization in the research of mRNA vaccines and drugs.

47. WO/2026/145659 MRNA PHARMACEUTICAL COMPOSITION FOR PREVENTING AND TREATING TUBERCULOSIS AND USE THEREOF

WO - 09.07.2026

Clasificación Internacional A61K 39/04Nº de solicitud PCT/CN2025/147855 Solicitante SHENZHEN RHEGEN

BIOTECHNOLOGY CO., LTD.Inventor/a ZHANG, Hao

An mRNA pharmaceutical composition for preventing and treating tuberculosis and a use thereof. The mRNA pharmaceutical composition comprises: an mRNA molecule encoding a Mycobacterium tuberculosis antigen, and a pharmaceutically acceptable adjuvant. The Mycobacterium tuberculosis antigen comprises the following antigen components: at least one Mycobacterium tuberculosis early secreted antigen or an immunologically active fragment thereof; at least one Mycobacterium tuberculosis PE/PPE family antigen or an immunologically active fragment thereof; and a Mycobacterium tuberculosis latency-associated antigen Rv2029c or an immunologically active fragment thereof. The mRNA pharmaceutical composition does not comprise or further comprises an mRNA molecule encoding a cytokine. The pharmaceutical composition is used for preparing a tuberculosis vaccine, can be used as a preventive vaccine for preventing latency reactivation, can also be used as a therapeutic drug for treating active tuberculosis, and has a significant inhibitory effect on Mycobacterium tuberculosis.

48.WO/2026/146694CHAPERONE-BASED NOVEL RECOMBINANT PERTUSSIS VACCINE

WO - 09.07.2026

Clasificación Internacional C12N 9/00Nº de solicitud PCT/KR2025/000660Solicitante INDUSTRY-ACADEMIC COOPERATION FOUNDATION, YONSEI UNIVERSITYInventor/a SEONG, Baik-Lin

The present invention relates to an RNA-dependent chaperone-based cell-free pertussis antigen protein and a use thereof. A fusion protein according to the present invention not only exhibits improved water solubility and yield compared to existing cell-free pertussis (aP) vaccines, but can also induce a long-term and strong immune response mediated by the Th1/Th17 pathway. Therefore, the fusion protein according to the present invention overcomes the limitations of Th2 immune response-based aP vaccines, and thus can be effectively used as a novel pertussis vaccine or therapeutic agent.

49.20260191945METHODS AND COMPOSITIONS FOR VACCINATING PIGLETS AGAINST PRRS-1 VIRUS

US - 09.07.2026

Clasificación Internacional A61K 39/12Nº de solicitud 19134908Solicitante Zoetis Services LLCInventor/a Monica BALASCH SANUY

This disclosure provides a vaccine comprising a modified live PRRS-1 virus attenuated in cells expressing porcine CD163 for use in inducing protective immunity in a piglet that is older than 60 hours of age, wherein said vaccine is administered to said piglet intranasally.

50.20260207737OIL ADJUVANT COMPOSITIONS AND VACCINE EMULSIONS COMPRISING SUCH OIL ADJUVANT COMPOSITIONS

US - 23.07.2026

Clasificación Internacional A61K 39/39Nº de solicitud 19140857Solicitante CEVA SANTE ANIMALEInventor/a Jérôme Gaucheron

The invention relates to oil adjuvant compositions comprising at least one oil, at least one nonionic lipophilic surfactant, which is a sorbitan ester or a mannitan ester, and at least one nonionic hydrophilic surfactant,

which is an ethoxylated fatty alcohol. The invention also relates to adjuvant oil-in-water emulsions and vaccines oil-in-water emulsions obtained from the oil adjuvant compositions of the invention, and to the use of such vaccine oil-in-water emulsions for the treatment of porcine circovirus type 2 disease and/or porcine enzootic pneumonia.

51. WO/2026/146755 MOSAIC MULTI-DENGUE VIRUS ANTIGEN-LABELED MI3-NANOPARTICLE, AND PAN-SEROTYPE VACCINE AND PHARMACEUTICAL COMPOSITION COMPRISING SAME

WO - 09.07.2026

Clasificación Internacional A61K 39/12Nº de solicitud PCT/KR2025/012538 Solicitante KOREA UNIVERSITY RESEARCH AND BUSINESS FOUNDATION, SEJONG CAMPUS Inventor/a LEE, Hye-Ra

The present invention relates to: a mosaic multi-dengue virus antigen-labeled mi3-nanoparticle exhibiting uniform and excellent immunogenicity against all four serotypes of dengue virus; and a vaccine composition and pharmaceutical composition for pan-serotype dengue virus infection, comprising same as an active ingredient. The mosaic multi-dengue virus antigen-labeled mi3-nanoparticle of the present invention has been developed by incorporating a SpyTag003/SpyCatcher003-based binding system into an mi3-self-assembling nanoparticle, and has a multi-antigen structure that simultaneously labels all antigen proteins for four serotypes of dengue virus on the surface thereof, which can solve the problem of imbalance in immune responses for each serotype that occurs in conventional vaccines, thereby suppressing the occurrence of antibody-dependent enhancement (ADE). In addition, through the adjustment of an antigen labeling ratio for each serotype, the mosaic multi-dengue virus antigen-labeled mi3-nanoparticle of the present invention may exhibit more superior and uniform immunogenicity.

52. WO/2026/139478 RECOMBINANT MYCOBACTERIUM AS A VACCINE IN THE PREVENTION OF TUBERCULOSIS OCCURRENCE AND RECURRENCE

WO - 02.07.2026

Clasificación Internacional A61K 39/04Nº de solicitud PCT/EP2025/088738 Solicitante SERUM INSTITUTE OF INDIA PRIVATE LTD. Inventor/a SHALIGRAM, Umesh

The invention relates to a recombinant Mycobacterium cell for use as a safe and effective vaccine in the prevention of tuberculosis occurrence or recurrence.

53. 20260199448 NUCLEIC ACID BASED CANCER VACCINE AND METHODS THEREOF

US - 16.07.2026

Clasificación Internacional A61K 39/12Nº de solicitud 19137183 Solicitante ADVANCED RNA VACCINE (ARV) TECHNOLOGIES, INC. Inventor/a Huabin ZHU

Described herein are composition and methods of using thereof. The compositions described herein can include a single chain trimer nucleic acid encoding a first T cell epitope, a β 2-microglobulin, and a MHC class I heavy chain sequence. The methods described herein can be used to activate and/or expand an antigen-presenting cell. The methods described herein can also be used to treat or prevent a viral infection, bacterial infection, parasitic infection and/or a cancer in a subject.

54. 20260199480 METHODS, AGENTS AND COMPOSITIONS AS IN SITU VACCINE FOR CANCER CELL

AND TUMOR TREATMENT

US - 16.07.2026

Clasificación Internacional A61K 47/54Nº de solicitud 19443006Solicitante Tianxin WangInventor/a Tianxin Wang

This disclosure provides agents, compositions and methods for treating cancer by treating tumor in a subject. The composition comprises cancer cell inactivating agent and immune activity enhancing agent in a sustained release formulation, which can be used as intratumoral injection to convert the treated tumor into an in situ **vaccine** for cancer. Suitable immune activity enhancing agents include TLR agonist and STING agonist.

55.20260183385PAN-COVID-19 **VACCINE** COMPOSITION INCLUDING CONSENSUS SEQUENCE OF SARS-COV-2 VARIANTS

US - 02.07.2026

Clasificación Internacional A61K 39/215Nº de solicitud 19428594Solicitante KOREA NATIONAL INSTITUTE OF HEALTHInventor/a Hyun Ju IN

Provided are a **vaccine** composition for pan-COVID-19 comprising a consensus sequence of severe acute respiratory syndrome coronavirus type 2 (SARS-CoV-2) variants.

56.20260183384ADJUVANT AND TRANSMUCOSAL **VACCINE**

US - 02.07.2026

Clasificación Internacional A61K 39/215Nº de solicitud 19113080Solicitante JUNTENDO EDUCATIONAL FOUNDATIONInventor/a Hiraku SASAKI

An adjuvant and a transmucosal **vaccine** may have a high ability of inducing, through transmucosal administration, secretory IgA in addition to serum IgA and IgG. Such an adjuvant may contain, as an active ingredient, one or more polypeptides selected from (1) a polypeptide having one or two amino acid sequences shown in at least SEQ ID NO: 1, and (2) a polypeptide having 93% or more identity to the amino acid sequence.

57.WO/2026/140419ORAL **VACCINE** COMPOSITION AGAINST FELINE VIRAL INFECTION VIRUS

WO - 02.07.2026

Clasificación Internacional A61K 48/00Nº de solicitud PCT/JP2025/035727Solicitante KAICO LTD.Inventor/a YAMATO, Kenta

This oral **vaccine** composition against feline viral infection virus comprises pupae or cells of a baculovirus-infectable insect that has been: infected with recombinant baculovirus into which DNA that encodes viral proteins causing feline viral infections has been introduced; and dried.

58.WO/2026/144975RECOMBINANT HERPESVIRUS OF TURKEY RHVT-F-HA-VP2, AND CONSTRUCTION METHOD THEREFOR AND USE THEREOF

WO - 09.07.2026

Clasificación Internacional C12N 15/85Nº de solicitud PCT/CN2025/142815Solicitante WUXI ZELPIZO BIOTECHNOLOGY CO., LTD.Inventor/a WANG, Yongqiang

Provided are a herpesvirus of turkey strain rHVT-F-HA-VP2, and a construction method therefor and a use thereof. The construction method comprises: using a live HVT vaccine as a vector, and inserting the F gene of NDV, the HA gene of H9 subtype AIV and the VP2 gene of IBDV into the live HVT vaccine. After chicken is inoculated with the herpesvirus of turkey strain rHVT-F-HA-VP2, the chicken can be induced to generate high-titer antibodies aiming at NDV, H9 subtype AIV and IBDV, and the herpesvirus of turkey strain rHVT-F-HA-VP2 can be used for preparation of multivalent vaccines for Newcastle disease, H9 subtype avian influenza and infectious bursal disease.

59. WO/2026/150129 COMPOSITION FOR NON-VIRAL TRANSFECTION INTO A CELL AND USE IN CANCER TREATMENT

WO - 16.07.2026

Clasificación Internacional A61K 47/54Nº de solicitud PCT/EP2026/050598 Solicitante LATIUM RESEARCH LIMITED Inventor/a KENNEDY, Brian

The present invention relates to compositions and pharmaceutical compositions for non-viral transfection into a cell. The invention also relates to use of these and other compositions as a medicament; vaccine or specifically in a method for treating cancer. Lastly, the invention also relates to in vitro use of the compositions for transfecting cells; an in vitro method for transfecting a cell with nucleic acid and kits comprising the transfection components.

60. 3072794 RNA VACCINE AND IMMUNE CHECKPOINT INHIBITORS FOR COMBINED ANTICANCER THERAPY

ES - 06.07.2026

Clasificación Internacional A61K 39/395Nº de solicitud 18710886 Solicitante CureVac SE Inventor/a HEIDENREICH, Regina

61. 20260183375 COMPOSITIONS, DEVICES, SYSTEMS AND METHODS RELATING TO VACCINATION AND STERILE PROTECTION AGAINST MALARIA

US - 02.07.2026

Clasificación Internacional A61K 39/015Nº de solicitud 18858825 Solicitante MalarVX Inc. Inventor/a Marion Avril

Systems, compositions, devices, methods, etc., provide improved anti-malaria immunological responses comprising making, providing and administering vaccines comprising specific RNA molecules such as self-replicating replicon RNA (repRNA) encoding proteins from Plasmodium such as the *P. yoelii* (Py) CS protein (CSP), including in some embodiments substantially target proteins encoding target antigens, for example a whole or substantially whole CSP in the repRNA. The prime-and-trap intervals for the administration of the vaccine can comprise administration of only a single dose of a repRNA-Non-encapsulating oil-in-water emulsion nanocarriers (e.g., LION™) component followed by administration of as few as 3 or 2 doses, or even just a single dose, of the WO component (e.g., RAS or genetically attenuated WO) at 0 day (same day), or 1, 2, 3, 4, 5, 10, 14, 15 days or 28 days later.

62. 4766387 STABILE SALMONELLA-IMPFFSTOFFFORMULIERUNGEN

EP - 01.07.2026

Clasificación Internacional A61K 39/02Nº de solicitud 24857181Solicitante ELANCO US INCInventor/a BUCK NIKLAS

The present disclosure provides formulations, kits, and vaccines directed to immunization of animals against Salmonella. Methods of using the formulations, kits, and vaccines for protection of avians against one or more species of Salmonella are also provided.

63. 20260199506MULTIFUNCTIONAL IMMUNOTHERAPEUTIC MONOCLONAL ANTIBODY COMPLEXES AND CONJUGATES

US - 16.07.2026

Clasificación Internacional A61K 47/68Nº de solicitud 19561940Solicitante Shimon SlavinInventor/a Shimon Slavin

Immunotherapeutic Monoclonal Antibody Complexes or Conjugates (IMAC) comprising readily accessible antibodies designed and approved for clinical use are provided using a one-step method that combines killing of existing cancer cells in parallel with induction of long-lasting anti-cancer vaccination. Methods for their use, alone or in combination with cancer killer cells including intentionally mismatched donor T cells, NK cells concomitantly with additional anti-cancer or immune activating agents, or activation of patient's own immune system for personalized treatment of cancer and elimination of undesirable non-malignant cells are also provided. In addition, treatment method based on IMAC can be applied for in vivo vaccination against cancer using an existing malignant lesion as internal anti-cancer vaccine by engagement of patient's antigen presenting cells for induction of long-lasting anti-cancer vaccination in situ against residual or recurrent disease.

64. 20260198841SYSTEM AND METHOD FOR ALLERGEN-SPECIFIC EPICUTANEOUS IMMUNOTHERAPY

US - 16.07.2026

Clasificación Internacional A61B 5/00Nº de solicitud 19563076Solicitante TEPIT, LLCInventor/a Chamkurkishtiah Panduranga Rao

A method of immunological evaluation includes cleaning a patient skin surface area. A controlled amount of heat is then applied to the skin surface area. The controlled amount of heat is removed after the skin surface area reaches a predetermined temperature. An amount of antigen is deposited onto the skin surface area and incubated for a predetermined amount of time on the skin surface area. The antigen is removed from the skin surface area and an immunological response at the skin surface area is evaluated, such as but not limited to disease detection or detecting an immunological response. According to at least one other version, the method can further be utilized for purposes of vaccine immunization. Apparatuses for administering heat and memorializing the immunological evaluation are also disclosed.

65. 20260207758NANOPARTICLE COMPRISING PEPTIDE-BASED CONJUGATE FOR DELIVERING MRNA INTO B CELL AND T CELL AND USES THEREOF

US - 23.07.2026

Clasificación Internacional A61K 47/64Nº de solicitud 19134737Solicitante SEOUL NATIONAL UNIVERSITY R&DB FOUNDATIONInventor/a Yoon Jeong PARK

The present invention relates to a peptide-based conjugate for mRNA delivery, which overcomes the limitations of existing lipid nanoparticles and is capable of safely and immediately responding to new variants of infectious diseases. mRNA binds to an RNA-binding peptide of the conjugate and undergoes self-assembly by an amphipathic polypeptide or polymer to thereby form a peptide and mRNA complex nanoparticle. The nanoparticle and a pharmaceutical composition comprising same were confirmed to efficiently increase intracellular delivery of mRNA and exhibit a **vaccine** effect by mRNA.

66. WO/2026/139920 STABILISED HERPESVIRUS ANTIGENS

WO - 02.07.2026

Clasificación Internacional C07K 14/035Nº de solicitud PCT/IB2025/063443 Solicitante THE HOSPITAL FOR SICK CHILDREN Inventor/a JULIEN, Jean-Philippe

Stabilised Herpesvirus antigens The invention relates to stabilised Herpesvirus antigens, including Herpesvirus glycoprotein B (gB) antigens comprising a non-native Membrane Proximal Region (MPR), use of non-native MPR structures to stabilise the Herpesvirus gB in its pre-fusion form, and methods for designing non-native MPR structures. The invention further relates to a stabilised Herpesvirus gB for use as an immunogen, immune reagent or a **vaccine**.

67. WO/2026/142640 A NANOPARTICLE FORMULATION CONTAINING BORON NITRIDE

WO - 02.07.2026

Clasificación Internacional A61K 39/39Nº de solicitud PCT/TR2025/051770 Solicitante ATATURK UNIVERSITESI FIKRI MULKIYET HAKLARI KOORDINATOR LUGU DONER SERMAYE ISLETMESI Inventor/a ADIGUZEL, Mehmet Cemal

The present invention relates to a nanoparticle adjuvant formulation containing boron nitride, provided in the form of a nanosuspension prepared by a nanoprecipitation technique, and suitable for use in the healthcare field to provide bacterial inactivation as well as **vaccine** adjuvant activity.

68. 4775220 KOMBINATIONEN SIMPFSTOFFE AUF NUKLEINSÄUREBASIS

EP - 15.07.2026

Clasificación Internacional A61K 39/00Nº de solicitud 26181174 Solicitante CUREVAC SE Inventor/a OOSTVOGELS CORNELIA

The present invention is inter alia directed to pharmaceutical compositions comprising at least one nucleic acid encoding at least one antigenic peptide or protein from a Coronavirus, preferably a pandemic Coronavirus, and at least one nucleic acid encoding at least one antigenic peptide or protein from a further virus, e.g. an Influenza virus or an RSV virus. Pharmaceutical compositions provided herein are suitable for use in treatment or prophylaxis of an infection with at least one Coronavirus and at least one further virus infection, and may therefore be comprised in a combination **vaccine**. The nucleic acid sequences of the pharmaceutical compositions and combination vaccines are preferably in association with a polymeric carrier, a polycationic protein or peptide, or a lipid nanoparticle (LNP). The invention is also directed to first and second and further medical uses of the pharmaceutical compositions and combination vaccines, and to methods of treating or preventing a Coronavirus infection and a further virus infection.

69. WO/2026/150342 IMMUNOGENIC VARICELLA ZOSTER **VACCINE** COMPOSITIONS

WO - 16.07.2026

Clasificación Internacional A61K 39/12Nº de solicitud PCT/IB2026/050186 Solicitante NOVAVAX, INC. Inventor/a SMITH, Gale

Disclosed herein are immunogenic compositions comprising novel varicella zoster glycoproteins, as well as methods of using the immunogenic compositions. Methods for preparing the immunogenic compositions, and methods of administering the immunogenic compositions are also disclosed.

70. 20260199453 IMMUNOGENIC VARICELLA ZOSTER **VACCINE** COMPOSITIONS

US - 16.07.2026

Clasificación Internacional A61K 39/25Nº de solicitud 19445101 Solicitante NOVAVAX, INC. Inventor/a Gale SMITH

Disclosed herein are immunogenic compositions comprising novel varicella zoster glycoproteins, as well as methods of using the immunogenic compositions. Methods for preparing the immunogenic compositions, and methods of administering the immunogenic compositions are also disclosed.

71. 2024380679 TREHALOSE **VACCINE** FORMULATION

AU - 02.07.2026

Clasificación Internacional A61K 39/12Nº de solicitud 2024380679 Solicitante SANOFI VACCINES US INC. Inventor/a LI, Qinglian

72. WO/2026/141382 COMPOSITION CONTAINING FOUR TYPES OF ATTENUATED DENGUE VIRUS

WO - 02.07.2026

Clasificación Internacional A61K 39/12Nº de solicitud PCT/JP2025/045037 Solicitante KM BIOLOGICS CO., LTD. Inventor/a MITSUHIRO, Yukiko

There has been a need to find an optimal composition to obtain a stable formulation composition of a tetravalent attenuated **vaccine** (lyophilized formulation) against dengue virus. The present disclosure provides a lyophilized composition containing four types of attenuated dengue virus, the composition further containing D-sorbitol, glycine, and trehalose hydrate.

73. 2026905950 **VACCINE** AND METHOD OF TREATMENT

AU - 16.07.2026

Clasificación Internacional Nº de solicitud 2026905950 Solicitante HE, Hong Inventor/a HE, Hong

74. 20260183388 CELL LINE FOR PRODUCTION OF MAREK'S DISEASE VIRUS **VACCINE** AND METHODS OF MAKING AND USING THE SAME

US - 02.07.2026

Clasificación Internacional A61K 39/255Nº de solicitud 19332352 Solicitante Zoetis Services

LLCInventor/a Keith Allen Ameiss

The present application relates to an avian cell line capable of supporting viral growth of Marek's Disease Virus (MDV), including Herpes Virus of Turkeys (HVT), methods of producing such cell lines, and therapeutic uses of the cell lines and resulting vaccines.

75.3072543SYNTHETIC HEMAGGLUTININ AS UNIVERSAL **VACCINE** AGAINST INFECTION BY TYPE B INFLUENZA VIRUSES (IBV)

ES - 02.07.2026

Clasificación Internacional C12N 15/86Nº de solicitud 18880257Solicitante Her Majesty The Queen In Right of Canada as represented by The Minister of HealthInventor/a LI, Xuguang

76.WO/2026/138656ADENOVIRAL VECTOR CARRYING TRICHINELLA SPIRALIS CLP GENE, CONSTRUCTION METHOD THEREFOR, AND APPLICATION THEREOF

WO - 02.07.2026

Clasificación Internacional C12N 15/861Nº de solicitud PCT/CN2025/143729Solicitante JILIN UNIVERSITYInventor/a BAI, Xue

An adenoviral vector carrying a trichinella spiralis CLP gene, a construction method therefor, and an application thereof, relating to the technical fields of genetic engineering and recombinant viral vaccines. In order to solve the technical problem of existing trichinella spiralis vaccines being administered as a 2 to 3 dose series and failing to provide long-term efficacy, the present invention uses a trichinella spiralis CLP protein as an antigen, and integrates a gene encoding the CLP protein into an adenovirus vector by means of recombinant DNA technology, so as to obtain a recombinant adenoviral vector; the recombinant adenovirus vector is then transfected into mammalian cells and subjected to packaging and amplification processes to obtain a recombinant adenovirus, with multiple experiments then conducted to confirm the recombinant adenovirus. In addition, animal immunization experiments demonstrate that immunizing mice with recombinant adenovirus rAd5TsCLP achieves effective protection against trichinella spiralis infection. The present invention lays a foundation for subsequent trichinella spiralis **vaccine** research.

77.20260209299TROP2 IMMUNOGENIC PEPTIDE

US - 23.07.2026

Clasificación Internacional C07K 14/47Nº de solicitud 19145274Solicitante ASTON SCIENCE INC.Inventor/a Hun JUNG

The present invention relates to TROP2 immunogenic peptides and a use thereof. The TROP2 immunogenic peptide according to the present invention selectively binds to MHC class II to enhance only the immunogenicity of specific immune cells capable of killing cancer cells and thus can be advantageously used as an excellent cancer **vaccine** for the prevention and/or treatment of cancer by minimizing the immune escape mechanism of cancer cells.

78.WO/2026/152199IMMUNIZATION SYSTEM AND USE THEREOF, FORMULATION AND USE THEREOF, INTRANASAL **VACCINE**, METHOD TO INDUCE SYSTEMIC AND UPPER AIRWAY IMMUNITY AGAINST RESPIRATORY PATHOGENS

WO - 23.07.2026

Clasificación Internacional A61K 39/215Nº de solicitud PCT/BR2026/050017 Solicitante FUNDAÇÃO ZERBINI Inventor/a KALIL FILHO, Jorge Elias

The present invention refers to a novel immunization platform/system and formulation comprising the targets of neutralizing antibodies against respiratory pathogens in the presence or absence of synthetic peptides containing multiple T-cell epitopes from respiratory pathogens, particularly the receptor binding domain (RBD) of the SARS-CoV-2 Spike protein and T cell epitopes of SARS-CoV-2, wherein the immunization platform/system consists of carrier nanoparticles coated with a mucoadhesive polymer (MaP), selected as a delivery vehicle.

79. 20260183239 NONCOMPETITIVE RECEPTOR-TARGETED **VACCINE** DELIVERY TO PLASMACYTOID DENDRITIC CELLS

US - 02.07.2026

Clasificación Internacional A61K 9/1271Nº de solicitud 19547311 Solicitante Washington University Inventor/a Shiva Kumar Jai Simha Rudra

Disclosed herein are compositions comprising a hydrogel scaffold, methods of generating a hydrogel scaffold, and systems for and methods of using the hydrogel scaffold to produce biologically active molecules.

80. 20260199445 **VACCINE** AGAINST KLEBSIELLA PNEUMONIAE

US - 16.07.2026

Clasificación Internacional A61K 39/108Nº de solicitud 19136851 Solicitante Idorsia Pharmaceuticals Ltd Inventor/a Felix BROECKER

The present invention relates to novel immunogenic compounds comprising at least one antigen of Formula (I), in particular immunogenic compounds of Formula (II), and their use as pharmaceuticals, in particular as vaccines. The invention also concerns related aspects including intermediates, as well as processes for the preparation of the immunogenic compounds. Furthermore, the invention relates to pharmaceutical compositions comprising the immunogenic compounds, as well as the use of the antigen of Formula (I) in biological assays.

81. 20260210853 INFRARED ABSORBANCE-MODULATED EVANESCENT SCATTERING MICROSCOPY

US - 23.07.2026

Clasificación Internacional G01N 21/552Nº de solicitud 19457731 Solicitante Trustees of Boston University Inventor/a Ji-Xin Cheng

Infrared absorbance-modulated evanescent scattering systems and methods are disclosed along with uses for such in label-free chemical fingerprinting of bio-nanoparticles. Systems and methods can include directing a mid-infrared (IR) beam at an oblique angle onto a portion of a sample located on a gold-coated substrate to induce a temperature change in the portion by absorption of the mid-IR beam while simultaneously directing a probe beam onto the gold-coated substrate to generate a laterally-propagating evanescent field while detecting orthogonally scattered probe light from the sample using a detector. Applications can include distinguishing empty from cargo-loaded lipid nanoparticles and analyzing adeno-associated virus particles providing advancements in gene therapy, **vaccine** development, and biological research.

82. WO/2026/154354 ACTIVE IMMUNIZATION FOR REDUCING OSTEOARTHRITIC, NEUROPATHIC, AND CANCER PAIN

WO - 23.07.2026

Clasificación Internacional A61K 39/00Nº de solicitud PCT/IB2026/050249 Solicitante PRALONIR S.A.S. Inventor/a BARBEITO ERBA, Luis Hector

An immunogenic fusion protein is provided capable of conferring immunity to osteoarthritis in mammals, including canine, feline, and equine as well as methods of their use and preparation are also provided. More specifically, where an immunogenic fusion protein includes a first antigen derived from nerve growth factor, a second antigen that includes single or multiple repeat units of substance P or hemokinin-1, and a linker separating the first antigen from the second antigen, a nucleic acid encoding the immunogenic fusion protein, a vector comprising the nucleic acid; a host cell comprising the immunogenic fusion protein; a vaccine comprising the fusion protein; and a method of vaccination against osteoarthritis or osteoarthritis associated pain in dogs.

83. WO/2026/153004 VECTOR SYSTEM FOR PACKAGING RECOMBINANT POXVIRUSES AND USE THEREOF

WO - 23.07.2026

Clasificación Internacional C12N 15/863Nº de solicitud PCT/CN2025/143070 Solicitante ACADEMY OF MILITARY MEDICAL SCIENCE, PLA Inventor/a WANG, Busen

Disclosed in the present invention is a vector system for packaging recombinant poxviruses. The vector system comprises a first plasmid, a second plasmid, a third plasmid, a fourth plasmid, and a fifth plasmid which respectively carry five segments that are obtained by sequential segmentation on the basis of the full-length genome of a poxvirus, wherein the fifth plasmid carries an inverted terminal repeats RITR fragment and LITR fragment of the genome of the poxvirus, and each plasmid has, at two ends thereof, overlapping fragments which perform homologous recombination with adjacent plasmids, wherein the 5' end of the first plasmid is adjacent to the 3' end of the fifth plasmid, and the 3' end of the fourth plasmid is adjacent to the 5' end of the fifth plasmid. Also disclosed in the present invention are a method for using the recombinant poxvirus vector system to package recombinant poxviruses, and a use of the recombinant poxvirus vector system in preparation of a poxvirus vector vaccine. The recombinant poxviruses have the effects of large load capacity and good immunization effect stimulation.

84. 4766383 NEUE DEV-VEKTOREN FÜR VOGELIMPFSTOFFE

EP - 01.07.2026

Clasificación Internacional A61K 39/00Nº de solicitud 24769246 Solicitante BOEHRINGER INGELHEIM VETMEDICA CHINA CO LTD Inventor/a MA CHENGTAI

The present invention relates to the field of animal health. Particularly, the present invention relates to a modified Duck Enteritis Virus (DEV). More particularly, the present invention relates to a modified DEV that shows no or reduced pathogenicity in chicken. Furthermore, the present invention relates to a composition, comprising the modified DEV of the invention as vector-vaccine for chicken, and the use thereof.

85. 20260183240 LIPID NANOPARTICLE WITH NUCLEIC ACID CARGO

US - 02.07.2026

Clasificación Internacional A61K 9/1272Nº de solicitud 19113586 Solicitante NovoArc GmbH Inventor/a David WURM

Disclosed is a lipid nanoparticle (LNP) encapsulating a nucleic acid cargo preferably comprising messenger ribonucleic acid (mRNA). The LNP comprises at least a cationic lipid fraction, and a stabilizer fraction. The stabilizer fraction preferably comprises at least one polyethyleneglycol (PEG) lipid. Furthermore, the LNP comprises at least one glycerol dialkyl glycerol tetraether (GDGT) lipid, as obtained e.g. from archaea of the genus *Sulfolobus*, optionally among other ether lipids. Also disclosed is a pharmaceutical composition comprising the LNP, such as an mRNA vaccine.

86. 4766394 UNIVERSELLE IMPFSTOFFSTRATEGIE ZUR VERLEIHUNG VON SCHUTZ GEGEN VERSCHIEDENE PATHOGENE

EP - 01.07.2026

Clasificación Internacional A61K 39/39Nº de solicitud 24857255 Solicitante UNIV LELAND STANFORD JUNIOR Inventor/a PULENDRAN BALI

Compositions and methods are provided for immunizing an individual or population of individuals to generate an immune response that protects against pathogen infection in an antigen-agnostic manner. The protective antigen-agnostic immune response is active for a period of time following immunization, from about 7 days, 10 days, 14 days following immunization, and may be active for at least 2 weeks, at least 3 weeks, at least 4 weeks, at least 5 weeks, or more.

87. 4770622 LIPIDNANOPARTIKEL MIT NUKLEINSÄUREFRACHT UND IONISIERBAREM LIPID

EP - 08.07.2026

Clasificación Internacional A61K 9/51Nº de solicitud 24764840 Solicitante NOVOARC GMBH Inventor/a HAIDER MAX

Disclosed is a lipid nanoparticle (LNP) encapsulating a nucleic acid cargo preferably comprising messenger ribonucleic acid (mRNA). The LNP comprises at least an ionizable lipid fraction, and a stabilizer fraction. The stabilizer fraction preferably comprises at least one polyethyleneglycol (PEG) lipid. Furthermore, the ionizable lipid fraction comprises at least one ionizable glycerol dialkyl glycerol tetraether (GDGT) lipid. Also disclosed is a pharmaceutical composition comprising the LNP, such as an mRNA vaccine. In a further aspect, the invention relates to the ionizable GDGT lipids and methods for producing them.

88. 20260199388 HETERO-STRUCTURED RIBONUCLEIC ACID AND USE THEREOF

US - 16.07.2026

Clasificación Internacional A61K 31/7105Nº de solicitud 19436030 Solicitante NA VACCINE INSTITUTE Inventor/a Dong Ho KIM

A hetero-structured RNA with two 3'-overhangs and use thereof as an immune stimulant are provided.

89. 20260207726 MULTIVALENT VACCINE COMPOSITIONS AND USES THEREOF

US - 23.07.2026

Clasificación Internacional A61K 39/108Nº de solicitud 19129220Solicitante Janssen Pharmaceuticals, Inc.Inventor/a Jeroen GEURTSSEN

Compositions and methods are described for inducing an immune response against extra-intestinal pathogenic *Escherichia coli* (ExPEC) to thereby provide immune protection against diseases associated with ExPEC. In particular, compositions are described comprising conjugates of *E. coli* polysaccharide antigen O1, O2, O4, O6, O8, O15, O16, O18, O25, and O75 and further comprising O153 or O21 or both O153 and O21 covalently bound to a carrier protein for the prevention of invasive ExPEC disease.

90.4770671HUMANE NEUTRALISIERENDE ANTİKÖRPER GEGEN HIV ENV

EP - 08.07.2026

Clasificación Internacional A61K 39/42Nº de solicitud 24861011Solicitante INT AIDS VACCINE INITIATIVEInventor/a LANDAIS ELISE

The present disclosure relates to anti-HIV antibodies and their use in the treatment or prevention of HIV/AIDS and in the development of HIV vaccines.

91.WO/2026/145606UTR ELEMENT AND USE THEREOF

WO - 09.07.2026

Clasificación Internacional C12N 15/113Nº de solicitud PCT/CN2025/147507Solicitante ENCUREGEN PHARMA GUANGZHOU LIMITEDInventor/a LI, Peng

Disclosed are a UTR element and a use thereof. The UTR element is selected from a 3'UTR sequence as shown in SEQ ID NO: 7 or 8. The UTR element can prolong the expression and stability of mRNA and significantly improve the immune effect of a vaccine.

92.WO/2026/150021PRIMING ARTHROPOD VECTOR IMMUNITY WITH FUNGUS: A NOVEL STRATEGY TO REDUCE ARTHROPOD-BORNE DISEASE TRANSMISSION

WO - 16.07.2026

Clasificación Internacional A61K 39/00Nº de solicitud PCT/EP2026/050341Solicitante INSTITUT PASTEURInventor/a MITRI, Christian

The invention relates to an arthropod vaccine for reducing the transmission of human and animal infectious agents by arthropods, comprising inactivated blastospores of entomopathogenic fungi or cell wall fraction thereof to elicit a cross-protection against the human or animal infectious agents causing arthropod-borne diseases in the arthropod vectors and their progenies.

93.20260183377FLAVIVIRUS VACCINE

US - 02.07.2026

Clasificación Internacional A61K 39/12Nº de solicitud 19419538Solicitante CureVac SEInventor/a Patrick BAUMHOF

The present invention is directed to an artificial nucleic acid and to a polypeptide suitable for use in the treatment or prophylaxis of an infection with a flavivirus, in particular an infection with yellow fever virus or with dengue virus, or of a disorder related to such an infection. The present invention is also directed to a

composition, preferably an immunogenic composition, comprising the artificial nucleic acid or the inventive polypeptide. In particular, the present invention concerns an immunogenic composition against a flavivirus, such as yellow fever virus or dengue virus. Further, the invention concerns a kit, particularly a kit of parts, comprising the artificial nucleic acid, polypeptide or (immunogenic) composition. The invention is further directed to a method of treating or preventing a disorder or a disease, first and second medical uses of the artificial nucleic acid, polypeptide, composition, in particular the first and second medical uses of the immunogenic composition according to the invention.

94. WO/2026/148706 ALBUMIN SITE-SPECIFICALLY MODIFIED LIPID NANOPARTICLES, AND PREPARATION THEREFOR AND USE THEREOF

WO - 16.07.2026

Clasificación Internacional A61K 47/64Nº de solicitud PCT/CN2025/079179 Solicitante SOOCHOW UNIVERSITY Inventor/a CHEN, Huabing

Disclosed in the present invention are albumin site-specifically modified lipid nanoparticles, and a preparation therefor and a use thereof. A functionalized low-molecular-weight polyethylene glycol (PEG) lipid compound-maleimide derivative is synthesized, and together with a commonly used nucleic acid delivery lipid composition material, nucleic acid-loaded lipid nanoparticles are prepared. Then maleimide groups on the surfaces of the nucleic acid-loaded lipid nanoparticles are coupled to sulfhydryl groups of albumin, thereby preparing lipid nanoparticles site-specifically modified with albumin on the surfaces thereof. The present invention reduces immunogenicity caused to a body by PEG coating on outer layers of existing mRNA-loaded lipid nanoparticles, improves relevant immune organ targeting of the nanoparticles, effectively delivers mRNA to lymph nodes to induce an anti-tumor effect, and lays a foundation for further developing the nanoparticles into a novel **vaccine** capable of activating an immune system to produce an anti-tumor effect.

95. 20260207540 VIRUS TREATMENT METHODS, AND RELATED PHARMACEUTICAL COMPOSITIONS, **VACCINE** COMPOSITIONS AND SANITIZING COMPOSITIONS

US - 23.07.2026

Clasificación Internacional A61K 31/198Nº de solicitud 17916558 Solicitante Daniel Patrick Cashman Inventor/a Daniel Patrick Cashman

Pharmaceutical compositions comprising at least one calcium chelating agent such as disodium ethylenediamine tetraacetate (Na₂EDTA) as an active pharmaceutical ingredient, are described that are useful for treating an infection by single stranded RNA virus, such as SARS-COV-2, are described. Development of the compositions was assisted by using a novel drug discovery method which utilizes the characterization of a common molecular mechanism in a cohort of an unforeseen clinical co-morbidly patterns identified as outliers. Reverse engineering of the outlier cohort yielded unrecognized calcium requirements for infection by SARS-CoV-2 provided a common molecular mechanism in the outlier group that enabled formulation of the new pharmaceutical compositions.

96. 20260199449 MULTIVALENT INFLUENZA MRNA VACCINES

US - 16.07.2026

Clasificación Internacional A61K 39/145Nº de solicitud 19410181 Solicitante SANOFI PASTEUR INC. Inventor/a Timothy ALEFANTIS

The present disclosure provides multivalent influenza **vaccine** compositions comprising at least three messenger RNAs (mRNAs) encoding a combination of influenza A and influenza B hemagglutinin (HA) antigens, wherein the mRNA encoding the HA antigen of the influenza A virus is present in a different ratio (w/w) than the mRNA encoding the influenza B virus, and methods of eliciting an immune response by administering said compositions. In particular, the disclosures relate to mRNA encoding these antigens formulated in a lipid nanoparticle (LNP).

97. WO/2026/145605 5' UTR AND USE THEREOF

WO - 09.07.2026

Clasificación Internacional C12N 15/113Nº de solicitud PCT/CN2025/147502 Solicitante ENCUREGEN PHARMA GUANGZHOU LIMITED Inventor/a LI, Peng

Disclosed are a 5' UTR and the use thereof. The 5' UTR has a nucleotide sequence selected from a sequence as shown in any one of SEQ ID NOs: 1-6. The 5' UTR can prolong the expression and stability of an mRNA, and significantly improve the immune effect of a **vaccine**.

98. 20260207650 PROLIFERATION INHIBITOR OF BREAST CANCER CELLS AND THERAPEUTIC AGENT FOR BREAST CANCER

US - 23.07.2026

Clasificación Internacional A61K 31/7105Nº de solicitud 19219867 Solicitante Medical Corporation Sugiyama General Medicine Inventor/a Satoru SUGIYAMA

A proliferation inhibitor of breast cancer cells and a therapeutic agent for breast cancer include an RNA molecule of a nucleotide sequence set forth in SEQ ID NO: 1, wherein the RNA molecule includes a 5' cap. SEQ ID NO: 1 represents the base sequence of zapomeran, which is an mRNA **vaccine** for spike glycoprotein binding to an ACE2 receptor present on the surface of human cells. Note that the RNA molecule is preferably encapsulated in a lipid nanoparticle (LNP).

99. WO/2026/155471 COMPOSITION FOR PREVENTING, IMPROVING, OR TREATING MUSCLE TISSUE AND MITOCHONDRIAL INJURY AS SIDE EFFECT OF MRNA VACCINATION

WO - 23.07.2026

Clasificación Internacional A61K 45/00Nº de solicitud PCT/KR2026/000192 Solicitante GACHON UNIVERSITY OF INDUSTRY-ACADEMIC COOPERATION FOUNDATION Inventor/a YOON, Mee Sup

The present invention relates to: a pharmaceutical composition for preventing or treating muscle tissue and mitochondrial injury as a side effect of mRNA vaccination, the composition comprising an ApoE inhibitor as an active ingredient; and a health functional food composition for preventing or improving muscle tissue and mitochondrial injury as a side effect of mRNA vaccination, the composition comprising an ApoE inhibitor as an active ingredient. Specifically, it was found that muscle fiber damage following mRNA vaccination is reduced, the increase in inflammatory cytokine expression is alleviated, and significant deterioration in muscle strength does not appear under ApoE deficiency or ApoE inhibition conditions and a Western-style diet (WD). In addition, an indicator group including Gbp5, Irmg1, Il18, Myd88, and Casp1 as genes that are differentially expressed before and after mRNA vaccination in ApoE+/+ and ApoE-/- mice was derived, and is proposed as being useful for screening substances having preventive/therapeutic (pharmaceutical) and

preventive/ameliorative (health functional food) activities related to mRNA vaccine-induced muscle tissue and mitochondrial injury.

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

Estrategia de búsqueda: vaccine.ti. AND @PD>="20260701"<=20260731 70 records

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