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

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

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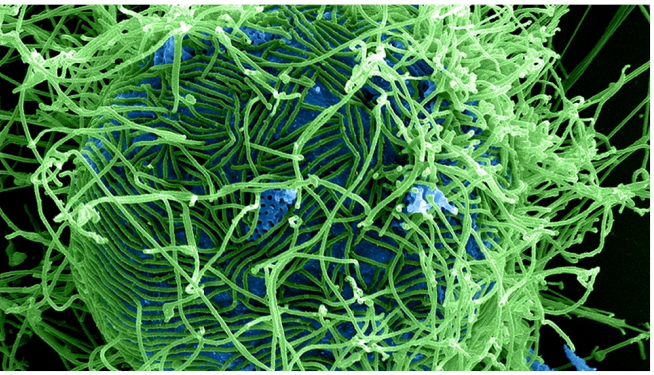
¿Protegen las vacunas actuales contra la cepa Bundibugyo del Ébola? Nuevos estudios buscan la respuesta

CEPI está aportando 4,17 millones de dólares estadounidenses a cuatro proyectos de investigación diseñados para evaluar si las vacunas ya autorizadas o autorizadas anteriormente contra el virus del Ébola de Zaire —incluida Ervebo— podrían ofrecer protección contra el virus del Ébola de Bundibugyo, el virus responsable del brote que se propaga rápidamente en la República Democrática del Congo, declarado Emergencia de Salud Pública de Importancia Internacional por la Organización Mundial de la Salud (OMS) en mayo de 2026. Entre los beneficiarios se encuentran grupos de investigación liderados por la UCLA (EE. UU.); el Instituto de Medicina Tropical (Amberes); la Universidad de Oxford (Reino Unido); y el Centro de Investigación de Virus MRC-Universidad de Glasgow (Reino Unido).

«No existe ninguna vacuna autorizada contra el virus de Bundibugyo. CEPI está financiando varias vacunas candidatas contra Bundibugyo para subsanar esta carencia, pero incluso con los plazos más ajustados, estas vacunas no estarán disponibles para la fase inicial de este brote», explica el Dr. Richard Hatchett, director ejecutivo de CEPI. Sin embargo, existen vacunas contra el virus del Ébola de Zaire, como Ervebo. Dado el reciente anuncio de que Ervebo se utilizará en casos de emergencia contra el virus de Bundibugyo, estos estudios, respaldados por CEPI, serán aún más importantes para determinar cómo aprovechar al máximo la vacuna existente.

Cómo apoyan los estudios el desarrollo de vacunas



Los equipos de investigación analizarán muestras de sangre almacenadas de personas vacunadas con vacunas autorizadas o previamente autorizadas contra el virus del Ébola de Zaire, ya sea en campañas de vacunación anteriores o en ensayos clínicos. Su objetivo es caracterizar las respuestas inmunitarias inducidas por la vacuna y evaluar la reactividad cruzada de las respuestas de anticuerpos contra el virus del Ébola de Bundibugyo.

Los datos cruciales que proporcionarán estos estudios serológicos ayudarán a establecer y estandarizar las pruebas de anticuerpos contra el virus de Bundibugyo y a utilizar muestras longitudinales para definir la dinámica y la durabilidad de estas respuestas. Los datos de estos estudios también contribuirán a la interpretación de las respuestas inmunitarias en ensayos clínicos, ayudarán a evaluar si los anticuerpos específicos contra Bundibugyo se asocian con la protección e informarán las futuras estrategias de vacunación y la evaluación de vacunas contra filovirus específicas contra Bundibugyo y de amplia protección.

En las últimas semanas, han surgido nuevos datos que indican que se justifica una evaluación prospectiva adicional de Ervebo. En consecuencia, el Grupo Asesor Técnico de la OMS sobre Priorización de Vacunas Candidatas (TAG-CVP) ha recomendado que Ervebo se evalúe en un ensayo clínico de fase 3, además de las vacunas candidatas específicas contra Bundibugyo cuando estén listas. Las autoridades de la República Democrática del Congo y el Centro Africano

para el Control y la Prevención de Enfermedades (Africa CDC) han anunciado planes para distribuir Ervebo a grupos prioritarios bajo un protocolo de uso ampliado.

Los estudios respaldados por el CEPI generarán rápidamente evidencia adicional para ayudar a subsanar las lagunas de conocimiento existentes y contribuir a la toma de decisiones sobre cómo se puede utilizar Ervebo en esta y futuras respuestas.

Acerca de los estudios

Escuela de Salud Pública Fielding de la UCLA (US$2,05 millones): Este estudio se basará en cohortes de larga duración de personas que recibieron alguna de las vacunas contra el virus del Ébola de Zaire autorizadas o previamente autorizadas (Ervebo y Ad26.ZEBOV/MVA-BN-Filo [Zabdeno/Mvabea]). A partir de datos recopilados de más de 1700 participantes y alrededor de 1800 muestras de suero almacenadas, los investigadores evaluarán las respuestas inmunitarias para determinar si estas vacunas generan anticuerpos contra el virus Bundibugyo. La investigación se realizará en colaboración con el INRB, la Universidad de Manitoba, el Laboratorio Nacional de Microbiología de la Agencia de Salud Pública de Canadá, la Facultad de Medicina de la Universidad de Texas y la Universidad de Columbia.

La profesora Anne W. Rimoin, catedrática de Epidemiología de la Escuela de Salud Pública Fielding de la UCLA, declaró: «Cuando un brote se propaga con tanta rapidez, no podemos permitirnos empezar de cero. Gracias a más de dos décadas de colaboración, la UCLA y el INRB han desarrollado cohortes longitudinales y una amplia experiencia de laboratorio que ahora podemos aprovechar, junto con nuestros socios científicos, para generar rápidamente evidencia rigurosa que sirva de base para la evaluación de vacunas. Este trabajo también se fundamenta en colaboraciones científicas e infraestructuras de larga data que nos ayudarán a responder con mayor eficacia a este y futuros brotes de ébola».

Instituto de Medicina Tropical (ITM), Amberes (1,02 millones de dólares): El proyecto (EBO-BOOST-BRIDGE), liderado por el ITM en colaboración con el INRB, se basará en el ensayo de fase II EBO-BOOST, financiado por la CEPI, y su biobanco de muestras de más de 600 participantes. Los investigadores realizarán pruebas de anticuerpos contra todas las especies de Orthoebolavirus y el virus de Marburgo, priorizando las pruebas para el virus del ébola Bundibugyo. Analizarán qué vacunas ofrecen potencialmente protección cruzada contra el virus Bundibugyo e identificarán esquemas de vacunación que podrían estar asociados con respuestas inmunitarias cruzadas amplias y duraderas. Parte de la subvención permitirá transferir estos métodos de laboratorio al INRB en la República Democrática del Congo, armonizando su capacidad de laboratorio con la de la Red Centralizada de Laboratorios de CEPI y los estándares internacionales de referencia de anticuerpos. Se esperan los primeros resultados de anticuerpos en un plazo de dos a seis meses.

«Gracias a nuestra base de datos existente de muestras de sangre de personas vacunadas contra el virus del Ébola de Zaire y a nuestra larga colaboración con el INRB, no tenemos que empezar completamente de cero cuando se produce un brote como este», afirma el profesor Wim Adriaensen,

catedrático de Inmunología Clínica del ITM e investigador principal del estudio EBO-BOOST-BRIDGE. «Esta iniciativa nos brinda una valiosa ventaja inicial para determinar si las vacunas contra el ébola existentes ofrecen protección cruzada contra el virus del Ébola de Bundibugyo y otras especies conocidas», añade el profesor Sabue Mulangu, catedrático de Inmunología Clínica del INRB. «Esto nos permite responder con mayor rapidez a futuros brotes causados por especies menos conocidas».

Centro de Genética Humana e Instituto de Ciencias Pandémicas del Departamento de Medicina Nuffield de la Universidad de Oxford (US$975.000): El equipo de Oxford analizará muestras de sangre de personas vacunadas con Ervebo y de supervivientes de la enfermedad por el virus del Ébola de Zaire. Los resultados indicarán si la inmunidad desarrollada como resultado de la vacunación o la infección natural por el virus del Ébola de Zaire podría proporcionar protección contra el virus de Bundibugyo, incluyendo el brote actual y una cepa asociada al brote de 2007.

El profesor Miles Carroll, catedrático de Virus Emergentes de la Universidad de Oxford e investigador principal, declaró: «Estamos encantados de recibir esta inversión del CEPI y de colaborar con nuestros colegas guineanos y belgas en este importante proyecto de investigación. Creemos que nuestro estudio proporcionará información crucial sobre la capacidad de la inmunidad adquirida de forma natural y la inducida por la vacuna contra el virus del Ébola para proteger contra la infección por el virus de Bundibugyo del brote actual. Estos datos son fundamentales para la toma de decisiones sobre la rápida distribución de la vacuna».

Centro de Investigación de Virus MRC-Universidad de Glasgow (US$120.000): El equipo se basará en dos cohortes existentes: el estudio de la vacuna contra el Ébola de Glasgow (GEV) de contactos cercanos vacunados contra el virus del Ébola de Zaire, y el estudio de infección por arbovirus de trabajadores sanitarios ugandeses vacunados durante la respuesta al brote de 2019. El estudio se realizará en colaboración con el Instituto de Investigación de Virus de Uganda como subcontratista y ayudará a determinar si los anticuerpos generados en respuesta a la vacunación con Ervebo también reconocen el virus Bundibugyo.

El profesor Brian Willett, catedrático de Inmunología Viral del Centro de Investigación de Virus MRC-Universidad de Glasgow, declaró: «Los estudios que miden los anticuerpos específicos contra virus constituyen una herramienta fundamental para identificar la evidencia de exposición al virus, revelar patrones de circulación viral, identificar grupos de alto riesgo y focos geográficos, y mejorar la comprensión de la dinámica de transmisión. El equipo de preparación del Centro de Investigación de Virus está desarrollando pruebas de diagnóstico para patógenos de alta prioridad como el virus Bundibugyo».

Fuente: CEPI. New studies to test whether existing Ebola vaccines can generate immune responses to Bundibugyo ebolavirus. Disponible en https://n9.cl/kr5oc

Noticias en la Web

Will The New Qdenga Dengue Vaccine Show Up On Dengue Fever Panels?

Aug 17. Takeda's Qdenga dengue vaccine is set to launch in early 2027, but there is growing public concern that vaccination could affect laboratory test results. You need to be aware of how the dengue vaccine works and how it can affect your blood reports if you ever get a dengue fever panel done. The Nature Medicine Journal suggests that the vaccine affects dengue strain (DENV1-4), baseline, age, symptomatic dengue, and hospitalisation from dengue. Qdenga is a vaccine that has been designed to stimulate dengue-specific antibodies and build immunity rather than natural infection. Tests that are used to detect active viruses, such as NS1 antigen assays and fever panels, remain critical diagnostic tools for dengue illness.

What Is The Takeda Dengue Vaccine?

The Takeda dengue vaccine is designed to protect against all four dengue viruses and their strains, such as DENV-1, DENV-2, DENV-3, and DENV-4. It uses a weakened form of the virus to help the immune system used to recognise and fight dengue before a natural infection takes hold of the host body.

The vaccine has been designed to mimic natural infection without causing any disease, but the immune system recognises it as foreign. Immune cells create antibodies, and the T-cells respond against dengue.

How Is Dengue Diagnosed?

Dengue is diagnosed based on a combination of the symptoms that affect the host body, the timing of the illness, and certain laboratory tests that detect the virus or the immune system's response to it.

NS1 Antigen Test

The NS1 (non-structural protein 1) antigen test is one of the earliest laboratory tests that is used to diagnose dengue fever. It specifically detects the NS1 protein, which is released in the body when the dengue virus takes hold of the infection.

Dengue PCR Test

The reverse transcriptase polymerase chain reaction is a test that detects the genetic material or RNA of the dengue virus in a dengue patient's blood.

It is used for accurate detection of an active dengue infection, which is the early phase of illness.

Dengue IgM Antibody Test

The blood tests check how your body starts fighting a dengue infection. Particularly, it identifies IgM antibodies, which are proteins made by the immune system as a response to the dengue infection.

Dengue IgG Antibody Test

This blood test looks at the IgG antibodies, which are immune proteins that are produced by the body after possible exposure to the dengue virus. It is used to indicate past dengue infection, any chance of previous exposure, or immunity developed after vaccination.

Can The Takeda Dengue Vaccine Cause A Positive Dengue Test?

Research in the Scientific Reports indicate that people who take the Takeda dengue vaccine can witness a positive dengue test, specifically on the IgG antibody tests. But the test is used to detect active dengue virus, such as the NS1 antigen test and RT-PCR, and is not expected to become positive just after a vaccination.

Will It Affect NS1 Antigen Tests?

No, as per peer-reviewed journals, there is no correlation to cause any positive result. The vaccine only shows active dengue infection, not dormant or inactive dengue strain.

Will It Affect PCR Tests?

It is typically designed to detect active viruses, not inactive viral strains.

Can It Influence IgG Antibody Tests?

These tests can show some positive results, as the vaccination can generate antibodies.

What About IgM Tests?

These kinds of tests are designed to detect Immunoglobulin M (IgM) antibodies, which are produced by the immune system shortly after a dengue infection.

What Symptoms Should Prompt Medical Evaluation After Vaccination?

After dengue vaccination, the immune system reacts to the serology of the vaccine's design, which can result in normal symptoms, but if serious symptoms are experienced, then medical evaluation is necessary. These symptoms are:

- High fever
- Severe headache
- Persistent vomiting
- Abdominal pain
- Bleeding manifestations
- Signs of severe dengue

The Takeda dengue vaccine has been designed to establish protective immunity. But some antibody tests can indicate a positive result.

Fuente: NDTV LIFE AND LINE. Disponible en https://n9.cl/tfq0c

From Spanish Flu to Disease X: Why the Next Global Pathogen is Already Emerging

Aug 17. From the devastating sweep of the Black Death to the unprecedented global lockdown triggered by COVID-19, history demonstrates a chilling reality: humanity is consistently caught off guard by the rapid emergence of unfamiliar pathogens. As global health authorities monitor a surge in localized viral outbreaks, epidemiologists are issuing stark warnings that the next major threat—referred to conceptually by the World Health Organization as "Disease X"—may already be circulating within animal populations, waiting for the precise evolutionary moment to cross the species barrier.

The complacency that follows every major health crisis is a recognized psychological and political phenomenon, yet it remains humanity's greatest vulnerability. Despite the agonizing lessons learned during the SARS-CoV-2 pandemic, global funding for early surveillance systems has fractured. Infectious disease experts warn that modern society's hyper-interconnected nature, combined with aggressive environmental degradation, has created an optimized incubator for viral mutation. The question is no longer if another pandemic will occur, but whether the global infrastructure will detect it before borders are forced to close once again.

A Century of Unseen Threats

The timeline of human history is fundamentally shaped by microscopic invaders. The Black Death, caused by the bacterium Yersinia pestis in the 14th century, eradicated an estimated 30 to 50 percent of Europe's population, fundamentally altering the economic and social structures of the era. Centuries later, the 1918 Spanish Flu (H1N1 virus) demonstrated the lethal efficiency of respiratory pathogens, claiming upwards of 50 million lives globally in the aftermath of World War I.

More recently, the emergence of the Ebola virus in West Africa highlighted the devastating speed of hemorrhagic fevers when they infiltrate densely populated urban centers with fragile healthcare infrastructure. Finally, COVID-19 definitively proved that geographic distance offers zero protection in the age of globalized air travel. Despite vast technological advancements in genomic sequencing and vaccine development, the foundational mechanism of these crises remains identical: a novel pathogen exploits a population with zero pre-existing immunity.

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The Mechanics of Modern Transmission

The velocity at which new diseases emerge is accelerating, driven largely by human interaction with the natural world. According to global health data, approximately 75 percent of all emerging infectious diseases are zoonotic—meaning they originate in animals before spilling over into human populations. Deforestation, rapid urbanization, and the expansion of agricultural frontiers are forcing wildlife into unprecedented proximity with livestock and human settlements.

Climate change acts as a force multiplier in this dynamic. As global temperatures rise, the geographic habitats of disease vectors, such as mosquitoes and ticks, are expanding significantly. Diseases once confined to tropical latitudes, such as Dengue fever and Zika virus, are now being detected in previously temperate zones across Europe and North America. This shifting ecological baseline makes predicting the exact origin of the next pathogen nearly impossible without comprehensive global surveillance.

Bridging the Global Surveillance Gap

The frontline defense against the next pandemic relies entirely on localized early warning systems capable of detecting anomalous disease clusters before they achieve exponential growth. In East Africa, institutions like the Kenya Medical Research Institute (KEMRI) have become critical nodes in the global health security apparatus. Operating in a region with significant biodiversity and high cross-border mobility,

KEMRI's advanced genomic sequencing capabilities are vital for tracking mutations in existing viruses and identifying entirely new threats.

However, the global system remains dangerously fragmented. Initiatives launched by the Africa Centres for Disease Control and Prevention (Africa CDC) aim to establish self-reliant vaccine manufacturing and independent surveillance networks across the continent, reducing the historical reliance on Western pharmaceutical interventions. Yet, these efforts require sustained, multi-billion-dollar investments—commitments that often evaporate when the immediate memory of a crisis fades from the political consciousness of donor nations.

Economic and Social Preparedness

The cost of preparedness is minuscule compared to the devastating economic fallout of a full-scale pandemic. The COVID-19 crisis erased trillions of dollars from the global GDP, decimated fragile economies, and reversed decades of progress in extreme poverty reduction. For developing nations, another shutdown of global trade and tourism would trigger catastrophic sovereign debt defaults and deep societal instability.

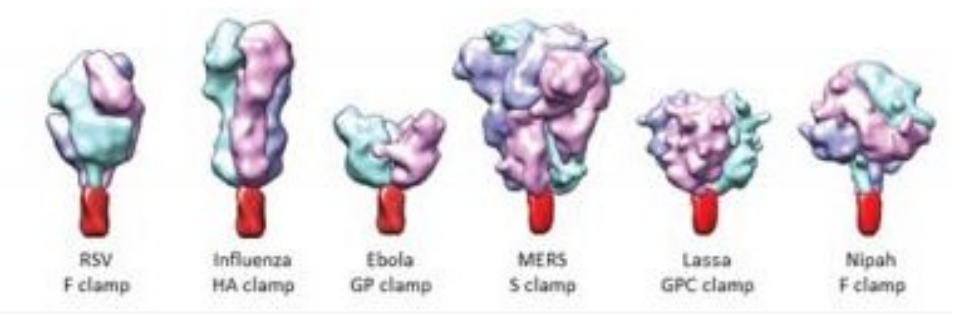
- Zoonotic Origins: The WHO estimates that 75% of new or emerging infectious diseases in humans are transmitted from animals.
- Historical Impact: The 1918 influenza pandemic infected an estimated 500 million people—roughly one-third of the global population at the time.
- Economic Cost: The International Monetary Fund (IMF) estimates the cumulative output loss from the COVID-19 pandemic through 2024 topped $13.8 trillion.
- Surveillance Funding: The World Bank established the Pandemic Fund in 2022 to bridge critical gaps, but experts warn it remains severely undercapitalized relative to the global risk.

Global health security cannot be treated as a reactive discipline. "We must assume that the pathogen capable of triggering the next global shutdown already exists," warn infectious disease researchers. Ensuring that history does not repeat its most tragic chapters requires continuous funding, transparent international data sharing, and a steadfast refusal to yield to the perilous comfort of post-pandemic amnesia.

Fuente: Streamline. Disponible en https://n9.cl/p4ohl

Virus 'paperclip' technology a boon for vaccine development

Aug 19. Considered the most lucrative Australian university research commercialisation agreement ever negotiated, the 2025 deal for exclusive rights to the University of Queensland's molecular clamp technology has huge potential for vaccine development.



Pharmaceutical giant Sanofi bought the university's spin-off company Vicebio, with the rights to the clamp technology, for $US1.15 billion ($1.6 billion) up front and potential ongoing payments of $US450 million.

The molecular clamp prevents the spike proteins on the surface of a virus – memorable from COVID-19 days – from shape-shifting, allowing the human body to build a strong immune response, says University of Queensland molecular virologist Professor Keith Chappell.

"It's a paperclip that keeps the vaccine in the right shape," he says, adding his team doesn't use the whole virus in the production of vaccines. "We just produce the small spike proteins by themselves – the small surface part, the most relevant part of the virus."

Winner of the Research commercialisation category of the Financial Review Higher Education Awards, the UQ-Sanofi molecular clamp deal began with an idea that emerged in 2011, following Chappell's post-doc research in Madrid.

On his return to Australia, he and his University of Queensland colleagues worked on the idea and went on to win grants from the National Health and Medical Research Council and elsewhere, and finally funding from a venture capital group for further development. The virus clamp technology research was spun out into the company Vicebio, with most of the pre-clinical research based at the University of Queensland.

Easier to administer

The Sanofi agreement provides funding for ongoing research by Chappell's team, to expand beyond the lead vaccine program targeting respiratory syncytial virus (RSV) and human metapneumovirus (HMPV).

RSV alone kills 100,000 children under five every year in developing countries, Chappell says. Although RSV vaccines already exist, the UQ researchers are working on a stable version in a liquid-filled syringe, making it easier and faster to administer.

This new vaccine will target multiple respiratory diseases along with RSV, including HMPV and parainfluenza. Altogether, the range of targeted viruses puts more older adults in hospital than flu does. Chappell and his team are now working on Sanofi's priority diseases: those with the largest potential financial returns and the biggest global impact.

"They've really recognised the value that my team brings, and they are funding the entirety of my team to go on and keep developing this vaccine and expanding to new viruses and pushing to see what else we can do," Chappell says.

This includes work on a vaccine for the human T-lymphotropic virus – a retrovirus similar to HIV that disproportionately affects Indigenous Australians in central Australia. "We have some of the highest rates of this disease in the entire world, and there's absolutely nothing available to treat this virus or vaccinate against this virus," Chappell says. "We're working really hard on that as well."

He and his team are also keeping a close eye on emerging diseases around the world, particularly those that might affect Australia, he says. "I think the huge advantage we have now is with having Sanofi behind us, it means that we can go from what we can do as a university to what can be done at the scale of a big pharmaceutical company."

Fuente: The Australian Financial Review. Disponible en https://n9.cl/g69qq4

La ciencia lo confirma: la vacuna contra la COVID-19 nos protege de los coronavirus del futuro

19 ago. Un estudio de la Universidad de Cambridge reveló un inesperado efecto de la vacuna contra la COVID-19. Además de reforzar las defensas frente a diferentes variantes del virus, los anticuerpos generados por la vacunación lograron neutralizar algunos coronavirus detectados en animales. Los resultados fueron publicados en la revista científica *npj Vaccines* y plantean una posible protección frente a futuras amenazas.

Qué descubrieron sobre la vacuna contra la COVID-19 y los coronavirus de animales

Los investigadores analizaron muestras de sangre de adultos con una edad promedio de 69 años. Todos habían recibido cuatro dosis de la vacuna, incluido un refuerzo bivalente contra la cepa original de Wuhan y Ómicron.

En el laboratorio comprobaron cómo respondían los anticuerpos frente a diferentes variantes del SARS-CoV-2 y otros coronavirus encontrados en murciélagos y pangolines.

Como esperaban, las defensas consiguieron neutralizar nuevas subvariantes de Ómicron, aunque con menor potencia que frente a la cepa original. En cambio, tuvieron poca capacidad contra el SARS-CoV-1, genéticamente más distante.

La sorpresa apareció con dos coronavirus animales. Los anticuerpos lograron neutralizar con gran eficacia un virus encontrado en murciélagos y otro detectado en pangolines, pese a que ninguno había infectado previamente a seres humanos.

Por qué el descubrimiento podría ser clave ante futuras amenazas

Grace West, directora del estudio, destacó el resultado: “Esperábamos que la vacuna frente a covid ofreciera protección frente a las variantes actuales, pero nos sorprendió descubrir que además proporciona protección frente a algunos coronavirus presentes en animales que podrían tener potencial pandémico de cara al futuro”.

Por su parte, la coautora principal Rebeca Morse explicó que los refuerzos de las vacunas podrían convertirse en una primera barrera si alguno de estos virus llegara a pasar de animales a humanos. Esto permitiría ganar tiempo mientras se desarrollan vacunas específicas.

Sin embargo, los investigadores aclararon que los resultados provienen de pruebas de laboratorio y no significan que las personas vacunadas tengan inmunidad completa frente a futuros coronavirus.

El descubrimiento muestra que la protección generada por las vacunas contra la COVID-19 podría ser más amplia de lo esperado y ofrecer una primera defensa frente a determinados virus animales con capacidad potencial de infectar células humanas.

Fuente: Radio Mitre S.A. Disponible en https://n9.cl/i9j9z

New Cancer Vaccine Could Change America in 7 Surprising Ways

Aug 20. A breakthrough cancer vaccine developed by Moderna and Merck is fueling hopes that the next revolution in medicine could be as transformative as the arrival of antibiotics, organ transplants or the first targeted cancer drugs.

Moderna and Merck announced this week that their Phase 3 INTerpath-001 trial met its primary endpoint of recurrence-free survival and a key secondary endpoint of distant metastasis-free survival in patients with high-risk melanoma whose tumors had been surgically removed. The treatment being studied, intismeran autogene, is a personalized mRNA therapy tailored to each patient's tumor and administered alongside Merck's immunotherapy Keytruda. The companies said the results represent the first positive Phase 3 readout for an individualized neoantigen therapy and an mRNA-based cancer therapy.

The data will be presented at an upcoming international medical meeting, a Moderna spokesperson told *Newsweek*.

"Pending regulatory feedback, intismeran could be available as soon as next year," the spokesperson said.

While the vaccine has so far demonstrated positive Phase 3 results only in melanoma, Merck and Moderna are also studying the personalized mRNA therapy in several other cancers, including non-small cell lung cancer, bladder cancer and kidney cancer. Whether the approach can deliver similar benefits in those diseases remains the subject of ongoing clinical trials.

Although the treatment is still experimental and has demonstrated a positive Phase 3 result only in melanoma so far, the findings are being viewed as a potential proof of concept for a new method of cancer treatment. Unlike traditional therapies that are the same for every patient, intismeran autogene is custom-built using the unique mutations found in an individual's tumor. If ongoing studies in other cancers produce similar results and regulators ultimately approve the vaccine, the technology could influence far more than cancer care itself, potentially changing how treatments are developed, manufactured and delivered across the U.S. healthcare system.

Fuente: Newsweek. Disponible en https://n9.cl/az1uc

Amplitude Therapeutics and Lilly Partner to Advance Trans-Amplifying RNA Vaccine Platform for Infectious Disease

Aug 21. Amplitude Therapeutics has entered a strategic research collaboration and licensing agreement with Eli Lilly and Company to discover and develop vaccine candidates built on Amplitude's trans-amplifying RNA (taRNA) platform for infectious diseases. The collaboration will initially target undisclosed infectious disease programs with high unmet need, and Lilly holds an option to add up to two additional infectious disease targets.

How does taRNA differ from other RNA vaccine platforms?

Amplitude's taRNA approach separates the replicase and antigen-encoding RNA into two distinct components, rather than encoding both on a single strand as in self-amplifying RNA (saRNA) or conventional messenger RNA (mRNA) vaccines. Splitting replicase from the antigen-encoding component is a design strategy explored in trans-amplifying RNA research as a way to address the length and stability challenges that arise when both elements are encoded on a single self-amplifying RNA strand. Amplitude states this design may enable enhanced potency, lower doses, and improved manufacturability relative to other RNA modalities.

Next-generation replicating RNA platforms as a category have shown early gains over standard mRNA vaccines in separate clinical work unrelated to Amplitude's taRNA candidates, which remain preclinical. As Andy Geall, PhD, co-founder and chief development officer of Replicate Bioscience, explained in a BioPharm International© panel discussion on an optimized self-replicating RNA vaccine, "the fact that we didn't reach a maximum tolerated dose means we can dose higher, and this comes into play with multivalent vaccines," a dosing advantage he said is not achievable with conventional linear mRNA constructs. Geall's comments concerned a related but distinct RNA platform (self-amplifying rather than trans-amplifying RNA), so the dosing dynamics aren't identical to Amplitude's approach, though both aim to solve similar potency and manufacturability constraints in next-generation RNA vaccines.

"Our ambition at Amplitude is to build a leading in vivo RNA platform by advancing both taRNA and LNP technologies with significant potential to expand what is possible across vaccines and therapeutics," said Dr. Cory Sago, chief executive officer of Amplitude Therapeutics.

What does the collaboration structure look like?

Under the agreement, Lilly receives exclusive, target-specific rights to develop and commercialize licensed products directed to the collaboration targets. Amplitude will lead taRNA optimization and selected preclinical research activities under agreed research plans, while Lilly takes on additional preclinical development, clinical development, manufacturing, regulatory activities, and commercialization. Financial terms of the agreement were not disclosed.

Who is Amplitude Therapeutics?

Amplitude, a Lilly Gateway Labs community member founded in 2022 and based in Boston, is applying its taRNA platform across infectious disease, protein replacement, immunology, and genetic medicines. The company is backed by ARCH Venture Partners, Newpath Partners, and Alta Partners, and has received non-dilutive support from BARDA, CEPI, and the Gates Foundation.

What's next?

Financial and program-specific details, including the initial disease targets, were not disclosed in the announcement. Amplitude will lead early taRNA optimization work before candidates advance into Lilly-led preclinical and clinical development. For more on how next-generation replicating RNA platforms are being positioned to expand beyond first-generation mRNA vaccines, see BioPharm International's related coverage on self-replicating RNA vaccine technology.

Fuente: BioPharm International. Disponible en https://n9.cl/0n85z

La vacunación preventiva protege la salud de los grupos de alto riesgo

22 ago. Según expertos en salud, en los últimos tiempos se han registrado numerosos casos en los que pacientes con enfermedades crónicas, al contraer enfermedades infecciosas, experimentan una progresión grave y complicaciones peligrosas, especialmente en personas no vacunadas. Por lo tanto, la vacunación preventiva se considera una solución eficaz para prevenir el riesgo de enfermedad y minimizar las complicaciones de salud.

Minimizar el riesgo de complicaciones y muerte.

Según un informe del Ministerio de Salud , varias enfermedades infecciosas como el sarampión, el dengue, la enfermedad de manos, pies y boca y la gripe estacional han experimentado un aumento reciente. Al compartir sus reflexiones sobre el tema de "Vacunación y prevención y control proactivo de enfermedades en la comunidad", el Dr. Vu Quoc Dat, profesor asociado y subdirector del Departamento de Enfermedades Tropicales e Intervención para la Reducción de Daños de la Universidad Médica de Hanoi, afirmó que en los primeros meses de 2026, el hospital recibió a muchos pacientes ingresados en estado grave, la mayoría de los cuales no habían sido vacunados. Desde una perspectiva clínica, la vacunación proporciona un apoyo significativo para el tratamiento. La vacunación ayuda a reducir el riesgo de hospitalización y minimiza las tasas de mortalidad en las personas infectadas.

En la práctica, se observaron dos pacientes con sarampión de la misma edad: uno vacunado, a pesar de la hospitalización, tuvo un pronóstico completamente manejable y se recuperó muy rápidamente, mientras que el paciente no vacunado presentó una enfermedad grave, un alto riesgo de muerte e infección de otros niños de la familia. La evidencia más clara es la pandemia de COVID-19, donde las altas tasas de vacunación en la comunidad condujeron a una reducción significativa de los casos graves y las muertes. Además, mucha evidencia científica demuestra que la vacunación también ayuda a proteger las afecciones médicas preexistentes, evitando que empeoren durante el tratamiento.

El profesor asociado, doctor Vu Quoc Dat, ofreció recomendaciones específicas para grupos de alto riesgo. Para pacientes con enfermedades crónicas como hipertensión, diabetes o enfermedades cardiovasculares, las infecciones respiratorias conllevan un riesgo muy elevado de complicaciones graves y muerte. Por lo tanto, este grupo debe priorizar la vacunación contra la gripe estacional y la enfermedad neumocócica para proteger los pulmones y reducir el riesgo de neumonía grave; además, deben recibir las dosis de refuerzo de la vacuna contra la COVID-19, según lo recomendado por el sector sanitario . Asimismo, la vacuna contra el herpes zóster es fundamental, ya que los pacientes diabéticos son propensos a sufrir complicaciones de dolor neuropático prolongado. El doctor recomienda que, durante cada revisión médica rutinaria y cita para la medicación (generalmente cada 1-3 meses), los pacientes consulten con su médico tratante para recibir asesoramiento sobre las vacunas adicionales adecuadas a la situación epidemiológica local.

Proteger a las personas con problemas de salud preexistentes.

El profesor asociado, doctor Vu Quoc Dat, señaló que la percepción actual sobre la vacunación está evolucionando positivamente. Si bien antes se consideraba que la vacunación era un programa exclusivo para niños, ahora vacunar a adultos y grupos de alto riesgo es una solución eficaz para

prevenir la mortalidad. Por ejemplo, en el Hospital Universitario de Medicina de Hanoi , el programa de vacunación específico para grupos de alto riesgo (personas mayores de 60 años, personas con enfermedades cardiovasculares, enfermedades pulmonares crónicas, diabetes, cirrosis, cáncer y quienes reciben quimioterapia) ha tenido una excelente acogida. Al integrar el asesoramiento y ofrecer servicios de vacunación in situ cuando los pacientes acuden por sus afecciones subyacentes, el programa ha disipado las dudas y preocupaciones de la población sobre la seguridad o las reacciones posteriores a la vacunación. En el contexto de Vietnam, que atraviesa un período de envejecimiento de la población, con un número cada vez mayor de personas mayores y personas con afecciones subyacentes, este es un grupo prioritario que necesita acceso a los servicios de vacunación.

Para proteger de forma proactiva la salud personal y comunitaria, el profesor asociado, doctor Vu Quoc Dat, aconseja a cada persona modificar su comportamiento mediante acciones específicas. En primer lugar, llevar un registro de vacunación utilizando una libreta personal o una aplicación móvil, y configurar recordatorios para las vacunas de rutina, como la vacuna anual contra la gripe. En segundo lugar, buscar asesoramiento médico de forma proactiva durante los chequeos de salud rutinarios, sugiriendo a los médicos que recomienden vacunas adicionales. Las personas con afecciones médicas preexistentes deben acudir a centros de salud u hospitales con unidades de vacunación para ser examinadas por especialistas y recibir las vacunas más seguras y adecuadas.

Fuente: VIETNAM.VN. Disponible en https://n9.cl/9y3gbd

La vacuna contra el VPH será oficialmente obligatoria a partir del 1 de julio de 2026. ¿Qué grupos deben estar al tanto de esto?

23 ago. Tras un largo periodo de preparación, la vacuna contra el VPH para la prevención del cáncer de cuello uterino ha sido incluida oficialmente en el programa de vacunación obligatoria del Ministerio de Salud, que se implementará a partir del 1 de julio. ¿Cuál es el alcance de la implementación y qué grupos deben estar informados?

Según los expertos en salud , vacunarse de forma preventiva contra el VPH ayuda a reducir la incidencia del cáncer de cuello uterino.

Se dará prioridad a la implementación en las cuatro provincias más desfavorecidas, tras lo cual se ampliará.

El Ministerio de Salud acaba de emitir la Circular 13/2026/TT-BYT que regula las actividades de vacunación, vigente a partir del 1 de julio de 2026. Uno de los aspectos más destacados es la regulación que incluye las enfermedades causadas por el VPH (Virus del Papiloma Humano) en humanos en la lista de enfermedades que requieren el uso de vacunas y productos biológicos en la inmunización obligatoria a través del Programa Ampliado de Inmunización.

En concreto, el artículo 3 de la Circular 13/2026/TT-BYT estipula que la "Lista de enfermedades que requieren el uso de vacunas y productos biológicos en la inmunización obligatoria a través del Programa Ampliado de Inmunización" incluye: hepatitis B, tuberculosis, difteria, tos ferina, tétanos,

poliomielitis, enfermedad por *Haemophilus influenzae* tipo b, sarampión, rubéola, encefalitis japonesa , diarrea por rotavirus, enfermedad neumocócica, enfermedad por virus del papiloma humano (VPH) y otras enfermedades que determine el Ministro de Salud.

Una nueva disposición de la circular establece que las enfermedades causadas por el virus del papiloma humano (VPH) ahora se incluyen en la lista de vacunas obligatorias del Programa Ampliado de Inmunización. Esto representa un cambio significativo en la estrategia de prevención de enfermedades relacionadas con el VPH, especialmente el cáncer de cuello uterino y otras enfermedades peligrosas. Esta política fue aprobada por el Gobierno hace cuatro años.

Ya ha comenzado la campaña de vacunación contra el VPH, priorizando a las niñas de 12 años en cuatro provincias remotas y desfavorecidas. Este año, la vacunación se llevará a cabo a pequeña escala en estas cuatro provincias, centrándose en las zonas montañosas remotas.

Se prevé que aproximadamente 18 900 niñas de sexto grado que asisten a la escuela y niñas de 12 años que no asisten a la escuela en la comunidad serán vacunadas cada año. La vacunación se llevará a cabo con cautela y de forma gradual, garantizando que se cumplan todas las condiciones necesarias en cuanto a experiencia, personal y suministro de vacunas.

El Dr. Phi Van Kien, jefe del Departamento Nacional de Gestión de Inmunizaciones del Departamento de Prevención de Enfermedades (Ministerio de Salud), declaró: “La implementación de una nueva vacuna en el programa ampliado de inmunización implica muchos pasos, desde definir el alcance y seleccionar los grupos objetivo hasta desarrollar un plan y organizar reuniones del consejo para determinar el tipo de vacuna. Además, se debe organizar la capacitación para las localidades dentro del área de implementación del proyecto, junto con las actividades de comunicación previas a la vacunación”.

La decisión de hacer obligatoria la vacunación contra el VPH representa un hito importante en la prevención de enfermedades peligrosas relacionadas con este virus en Vietnam. Se trata de un virus común con muchas cepas diferentes.

Según la Dra. Nguyen Nguyen Huyen, Directora del Centro para el Control y la Prevención de Enfermedades del Hospital Nacional de Enfermedades Tropicales, el cáncer de cuello uterino se encuentra actualmente entre los siete tipos de cáncer más comunes en mujeres en Vietnam, con una incidencia de aproximadamente 7,1 casos por cada 100 000 habitantes. Esto significa que, por cada 100 000 personas, alrededor de 7 mujeres desarrollarán cáncer de cuello uterino. Esto representa una carga significativa para el sistema de salud, pero es totalmente prevenible mediante la vacunación.

Tras la fase inicial, el programa de vacunación contra el VPH podría ampliarse según las propuestas del Ministerio de Salud. Esto representa un cambio significativo en la estrategia de prevención del cáncer de cuello uterino. Actualmente, la vacuna contra el VPH se administra de forma voluntaria y está indicada para personas de entre 9 y 45 años. Los niños de entre 9 y 15 años reciben dos dosis con seis meses de diferencia. Las personas mayores de 15 años reciben tres dosis en un plazo de seis meses.

Cualquier persona, independientemente de su edad o género, puede infectarse con el VPH.

Fuente: VIETNAM.VN. Disponible en https://n9.cl/ddgwj4

Universal Flu Vaccine Strategy Takes Aim at a Century-Old Viral Target

Aug 24. University of Michigan researchers have developed a new way to exploit a decades-old target in the quest for a universal flu vaccine, using baker's yeast to produce virus-like particles displaying full-length M2, a highly conserved influenza protein.

In mice, the experimental vaccine generated antibodies that recognized M2 from five influenza strains and provided 100% protection when animals were challenged with three different strains. The findings were presented August 24 at the American Chemical Society Fall 2026 meeting in Chicago.

M2 has long attracted interest as a potential target for broadly protective influenza vaccines. Unlike hemagglutinin (HA), the abundant surface protein targeted by most current flu vaccines, M2 changes relatively little among influenza A viruses. Researchers have investigated vaccines targeting M2—particularly its extracellular domain, M2e—for more than 25 years, including in early clinical studies.

The Michigan team took a different approach, creating virus-like particles (VLPs) that densely display full-length M2. According to the researchers, this is the first time full-length M2 VLPs have been produced using baker's yeast, Saccharomyces cerevisiae, and shown to generate M2-specific antibodies and protect mice against different influenza subtypes.

The strategy is intended to overcome a challenge that has complicated M2 vaccine development: although the protein is highly conserved, relatively little M2 is present on the surface of influenza viruses, so it does not naturally provoke the strong immune response generated against HA. Packing M2 onto VLPs makes the protein more visible to the immune system. The particles resemble influenza viruses in size and shape but contain no viral genetic material and cannot cause infection.

First author Trang Hoang, a University of Michigan doctoral student in chemical engineering, genetically engineered baker's yeast to produce large amounts of M2. She then removed the yeast's rigid cell wall, allowing M2-bearing VLPs approximately 100 to 200 nanometers in size to bud from the cell membrane for collection and purification.

Eighteen mice received the purified VLPs. Their serum contained abundant antibodies recognizing M2 from five influenza strains. When vaccinated animals were subsequently challenged with three of those strains, all were protected from infection.

The yeast-based manufacturing platform could offer another advantage. The researchers estimate that large quantities of vaccine could be produced in about a month, compared with roughly six months for conventional egg-based influenza vaccine manufacturing.

Fei Wen, PhD, U-M professor of chemical engineering and senior author, said the team expects an M2-directed vaccine to provide broader and longer-lasting protection than HA-focused vaccines, although the durability of immunity remains unknown.

The technology has been licensed for development as an oral vaccine. Researchers next plan to determine how long protection persists in mice and explore vaccine designs for people with weaker immune responses.

The findings remain preclinical, and previous M2-based vaccine strategies have faced challenges generating sufficiently strong and durable immunity. But the combination of full-length M2 presentation and rapid yeast-based manufacturing offers a new approach to an established target in the long-running effort to develop a broadly protective influenza vaccine.

Fuente: INSIDEPRECISIONMEDICINE. Disponible en https://n9.cl/ddgwj4

Inmunogenicidad humoral tras la cuarta dosis de COVID-19 en pacientes con enfermedades inflamatorias inmunomediadas

25 ago. Las personas que viven con Enfermedades Inflamatorias Inmunomediadas (IMID) como la artritis reumatoide, la enfermedad de Crohn, la colitis ulcerosa o la psoriasis se han enfrentado a un desafío adicional durante la pandemia: la respuesta de su sistema inmunitario a las vacunas. Debido tanto a la desregulación propia de estas patologías como a los tratamientos inmunosupresores necesarios para controlarlas, la eficacia de las vacunas suele estar bajo la lupa.

La administración de la cuarta dosis (o segundo refuerzo) de la vacuna contra la COVID-19 ha sido una estrategia clave para proteger a este grupo vulnerable. La pregunta central de la investigación clínica reciente es: conseguir que esta cuarta dosis despierte una respuesta de anticuerpos efectiva y duradera en pacientes con IMID.

Inmunogenicidad humoral

Cuando se habla de inmunogenicidad humoral, nos referimos a la capacidad que tiene una vacuna para estimular la producción de anticuerpos (inmunoglobulinas) específicos por parte de las células B del sistema inmune. Estos anticuerpos actúan como la primera línea de defensa, bloqueando o "neutralizando" el virus antes de que infecte a las células.

En la población general, el esquema primario y los primeros refuerzos demostraron una excelente respuesta humoral. Sin embargo, en pacientes con IMID, los estudios iniciales mostraron que los niveles de anticuerpos decaían con mayor rapidez o ni siquiera alcanzaban los umbrales óptimos tras las primeras dosis.

El impacto de la cuarta dosis: ampliación y durabilidad

Los datos clínicos acumulados evidencian que la cuarta dosis actúa como un ecualizador inmunitario indispensable para este colectivo. Sus beneficios principales se resumen en tres puntos clave:

Rescate de "no respondedores": Pacientes que mostraron una respuesta muy débil o nula tras la tercera dosis lograron finalmente la seroconversión (producción detectable de anticuerpos) tras recibir el segundo refuerzo.

Mayor amplitud de neutralización: La cuarta dosis no solo eleva la cantidad total de anticuerpos, sino que mejora la "calidad" de estos, permitiéndoles reconocer y neutralizar de mejor manera a variantes y subvariantes del virus.

Prolongación de la memoria inmune: Aunque los niveles de anticuerpos decaen de forma natural con los meses, el pico alcanzado tras la cuarta dosis prolonga la ventana de protección en comparación con el declive acelerado observado tras la tercera dosis.

El factor determinante: el tipo de tratamiento inmunosupresor

La respuesta humoral tras la cuarta dosis no es uniforme; depende en gran medida del fármaco que tome el paciente. Los estudios diferencian claramente el impacto de las terapias:

Medicación / Terapia – Impacto en la Respuesta Humoral

- Terapias de depleción de células B (ej. Rituximab): Alto impacto negativo. Al eliminar las células encargadas de fabricar anticuerpos, la respuesta humoral sigue siendo muy baja incluso tras la cuarta dosis. En estos casos, la inmunidad celular (células T) cobra mayor protagonismo.
- Corticoides a dosis altas y Metotrexato: Impacto moderado. Pueden atenuar la velocidad y el pico de producción de anticuerpos. En ocasiones, los especialistas recomiendan pausar brevemente el metotrexato tras la vacunación para optimizar la respuesta.
- Anti-TNF y otros biológicos (ej. Infliximab, Adalimumab): Impacto leve a moderado. Se observa una reducción ligera en los títulos de anticuerpos en comparación con controles sanos, pero la cuarta dosis logra compensar significativamente esta brecha, elevando la protección a niveles seguros.

A pesar de que ciertos fármacos frenan la producción de anticuerpos (respuesta humoral), la inmunidad celular mediada por linfocitos T suele mantenerse notablemente activa en la mayoría de los pacientes con IMID, lo que reduce el riesgo de padecer formas graves de la enfermedad o requerir hospitalización.

Conclusión

Los estudios clínicos respaldan firmemente las pautas de vacunación de refuerzo. En los pacientes con enfermedades inflamatorias inmunomediadas, la cuarta dosis de la vacuna contra la COVID-19 no es un exceso, sino una necesidad inmunológica.

Salvo en ventanas terapéuticas muy específicas (como tratamientos recientes con Rituximab), esta dosis adicional logra ensanchar y sostener la protección humoral, devolviendo a los pacientes con IMID una seguridad inmunitaria muy cercana a la de la población general. La monitorización personalizada por parte del reumatólogo o gastroenterólogo sigue siendo la mejor herramienta para coordinar los tiempos de vacunación y tratamiento.

Fuente: Revista OCRONOS. Disponible en https://n9.cl/mzm80

Perfil de anticuerpos basado en IA predice intensidad de respuesta a vacuna contra COVID-19

26 ago. La protección inducida por la vacuna puede variar ampliamente entre las personas, lo que genera incertidumbre para los clínicos, en particular en pacientes con afecciones inmunosupresoras. Los factores demográficos y de salud solo explican parte de esta variabilidad, y las respuestas pueden diferir incluso entre personas con perfiles similares. Predecir las respuestas de anticuerpos antes de la vacunación podría ayudar a orientar la atención y el diseño de estudios. Nuevos hallazgos muestran que los patrones de anticuerpos preexistentes en

la sangre, analizados con inteligencia artificial, pueden predecir la magnitud de la respuesta a las vacunas contra la COVID-19.

Investigadores de Arizona State University y colaboradores evaluaron una "firma de anticuerpos" previa a la vacunación para clasificar a los posibles respondedores. El enfoque perfiló anticuerpos circulantes frente a 185 antígenos que abarcan virus y bacterias comunes, así como dianas asociadas con enfermedades autoinmunes. Luego, se utilizó un análisis de aprendizaje profundo de muestras recogidas antes y después de la vacunación contra la COVID-19 para distinguir patrones asociados con respuestas fuertes frente a débiles.

El estudio evaluó 8.687 muestras de sangre de 4.089 participantes, incluidos voluntarios sanos y personas con afecciones o tratamientos vinculados con la inmunosupresión. Entre ellos había VIH, mieloma múltiple, cáncer de órgano sólido, enfermedad autoinmunitaria, enfermedad inflamatoria intestinal y trasplante de órgano sólido. Aunque varios grupos inmunosuprimidos tenían más probabilidades de mostrar respuestas atenuadas a la vacuna, las categorías eran predictores imperfectos; de manera notable, entre el 5% y el 6% de los participantes sanos también presentaron respuestas débiles.

Niveles preexistentes más altos de ciertos anticuerpos —incluidos los dirigidos contra Staphylococcus aureus, el virus respiratorio sincitial (VRS) y el respirovirus humano 3— se vincularon con respuestas más fuertes a la vacuna contra la COVID-19. Los investigadores describen estos anticuerpos como "centinela", que podrían reflejar la preparación inmunitaria basal de una persona en lugar de dirigirse directamente al antígeno de la vacuna. Al integrar cientos de mediciones de anticuerpos en un único perfil inmunitario, el modelo de aprendizaje profundo identificó combinaciones sutiles de señales que serían difíciles de detectar con análisis convencionales.

Según los autores, el trabajo subraya el valor de las tecnologías que pueden capturar amplios perfiles de anticuerpos en lugar de centrarse en las respuestas a un solo patógeno. Si se valida en estudios adicionales y con otras vacunas, el perfilado de anticuerpos centinela podría aportar información para las pruebas de vacunas, el desarrollo y la atención clínica de las personas con riesgo de respuestas débiles. La investigación aparece en Cell Press Blue el 20 de agosto de 2026 y se llevó a cabo con colegas de instituciones médicas y de investigación de todo Estados Unidos.

"Lo que encontró nuestro estudio es que ciertos biomarcadores, cuando se analizan con IA, pueden predecir quién es probable que responda bien a una vacuna, incluso antes de recibirla. Esto sugiere que algunas personas pueden estar más preparadas inmunitariamente que otras", dijo Joshua LaBaer, director ejecutivo del Biodesign Institute at Arizona State University y director del Virginia G. Piper Center for Personalized Diagnostics.

Fuente: LabMedica. Disponible en https://n9.cl/gia4wy

African Bundibugyo ebolavirus vaccine candidate to be advanced to clinical trials

Aug 27. Leading African biopharmaceutical company Minapharm Group, headquartered in Egypt with subsidiaries in Berlin, will receive up to US$16.5 million from the Coalition for Epidemic Preparedness Innovations (CEPI) to advance the development of a Bundibugyo ebolavirus vaccine candidate, strengthening efforts to develop vaccines to combat the fastest-growing and second-largest Ebola outbreak on record affecting the Democratic Republic of the Congo (DRC).

Minapharm's Bundibugyo vaccine is designed by ProBioGen, a Berlin-based specialist within Minapharm Group, based on their proprietary modified vaccinia Ankara (MVA) vaccine platform, MVA-CR19. A similar technology underpins a licensed vaccine against smallpox and mpox, and has elicited long-term immunity in a vaccine targeting the related Zaire ebolavirus.

CEPI's funding will advance the Bundibugyo vaccine candidate through preclinical development and into an early-stage clinical trial to assess the immunogenicity and safety of the vaccine candidate. The study in humans, known as a Phase 1 trial, is expected to take place in Africa.

Minapharm's investigational vaccine becomes the fifth Bundibugyo-specific virus vaccine candidate supported by CEPI in response to the escalating epidemic. It joins a portfolio of promising CEPI-backed candidates* built on different vaccine technologies to maximise the likelihood of developing a safe and effective shot that could help bring this devastating crisis under control.

It is the only Bundibugyo vaccine candidate CEPI is funding that is designed to induce both B- and T-cell responses for comprehensive and long-lasting immunity.

"CEPI's funding to Minapharm harnesses the growing strength of African-led innovation to help confront this increasingly severe outbreak and prepare for future threats", said Dr Richard Hatchett, CEO of CEPI. "In just three months, cases of Bundibugyo have spread rapidly across the DRC, making this the largest and deadliest outbreak the country has ever faced. We are proud to support Minapharm's Bundibugyo vaccine candidate: it will round out CEPI's portfolio, give the world another shot on goal, and advance Minapharm's proprietary MVA platform, which if successful can serve as the basis for future African-manufactured filovirus vaccines. The faster we can advance a pipeline of promising candidates, the better our chances of saving lives and bringing this epidemic under control."

CEPI's goal is to bring at least two Bundibugyo vaccines to Emergency Use Authorisation and WHO Prequalification to respond to this outbreak, while also building readiness for future Bundibugyo epidemics.

Dr. Wafik Bardissi, Group Chairman and CEO of Minapharm and Chairman of ProBioGen, said: "For

more than 25 years, Minapharm has built proven biologics capabilities in Egypt and, together with ProBioGen, established a cross-continental group model combining scientific innovation, proprietary technologies and advanced biomanufacturing."

Dr. Bardissi added: "This programme demonstrates the strength of our capabilities across the full biologics continuum, from design and development through to manufacturing, in response to an urgent public-health threat. With CEPI's support, we are turning scientific ingenuity into health sovereignty, drawing on the breadth of our technologies and know-how to advance a vaccine response for Africa."

"ProBioGen's MVA-CR19 platform was developed to enable rapid generation of recombinant MVA vaccine candidates and scalable manufacturing," said Dr Volker Sandig, Chief Scientific Officer of ProBioGen. "We are proud to bring this platform and our CMC expertise to a Minapharm-led programme supported by CEPI, helping advance a Bundibugyo ebolavirus vaccine candidate towards clinical evaluation in response to an urgent public-health need."

Dr Jean Kaseya, Director General, Africa CDC, said, "Bundibugyo virus is now driving the largest Ebola outbreak DRC has ever faced. A vaccine candidate advanced by an African company is exactly the kind of capability our continent needs - not just for this outbreak, but so that Africa can develop and manufacture the tools it needs to protect its own people. We welcome CEPI's support for Minapharm's work as a concrete step toward that health sovereignty."

To develop the Bundibugyo-specific vaccine candidate, ProBioGen —a wholly-owned subsidiary of Minapharm based in Germany—will generate the recombinant MVA drug substance under Good Manufacturing Practice (GMP) guidelines. The drug substance is the active component of a vaccine which includes viral proteins that could train the immune system to recognise and fight a specific pathogen – in this case, Bundibugyo ebolavirus. The drug substance will then be shipped to Minapharm's facility in Cairo, Egypt, to create the drug product – the finished vaccine mixture which combines the drug substance with other vaccine ingredients and packaging ready for testing. In parallel, Minapharm plans to transfer drug substance manufacturing to its biotechnology facilities in Cairo, enabling fully local drug substance and drug product manufacturing.

The project leverages more than 25 years of Minapharm's proven track record and experience in the development, end-to-end manufacturing and commercialisation of complex biologics in Africa.

If the Phase 1 trial of the vaccine candidate is successful, CEPI anticipates working with Minapharm and ProBioGen to support late-stage trials to generate efficacy data for emergency use authorisation and licensure. CEPI, Minapharm and ProBioGen are committed to enabling rapid, affordable supply of the vaccine to affected countries and to the populations that need them should it prove safe and effective.

A positive outcome from this project could also lay the foundation for the future expansion of Minapharm's vaccine manufacturing capabilities, potentially with support from CEPI and other partners.

To date, CEPI's Bundibugyo virus vaccine development programme receives funds from the European Commission through its 2026 grant under Horizon Europe to CEPI, the U.S. Department of State and CEPI's existing core funding.

Fuente: CEPI. Disponible en https://n9.cl/676ekq

Vaxart Expands Intellectual Property Portfolio with European Patent Protecting Proprietary Norovirus Vaccine Technology

Aug 27. European Patent Office granted Vaxart a new patent, extending intellectual property protection for Vaxart's Norovirus vaccine program through at least 2036 across key European markets .

KEY HIGHLIGHTS:

- European Patent Office (EPO) granted Vaxart a new patent: European Patent No. 3791859. The patent formally published today. This patent further protects core IP for Vaxart's oral recombinant norovirus vaccine candidate.
- Extended Intellectual Property Protection secured through at least 2036 across 13 major European jurisdictions, including Germany, France, Italy, Spain, and the United Kingdom.
- Proprietary Delivery Platform Validation: Protects key aspects of Vaxart's room-temperature stable, needle-free pill technology for the use of against norovirus.

Vaxart, Inc. (OTCQX: VXRT), a clinical-stage biotechnology company developing a range of oral recombinant vaccines based on its proprietary delivery platform, today announced that the European Patent Office (EPO) formally published the grant of European Patent No. 3791859 effective on August 26, 2026 (European Patent Bulletin 26/35).

"Securing this patent expands our global intellectual property portfolio and secures additional protection of our norovirus asset for Europe through at least 2036," said Steven Lo, Chief Executive Officer at Vaxart. "As leaders in oral vaccine development, covering critical aspects of our proprietary delivery approach further solidifies our intellectual property estate. As the industry sees ongoing challenges with traditional injected norovirus candidates, this patent secures our potential advantage in delivering a targeted, oral tablet solution for norovirus, an area of high unmet need."

Following grant publication, the patent will be validated in key European territories, including Austria, Belgium, Denmark, France, Germany, Ireland, Italy, Netherlands, Norway, Spain, Sweden, Switzerland, and the United Kingdom.

About Vaxart

Vaxart is a clinical-stage biotechnology company developing a range of oral recombinant vaccines based on its proprietary delivery platform. Vaxart vaccines are designed to be administered using pills that can be stored and shipped without refrigeration and eliminate the risk of needle-stick injury. Vaxart believes that its proprietary pill vaccine delivery platform is suitable to deliver recombinant vaccines, positioning the Company to develop oral versions of currently marketed vaccines and to design recombinant vaccines for new indications. Vaxart's development programs currently include pill vaccines designed to protect against coronavirus, norovirus, and influenza, as well as a therapeutic vaccine for human papillomavirus (HPV), Vaxart's first immune-oncology indication. Vaxart has filed broad domestic and international patent applications covering its proprietary technology and creations for oral vaccination using adenovirus and TLR3 agonists.

Fuente: YAHOO FINANCE. Disponible en https://n9.cl/8oh1m

La FDA aprueba vacunas actualizadas de Pfizer, Moderna y Novavax-Sanofi dirigidas a la cepa XFG

28 ago. La Administración de Alimentos y Medicamentos de Estados Unidos aprobó el 27 de agosto fórmulas actualizadas contra COVID-19 de Pfizer, Moderna y Novavax, desarrollada y comercializada en asociación con Sanofi. Las vacunas buscan responder a la cepa XFG, una subvariante de JN.1, y llegan al mercado en un momento de menor adopción de las vacunas y de señales de aumento de las infecciones en buena parte del país.

"La FDA aprobó fórmulas actualizadas de Pfizer, Moderna y Novavax-Sanofi dirigidas contra la cepa XFG, pero la decisión llega con ensayos humanos de un solo brazo y en medio de una marcada caída de la vacunación."

La autorización no se dirige a toda la población de manera generalizada, sino a personas de 65 años o más y a quienes tienen entre 12 y 64 años con una o más condiciones subyacentes. Entre los ejemplos mencionados figura la obesidad, considerada por los funcionarios como un factor que puede elevar el riesgo de desarrollar un cuadro grave de COVID-19.

Una actualización enfocada en la cepa XFG

Las vacunas de Pfizer y Moderna utilizan la plataforma de ácido ribonucleico mensajero, conocida como ARNm, y fueron formuladas para apuntar contra XFG. Esta cepa pertenece a la familia de JN.1, una variante que ha servido como referencia para varias actualizaciones recientes de las vacunas contra el coronavirus.

La vacuna de Novavax, cuya comercialización en Estados Unidos está vinculada a Sanofi mediante un acuerdo de licencia, también recibió autorización para la nueva fórmula dirigida contra XFG. El producto no utiliza tecnología de ARNm. La diferencia tecnológica ofrece una alternativa dentro de la nueva ronda de inmunizaciones, mientras los fabricantes comparten el objetivo de adaptar sus fórmulas a las cepas que circulan en cada temporada.

Los reguladores estadounidenses han aprobado vacunas actualizadas durante varios años con la intención de mejorar su correspondencia con las variantes predominantes. Sin embargo, la decisión más reciente no significa que las fórmulas anteriores hayan dejado de tener utilidad, ya que estudios citados previamente han situado en más de la mitad la protección que ofrecían contra la hospitalización.

Durante una reunión consultiva celebrada en primavera, los fabricantes presentaron datos obtenidos en animales, pero no aportaron datos de pruebas en humanos. El comité asesor de vacunas de la FDA recomendó entonces que la siguiente generación se dirigiera contra XFG, recomendación que quedó reflejada en la orientación de los productos aprobados.

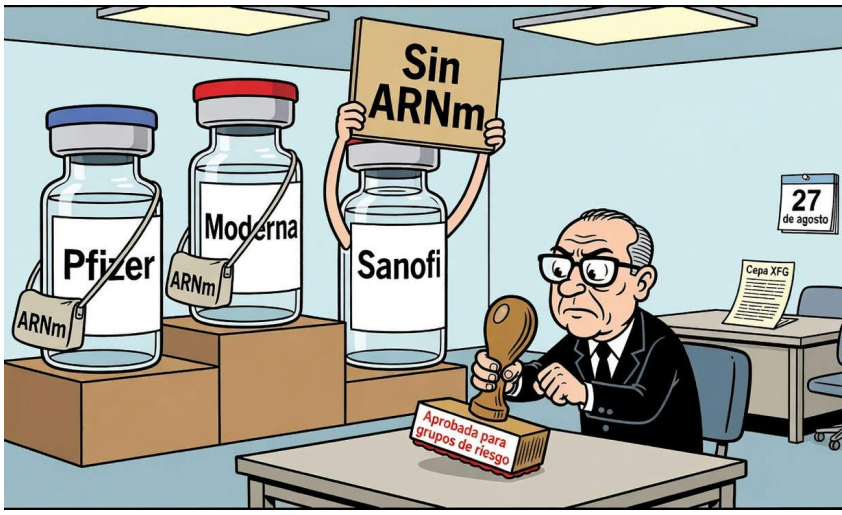
Alcance de la autorización y evidencia disponible

La aprobación cubre a los adultos mayores de 65 años y a personas de 12 a 64 años que presenten al menos una condición subyacente. La lógica regulatoria descrita en los documentos concentra la disponibilidad en quienes, según los funcionarios, enfrentan una probabilidad mayor de sufrir COVID-19 grave, en lugar de establecer una autorización idéntica para todos los grupos de edad.

Los fabricantes realizarán estudios de un solo brazo para evaluar las vacunas en seres humanos, de acuerdo con documentos de la FDA.

En este tipo de diseño, los participantes reciben el producto y los investigadores observan sus resultados, pero no existe necesariamente un grupo paralelo que reciba un placebo para comparar directamente el desempeño.

Inicialmente, las empresas debían realizar ensayos controlados con placebo, pero los funcionarios las eximieron de ese requisito por desafíos operativos y de viabilidad. La decisión contrasta con declaraciones de funcionarios de la FDA realizadas en 2025, cuando calificaron de imperativos los nuevos ensayos controlados con placebo para determinar el rendimiento real de las vacunas, debido al tiempo transcurrido desde los estudios originales.



Pfizer, Moderna y Novavax se habían comprometido a realizar ensayos controlados con placebo. Posteriormente, Novavax licenció su vacuna contra el COVID-19 a Sanofi, un movimiento que vincula la evolución comercial de ese producto con la empresa que participa en la nueva ronda dirigida contra XFG.

Una decisión con poca comunicación pública

La FDA no anunció las aprobaciones mediante un comunicado de prensa, como había ocurrido en ocasiones anteriores con decisiones sobre vacunas contra la COVID-19. La ausencia de un anuncio público amplio dejó como referencia principal los documentos regulatorios, donde tampoco se detalla de manera extensa la base que sustentó las autorizaciones.

La FDA y el Departamento de Salud y Servicios Humanos, su agencia matriz, no respondieron a las solicitudes de comentarios antes de la publicación de la información. Esa falta de respuesta impidió conocer detalles adicionales sobre la revisión de los datos, el calendario de distribución y las razones específicas para modificar el requisito de los ensayos controlados.

Fuente: DIARIO BITCOIN. Disponible en https://n9.cl/8v0b7

CanSinoBIO accelerates overseas growth as vaccine portfolio and mRNA pipeline expand

Aug 31. CanSino Biologics reported continued momentum in its international business during the first half of 2026, alongside progress across its marketed vaccines, regulatory-stage products and next-generation pipeline.

The company recorded approximately RMB550 million in revenue for the period, an increase of 43.8% year-on-year, while its net loss attributable to shareholders narrowed significantly.

Overseas revenue reached RMB150 million as CanSinoBIO continued to expand mature products into international markets and develop broader partnership models involving technology collaboration and local industrialisation.

The company said its overseas business is increasingly evolving beyond finished-product exports towards a model in which products, manufacturing processes and technical capabilities are commercialised across international markets.

Registration and commercialisation activities are progressing across Southeast Asia, South America and the Middle East.

Menhycia, CanSinoBIO's quadrivalent meningococcal conjugate vaccine, has received registration approvals in Indonesia and Argentina, with product supply already underway in Indonesia.

The international growth comes as China's vaccine market continues to face pressure from changing demographics and weaker demand in traditional paediatric vaccine segments.

CanSinoBIO said its strategy is therefore increasingly centred on product upgrades, differentiated technologies and expansion into overseas markets.

In China, Menhycia expanded its indicated population in February to include children aged three months to six years.

The company is also expanding market access for iPneucia, its 13-valent pneumococcal conjugate vaccine using CRM197 and tetanus toxoid carrier proteins.

Since its launch in September 2025, iPneucia has become available across nearly 30 provincial-level markets in China.

The company's pertussis vaccine portfolio also continued to advance.

Tripecia, CanSinoBIO's three-component acellular diphtheria, tetanus and pertussis combined vaccine for infants, received New Drug Application approval in April 2026.

The first commercial batches received Certificates for Batch Release of Biological Products in August, with provincial tendering and market access activities now underway.

CanSinoBIO is also developing Td5cp, a tetanus, reduced diphtheria and five-component acellular pertussis vaccine intended for adolescents and adults.

The product has been granted Priority Review status and its New Drug Application has been accepted by China's National Medical Products Administration.

Tetcia, the company's independently developed adsorbed tetanus vaccine, has also received formal approval, further expanding CanSinoBIO's adult immunisation portfolio.

In pneumococcal disease, CanSinoBIO's 24-valent pneumococcal polysaccharide conjugate vaccine entered Phase I/II clinical development in May 2026, with enrolment progressing across different cohorts.

Development is also continuing for its DT3cP-Hib-MCV4 combination vaccine as the company expands towards increasingly multivalent vaccine formats.

Beyond preventive vaccines, CanSinoBIO is building its mRNA technology platform across both infectious disease and therapeutic applications.

The company is conducting early-stage research into mRNA programmes for glioblastoma, rhabdomyosarcoma and cervical cancer, while also exploring in vivo CAR-based therapies.

On 25 August, subsidiary CanSino Shanghai entered into a strategic collaboration with deepGeneAI to develop personalised mRNA therapeutic cancer vaccines.

The partnership will combine CanSinoBIO's mRNA vaccine technology with deepGeneAI's tumour neoantigen discovery and design capabilities.

CanSinoBIO said its broader platform capabilities span viral vector vaccines, synthetic vaccines, protein structure design, virus-like particle assembly, mRNA technologies and formulation and delivery systems.

The company is positioning these platforms as the foundation for future product development and international expansion.

As domestic vaccine demand patterns evolve, CanSinoBIO is increasingly relying on a combination of differentiated products, global market access and technology-driven pipeline development to support longer-term growth.

Fuente: BioSpectrum Asia. Disponible en https://n9.cl/v4zaj

Panamá inicia aplicación de anticuerpo monoclonal para fortalecer la protección de recién nacidos frente al VRS

31 ago. El Ministerio de Salud (Minsa) inició este lunes la aplicación del anticuerpo monoclonal de acción prolongada nirsevimab, con la administración de las primeras dosis a recién nacidos elegibles en la Maternidad del Hospital Santo Tomás, por parte del personal de salud del Hospital del Niño Dr. José Renán Esquivel.

Esta intervención marca una nueva etapa en la estrategia nacional para prevenir las formas graves de enfermedad causadas por el Virus Respiratorio Sincitial (VRS).

El inicio de esta intervención contó con la presencia del ministro de Salud, Dr. Fernando Boyd Galindo; del viceministro de Salud, Dr. Manuel Zambrano; autoridades nacionales, representantes del Hospital del Niño Dr. José Renán Esquivel y del Hospital Santo Tomás, así como de los equipos técnicos que participaron en el proceso de implementación, informó el Minsa en comunicado.

Para esta primera etapa, el Minsa invirtió más de $3.5 millones e la adquisición de 13,790 dosis de nirsevimab, mediante el mecanismo de adquisición de la Organización Panamericana de la Salud (OPS). Estas dosis están destinadas a fortalecer la protección de recién nacidos y lactantes elegibles frente al VRS.

Estrategia mixta

La incorporación de nirsevimab fortalece la estrategia mixta de Panamá frente al VRS, que contempla medidas permanentes de prevención e higiene, la vacunación materna contra el VRS, implementada

desde 2025 entre las semanas 30 y 36 de gestación, y, ahora, la protección directa del recién nacido y del lactante elegible mediante este anticuerpo monoclonal, informa el Minsa.

La vacunación materna, indicó la institución, continúa siendo la primera estrategia de protección del recién nacido. Nirsevimab la complementa y permite reducir brechas de protección, especialmente en aquellos casos en los que la inmunización materna no se produjo o no brinda protección suficiente al momento del nacimiento.

Durante esta primera fase, la implementación será progresiva y priorizará inicialmente a los recién nacidos con brechas de protección, entre ellos aquellos cuyas madres no recibieron la vacuna contra el VRS durante el embarazo o no cuentan con evidencia verificable de vacunación, así como los nacidos antes de que transcurrieran 14 días desde la vacunación materna.

Los Lineamientos Técnicos Operativos contemplan, además, la protección de determinados lactantes de alto riesgo y una estrategia de recuperación o catch-up para lactantes menores de tres meses en áreas priorizadas durante el primer año de implementación.

La aplicación de nirsevimab continuará ampliándose de manera progresiva hacia otras instalaciones y territorios del país, como parte de una estrategia integrada y sostenida para fortalecer la protección de los recién nacidos y lactantes frente al VRS y contribuir a la reducción de las formas graves de esta enfermedad.

VRS, causa de infecciones graves

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.

Hasta la semana epidemiológica 31, el Minsa ha notificado 18 defunciones asociadas al VSR, de las cuales 16 corresponden a menores de 5 años y dos a personas mayores de 65 años.

Estrategia mixta para enfrentar la enfermedad

Panamá aplica la vacuna materna, y desde este 31 de agosto, el anticuerpo monoclonal para evitar enfermedad grave y muerte en población pediátrica.

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.

Los anticuerpos monoclonales constituyen una inmunización pasiva, ya que proporcionan al bebé defensas listas para combatir el virus, a diferencia de las vacunas tradicionales que estimulan al organismo para producir sus propios anticuerpos.

La estrategia pionera de Chile

Chile respondió con la creación del Proyecto Coalición VRS, «un grupo interdisciplinario de expertos clínicos, investigadores, sociedades científicas, universidades y ex autoridades sanitarias, con el objetivo de generar recomendaciones de corto y mediano plazo».

En el artículo científico, Lecciones y propuestas tras una estrategia exitosa frente al VRS: experiencia chilena con nirsevimab en la temporada 2024 y desafíos para el periodo 2025-2027 se reflexiona sobre esta experiencia que entre otras acciones incorporó de manera pionera, en el hemisferio sur, el uso del anticuerpo monoclonal.

Con una cobertura superior al 95 %, Chile logró «una reducción de hospitalizaciones sin precedentes y un alto nivel de aceptación por parte de la población».

Los desafíos, desde la perspectiva chilena, apuntan a asegurar el financiamiento, evitar la aparición de brechas en grupos no protegidos, o desarticulación del monitoreo. Suman «desafíos clínicos y científicos como las segundas temporadas, la hiperreactividad bronquial, la vigilancia genómica y la necesidad de estrategias inmunológicas combinadas».

Fuente: LA WEB DE LA SALUD. Disponible en https://n9.cl/m79p2x

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Patentes registradas en Patentscope

Estrategia de búqueda: *(Vaccine) AND DP:([17.08.2026 TO 31.08.2026]) as the publication date 53 records.*

1.0002868266METHOD FOR PRODUCING IMMUNOGLOBULIN PREPARATION AGAINST PNEUMOENTERITIS IN CALVES OF VIRAL AND BACTERIAL AETIOLOGY

RU - 18.08.2026

Clasificación Internacional A61K 31/7088Nº de solicitud 2025123087SolicitanteInventor/a Крысенко Юрий Гаврилович (RU)

FIELD: veterinary medicine; biotechnology. SUBSTANCE: invention relates to a method for producing a complex biological product containing immunoglobulin fractions of bovine blood serum, and an immunostimulator sodium nucleinate, intended for the prevention and treatment of the most common pneumoenteritis in calves. The method for producing an immunoglobulin preparation against pneumoenteritis in calves of viral and bacterial aetiology involves 5-fold hyperimmunisation of producer animals with vaccine preparations by subcutaneous injections in increasing doses at intervals of 5 days: with an inactivated combined vaccine against IRT, PI-3, VD, RSI, rota- and coronavirus disease, LLC 'Vetbiokhim', in doses of 5, 10, 15, 20, 25 cm3/head; with a formol-alum vaccine against salmonellosis, Armavir Biofactory, in doses of 7, 15, 20, 30 and 35 cm3/head; with a polyvalent formol-alum vaccine against colibacillosis, Armavir Biofactory, in doses of 7, 15, 20, 30 and 35 cm3/head; with a monovalent emulsion vaccine against pasteurellosis, LLC 'Agrovet', in doses of 5, 10, 15, 20, 25 cm3/head; in parallel with the addition of vitamin B12 at a dose of 10 cm3/head with a vitamin B12 content of 500 mcg/cm3; isolating hyperimmune serum from the blood of producer animals, freeing it from ballast lipoproteins, adding a 3% solution of sodium nucleinate at a rate of 1 cm3 per 100 cm3 of hyperimmune serum from the blood of producer animals freed from ballast lipoproteins. EFFECT: increasing the effectiveness of the immunoglobulin preparation for the prevention and treatment of infectious pneumoenteritis in calves, including diseases IRT, PI-3, VD, RSI, colibacillosis, salmonellosis and pasteurellosis. 1 cl, 6 tbl, 6 ex

2.20260248898COMBINED TIGIT AND PD1, PDL1 AND CTLA-4 PEPTIDE VACCINES FOR IMMUNE CHECKPOINT THERAPY

US - 27.08.2026

Clasificación Internacional A61K 39/00Nº de solicitud 19407239Solicitante The Trustees of Indiana UniversityInventor/a Pravin T. P. Kaumaya

Disclosed herein is an immune checkpoint therapy utilizing the combination of a TIGIT peptide vaccine and a PDL-1 peptide vaccine, a TIGIT peptide vaccine and a PD-1 peptide vaccine, and a TGIT peptide vaccine and a CTLA-4 peptide vaccine. Also disclosed are methods of treating cancer in a subject

through a dual blockade of TIGIT and PD-L1 or PD1 or CTLA-4 with combination peptide immunization of TIGIT with PD-L1, or PD1 and/or CTLA-4.

3.20260240978SYSTEMS AND METHODS FOR PREDICTING VACCINE SENTIMENT

US - 20.08.2026

Clasificación Internacional A61K 39/12Nº de solicitud 19541652Solicitante STChealth, LLCInventor/a Nathanael Meckes

Systems and methods for determining vaccine sentiment of a patient are described. The systems and methods can include creating one or more training datasets from patient data, training one or more predictive algorithms to generate a vaccine sentiment score, using one or more predictive algorithms to generate a vaccine sentiment score, and generating one or more vaccine related communications based on a vaccine sentiment score.

4.WO/2026/171211HMPV FUSION PROTEIN F VARIANT, MRNA VACCINE, AND USE THEREOF

WO - 20.08.2026

Clasificación Internacional C07K 19/00Nº de solicitud PCT/CN2026/079003Solicitante NEXTRANSLATE BIOPHARMACEUTICAL (HANGZHOU) CO., LTD.Inventor/a ZHAN, Xiaoyan

Disclosed are a hMPV fusion protein F variant, an mRNA vaccine, and a use thereof. The hMPV fusion protein F variant has an amino acid residue difference at one or more sites relative to an hMPV fusion protein F having the accession number AGJ74096.1 in the GenBank database, wherein the amino acid sequence of the hMPV fusion protein F variant is as shown in SEQ ID NO: 1 or 2. The mRNA vaccine designed on the basis of the hMPV fusion protein F variant can induce a strong specific antibody response, and the persistence of an antibody in vivo is strong. The induced antibody can better neutralize an hMPV strain and control the amplification of the hMPV in the lungs. Therefore, the specific antibody induced by the mRNA vaccine provides an effective basis for prevention of hMPV infection-related diseases and development of combination vaccines.

5.WO/2026/171605INFECTION PREDICTION

WO - 20.08.2026

Clasificación Internacional G16H 50/30Nº de solicitud PCT/EP2026/053110Solicitante KONINKLIJKE PHILIPS N.V.Inventor/a DAMIANO, Robert John

A method and system for training an infection prediction model and a method and system for predicting an infection. The infection prediction model is trained using a training dataset, which is generated by obtaining and processing physiological data for each of a plurality of subjects. The physiological data for at least a first subset of the plurality of subjects was acquired over a period including a pre-vaccination period and a period immediately following administration of a first vaccine to the respective subject. The first vaccine is either a vaccine for the first infection or a vaccine for an infection similar to the first infection.

6.20260240974A THERAPEUTIC HPV VACCINE BASED ON VALIDATED TARGET EPITOPES

US - 20.08.2026

Clasificación Internacional A61K 39/12Nº de solicitud 19160464Solicitante Deutsches Krebsforschungszentrum Stiftung des öffentlichen RechtsInventor/a Angelika RIEMER

The present invention relates to a vaccine against a human papillomavirus 16 (HPV16)-related virus providing at least six discrete immunization peptides consisting of the amino acid sequences of SEQ ID NOs:1 to 6, wherein said vaccine comprises a mixture of discrete peptides each comprising exactly one of said amino acid sequences; and to the vaccine for use in medicine and in eliciting an immune response in a human subject against HPV infection, as well as a kit related thereto.

7.20260240976THERAPEUTIC HPV VACCINES BASED ON VALIDATED TARGET EPITOPES

US - 20.08.2026

Clasificación Internacional A61K 39/12Nº de solicitud 19160842Solicitante Deutsches Krebsforschungszentrum Stiftung des öffentlichen RechtsInventor/a Angelika Beate RIEMER

The present invention relates to a vaccine for use in therapeutic vaccination of a human subject against a human papillomavirus 16 (HPV16)-related virus, wherein said vaccine provides at least five discrete immunization peptides consisting of amino acid sequences selected from at least five of the following groups: (i) SEQ ID NOs: 1 to 10; (ii) SEQ ID NOs: 11 to 52; (iii) SEQ ID NOs:53 to 79; (iv) SEQ ID NOs: 71 and 80 to 96; (v) SEQ ID NOs:25, 81, and 97-106; and (vi) SEQ ID NOs: 9, 12, 23, 63, 81, 85, 101, and 107 to 131; wherein said vaccine is a human leukocyte antigen (HLA) universal vaccine for use in any human subject expressing at least one HLA of a HLA supertype selected from the list consisting of HLA-A01, HLA-A02, HLA-A03/A11, HLA-A24, HLA-B07, and HLA-B15, and wherein each of said at least five immunization peptides, when presented as an H LA-complex, activates human anti-immunization peptide T cells. The present invention also relates to kits, devices, and methods related thereto.

8.WO/2026/175400BIVALENT MRNA VACCINE AGAINST NIPAH VIRUS AND HENDRA VIRUS, PREPARATION METHOD THEREFOR AND USE THEREOF

WO - 27.08.2026

Clasificación Internacional C12N 15/62Nº de solicitud PCT/CN2026/079641Solicitante INSTITUTE OF MICROBIOLOGY, CHINESE ACADEMY OF SCIENCESInventor/a GAO, Fu

The present invention relates to an RNA molecule encoding a recombinant Nipah/Hendra virus antigen, a vaccine or immunogenic composition comprising same, and the use thereof in the preparation of a vaccine for preventing and/or treating Nipah virus and/or Hendra virus infections. The RNA vaccine encoding the recombinant Nipah/Hendra virus antigen of the present invention can simultaneously elicit a strong immune response against HeV and NiV, and has great value and broad development prospects in clinical applications.

9.WO/2026/178419VACCINE ADJUVANTS

WO - 27.08.2026

Clasificación Internacional C07C 335/26Nº de solicitud PCT/US2026/016128Solicitante SANFORD BURNHAM PREBYS MEDICAL DISCOVERY INSTITUTEInventor/a OLSON, Steven H.

Provided herein are compositions comprising a vaccine composition and an agent that induces innate immune responses in primary human monocyte derived dendritic cells (MDDCs) and methods of using the

agent that induces innate immune responses in and activation of MDDCs to increase effectiveness of the vaccine.

10.20260250717A VACCINE COMPOSITION OF CELLS EXPRESSING A LENTIVIRAL VECTOR AND METHODS OF USING

US - 27.08.2026

Clasificación Internacional C12N 15/867Nº de solicitud 18874959Solicitante MERIDIAN THERAPEUTICS, INC.Inventor/a Kimberly A. Noonan

A vector construct is described that is a lentiviral construct including DNA encoding for GM-CSF. A vaccine composition is also described that is includes K562 cells transfected with this vector construct, and also possibly including the U266 and H929. Methods are described for using the vaccine composition in methods of immunizing against plasma cell disorders, including multiple myeloma and related disorders.

11.WO/2026/174537VARICELLA-ZOSTER VIRUS VACCINE, PREPARATION METHOD THEREFOR AND USE THEREOF

WO - 27.08.2026

Clasificación Internacional A61K 39/25Nº de solicitud PCT/CN2025/078562Solicitante LIVERNA THERAPEUTICS INC.Inventor/a PENG, Yucai

Provided is a vaccine against herpes zoster. Said vaccine comprises or encodes a varicella-zoster virus (VZV) antigen, and can trigger an effective neutralizing antibody response against varicella-zoster viruses (VZV).

12.0002868207ARTIFICIAL GENE GPCPUUV_OPT ENCODING MODIFIED GPC GLYCOPROTEIN OF ORTHOHANTAVIRUS PUUMALAENSE AND RECOMBINANT PLASMID PSTEM-RVSV_M51L_GPCPUUV_OPT PROVIDING EXPRESSION OF ARTIFICIAL GENE GPCPUUV_OPT USED TO OBTAIN GENETICALLY ATTENUATED VIRUS RVSV_M51L_ GPCPUUV_OPT USED AS VECTOR VACCINE AGAINST HEMORRHAGIC FEVER WITH RENAL SYNDROME (HFRS) INDUCING SPECIFIC IMMUNE RESPONSE TO PUUMALA VIRUS

RU - 17.08.2026

Clasificación Internacional C12N 15/40Nº de solicitud 2025134360SolicitanteInventor/a Иматдинов Ильназ Рамисович (RU)

FIELD: biotechnology. SUBSTANCE: artificial codon-optimized gene GPCPUUV_opt is described, encoding a modified surface glycoprotein GPC of the Puumala virus Orthohantavirus puumalaense with a truncated C-terminal retention signal of the said glycoprotein and having the nucleotide sequence SEQ ID NO: 1. Also a recombinant plasmid is described that provides expression of the said artificial gene and is used to obtain a genetically attenuated recombinant vesicular stomatitis virus rVSV_M51L_GPCPUUV_opt, used as a vector vaccine against hemorrhagic fever with renal syndrome (HFRS), providing intracellular synthesis and display on the surface of virions of the functional glycoprotein GPC of the Puumala virus and inducing a specific immune response to the Puumala virus. EFFECT: invention ensures immunogenicity when using the said recombinant virus in a vaccine against HFRS. 2 cl, 8 dwg, 1 tbl, 4 ex

13.WO/2026/174523RECOMBINANT HPV16 E6E7 ADENOVIRUS, VACCINE THEREOF, METHOD FOR PREPARING SAME, AND USE THEREOF

WO - 27.08.2026

Clasificación Internacional C12N 7/01Nº de solicitud PCT/CN2025/078481Solicitante WESTVAC BIOPHARMA CO., LTD.Inventor/a WEI, Xiawei

The present invention relates to the field of cancer immunotherapy technology, and specifically, to a recombinant HPV16 E6E7 adenovirus, a vaccine thereof, a method for preparing same, and use thereof. The present invention provides a recombinant HPV16 E6E7 adenovirus, comprising an HPV16 E6E7 antigen sequence and SARS-CoV-2 virus HR1 and HR2 region sequences. The recombinant HPV16 E6E7 adenovirus vaccine prepared by using the adenovirus, when used either alone or in combination with other anti-tumor drugs, can significantly inhibit the growth of tumors in cervical cancer and head and neck squamous cell carcinoma, and induce a significant cellular immune response in mice.

14.20260248906METHODS OF ISOLATING POXVIRUSES FROM AVIAN CELL CULTURES

US - 27.08.2026

Clasificación Internacional A61K 39/155Nº de solicitud 19159394Solicitante Bavarian Nordic A/SInventor/a Susan Hoffmann Thrane

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

15.4794717HUMANISIERTE MONOKLONALE ANTIKÖRPER UND IMPFSTOFFE GEGEN DAS MASERNVIRUS

EP - 26.08.2026

Clasificación Internacional A61K 39/165Nº de solicitud 24880777Solicitante UNIV COLUMBIAInventor/a POROTTO MATTEO

A chimeric monoclonal antibody (mAb 77.1) neutralizes measles fusion protein and its cryo-EM structure in complex with MeV F in the prefusion conformation. Vaccine compositions using MeV F protein or its ectodomain are mutated to have stabilized pre-fusion conformation. Vaccine compositions may be varied, targeting other paramyxoviruses; they are mutated forms of paramyxovirus F protein with mutations at specific positions on the protein. Thermostable full-length MeV fusion proteins (FFLs) induce protective immunity and neutralizing antibodies *in vivo*. Vaccination with the FFL induces neutralization titer higher than with live vaccine, providing robust humoral response, likely protective also for individuals with impaired cellular immunity. The 8 specific mAbs, alone or combined with mAb 77, neutralize post fusion transition of MeV fusion protein, interrupting the F refolding process and preventing conformational changes required for membrane fusion and viral entry: mAbs G3, F3, E11, 9E1D3, H8, 10H2G3, D9, and Y10F.

16.0002868208RECOMBINANT PLASMID DNA PET28-Z-WDIII-FDN, PROVIDING SYNTHESIS OF CHIMERIC OLIGOMERIZED PROTEIN BASED ON DOMAIN III OF SURFACE PROTEIN E OF WEST NILE VIRUS, RECOMBINANT STRAIN OF ESCHERICHIA COLI BL21(DE3)/PET28-Z-WDIII-FDN AND CHIMERIC OLIGOMERIZED PROTEIN USED TO CREATE SUBUNIT VACCINE AGAINST WEST NILE FEVER

RU - 17.08.2026

Clasificación Internacional C12N 15/62Nº de solicitud 2025135521SolicitanteInventor/a Щербаков Дмитрий Николаевич (RU)

FIELD: biotechnology. SUBSTANCE: recombinant plasmid DNA pET28-Z-WDIII-FDN is described, providing the synthesis of the chimeric oligomerized protein Z-WDIII-FDN, having the nucleotide sequence SEQ ID NO: 1 with a size of 6113 bp and a synthetic gene having the nucleotide sequence SEQ ID NO: 3 and encoding the indicated chimeric protein Z-WDIII-FDN. Also the Escherichia coli strain BL21(DE3)/pET28-Z-WDIII-FDN is described, which contains the said recombinant plasmid DNA pET28-Z-WDIII-FDN and is a producer of the chimeric oligomerized protein Z-WDIII-FDN. The created chimeric oligomerized protein Z-WDIII-FDN is intended for the creation of a subunit vaccine against West Nile fever and has the amino acid sequence SEQ ID NO: 2. EFFECT: invention provides high immunogenicity when used as an antigen in a vaccine against West Nile fever. 3 cl, 6 dwg, 4 ex

17.0002868209RECOMBINANT PLASMID DNA PET28-TDIII-FDN-Z, PROVIDING SYNTHESIS OF CHIMERIC OLIGOMERIZED PROTEIN BASED ON DOMAIN III OF SURFACE PROTEIN E OF TICK-BORNE ENCEPHALITIS VIRUS, RECOMBINANT STRAIN OF ESCHERICHIA COLI BL21(DE3)/PET28-TDIII-FDN-Z AND CHIMERIC OLIGOMERIZED PROTEIN USED TO CREATE SUBUNIT VACCINE AGAINST TICK-BORNE ENCEPHALITIS VIRUS

RU - 17.08.2026

Clasificación Internacional C12R 1/19Nº de solicitud 2025135786SolicitanteInventor/a Щербаков Дмитрий Николаевич (RU)

FIELD: biotechnology. SUBSTANCE: recombinant plasmid DNA pET28-TDIII-FDN-Z is described, providing the synthesis of the chimeric oligomerized protein TDIII-FDN-Z, having the nucleotide sequence SEQ ID NO: 1 with a size of 5966 bp and a synthetic gene having the nucleotide sequence SEQ ID NO: 3 and encoding the indicated chimeric protein TDIII-FDN-Z. Also the Escherichia coli strain BL21(DE3)/pET28-Z-TDIII-FDN-Z is described, which contains the said recombinant plasmid DNA pET28-Z-TDIII-FDN-Z and is a producer of the chimeric oligomerized protein Z-TDIII-FDN-Z. The created chimeric oligomerized protein TDIII-FDN-Z is intended for the creation of a subunit vaccine against tick-borne encephalitis and has the amino acid sequence SEQ ID NO: 2. EFFECT: invention ensures high immunogenicity when used as an antigen in a vaccine against tick-borne encephalitis. 3 cl, 6 dwg, 4 ex

18.WO/2026/175406FUSION PROTEIN FOR PREVENTING PLASMODIUM INFECTION, IMMUNOGENIC COMPOSITION, AND USE

WO - 27.08.2026

Clasificación Internacional C07K 19/00Nº de solicitud PCT/CN2026/079692Solicitante NANJING CHENGSHI BIOMEDICAL TECHNOLOGY CO., LTD.Inventor/a HAN, Tiyun

Provided are a fusion protein for preventing Plasmodium infection, an immunogenic composition, and a recombinant vaccine. Also provided is a novel fusion molecular architecture, comprising a fusion protein containing ADF1, Pfj4, 14-3-3 protein and SUI1, or a fusion protein containing the N-terminal domain of a TRAP antigen and the C-terminal domain of a CSP antigen. Further provided is a composition of the two fusion proteins, which can be used in the research and development of a nucleic acid vaccine or a subunit vaccine. The fusion protein exhibits good immunogenicity, is capable of providing an effective immune protection effect for Plasmodium infection, and has good prospects for application.

19.WO/2026/174309COMPOSITIONS OF RANTES AND EOTAXIN AND METHODS OF USE THEREOF

WO - 20.08.2026

Clasificación Internacional C07K 14/52Nº de solicitud PCT/US2026/015527Solicitante GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION, INC.Inventor/a GEWIRTZ, Andrew

Disclosed are compositions and methods of using recombinant chemokines, e.g., RANTES and Eotaxin, as immune-modulating agents e.g., adjuvants increase or enhance vaccine efficacy when administered together with a viral antigen (e.g., rotavirus or influenza). The disclosed compositions include therapeutically effective amounts of RANTES and/or Eotaxin, isolated proteins, functional fragments, or nucleic acids encoding them, optionally formulated with pharmaceutically acceptable carriers. Also disclosed are immunogenic compositions including such immune-modulating agents in combination with one or more viral antigens, including rotavirus and influenza virus antigens. Also provided are pharmaceutical formulations and methods of using the compositions for enhancing vaccine responses, increasing vaccine efficacy, and increasing protective immunity following exposure to a viral antigen.

20.20260240981ENGINEERED NIPAH VIRUS MRNA VACCINE

US - 20.08.2026

Clasificación Internacional A61K 39/155Nº de solicitud 19151832Solicitante Vernagen, LLCInventor/a Baek KIM

Provided herein are a Nipah virus vaccine composition including (i) a messenger ribonucleic acid (mRNA) including an open reading frame (ORF) encoding soluble Nipah virus glycoprotein (soluble NiV-G) fused with human collagen type I alpha 1 (COL1A1) signal peptide, (ii) a mRNA including an ORF encoding full-length Nipah virus glycoprotein (full-length NiV-G), (iii) a mRNA including an ORF encoding full-length Nipah virus fusion protein (full-length NiV-F), or (iv) the mRNA including the ORF encoding full-length NiV-G, and the mRNA including the ORF encoding full-length NiV-F, and a method of inducing immune response against Nipah virus by administering an effective amount of the Nipah virus vaccine composition to a subject in need thereof.

21.20260250328A FUSION PROTEIN AND A PARTICULATE ANTIGEN CONTAINING THE SAME

US - 27.08.2026

Clasificación Internacional C07K 14/005Nº de solicitud 19127316Solicitante XIAMEN UNIVERSITYInventor/a Shaowei LI

This application relates to the field of biomedicine. Specifically, it involves a fusion protein and compositions, kits, particulate antigens, vaccines, and pharmaceutical compositions. The present invention also relates to use of the fusion protein and the composition, the kit, and the particulate antigen comprising same in the preparation of a pharmaceutical composition or a vaccine. The particulate antigen is particularly suitable for the production and vaccination of a vaccine and has advantages in the prevention and/or treatment of viral infections.

22.20260248901DNA VACCINE FOR FISH AGAINST SALMONID ALPHAVIRUS

US - 27.08.2026

Clasificación Internacional A61K 39/12Nº de solicitud 19160357Solicitante INTERVET INC.Inventor/a Stephane VILLOING

Salmonid alphavirus (SAV) is an important pathogen affecting the aquaculture of Salmonid fish. Vaccines based on DNA plasmids expressing a SAV antigen have been described. However these are difficult to prepare at large scale and at the desired quality level. Also, they are commonly administered at relatively high amounts of plasmid per animal dose. This makes such DNA vaccines less affordable for this market. The invention discloses an improved plasmid that allows effective use as a DNA vaccine against SAV, but at a much reduced amount of DNA per dose. The plasmid contains a gene encoding a bacterial enzyme: Fab.

23.WO/2026/175399RECOMBINANT NIPAH/HENDRA VIRUS ANTIGEN, PREPARATION METHOD THEREFOR AND USE THEREOF

WO - 27.08.2026

Clasificación Internacional C07K 19/00Nº de solicitud PCT/CN2026/079640Solicitante INSTITUTE OF MICROBIOLOGY, CHINESE ACADEMY OF SCIENCESInventor/a GAO, Fu

Provided are a recombinant Nipah/Hendra virus antigen, a nucleic acid encoding same, a vaccine or immunogenic composition based on the recombinant antigen or the nucleic acid encoding same, and the use of each of the products in the preparation of a vaccine for preventing and/or treating Nipah virus and/or Hendra virus infections. The recombinant Nipah/Hendra virus antigen can effectively elicit a strong immune response against multiple strains of HeV and/or NiV, and has great value and broad development prospects in clinical applications.

24.20260240969TUMOR CELL VACCINES

US - 20.08.2026

Clasificación Internacional A61K 39/00Nº de solicitud 19376006Solicitante Neuvogen, Inc.Inventor/a Bernadette Ferraro

The present disclosure provides an allogeneic whole cell cancer vaccine platform that includes compositions and methods for treating and preventing cancer. Provided herein are compositions containing a therapeutically effective amount of cells from one or more cancer cell lines, some or all of which are modified to (i) inhibit or reduce expression of one or more immunosuppressive factors by the cells, and/or (ii) express or increase expression of one or more immunostimulatory factors by the cells, and/or (iii) express or increase

expression of one or more tumor-associated antigens (TAAs), including TAAs that have been mutated, and which comprise cancer cell lines that natively express a heterogeneity of tumor associated antigens and/or neoantigens, and/or (iv) express one or more tumor fitness advantage mutations, including but not limited to acquired tyrosine kinase inhibitor (TKI) resistance mutations, EGFR activating mutations, and/or (v) express modified ALK intracellular domain(s), and/or express one or more driver mutations. Also provided herein are methods of making and preparing the vaccine compositions and methods of use thereof.

25.WO/2026/171839TUMOR ANTIGENS

WO - 20.08.2026

Clasificación Internacional C07K 14/47Nº de solicitud PCT/EP2026/053790Solicitante MNEMO THERAPEUTICSInventor/a SAITAKIS, Michael

The present invention relates to tumor antigens encoded by dark genome elements as nucleic acid encoding thereof, composition comprising thereof including vaccine composition, and antigen binding molecules targeting thereof. The present invention also encompasses well as the use of the nucleic acid encoding thereof, composition comprising thereof including vaccine composition, and antigen binding molecules targeting thereof as immunotherapeutics agent for the treatment and/or the prevention of cancer.

26.WO/2026/172370AN IMMUNOTHERAPEUTIC COMPOSITION FOR PREVENTION OF OBESITY, NONALCOHOLIC FATTY LIVER DISEASE AND HYPERTRIGLYCERIDEMIA, AND METHODS OF USE AND PREPARATION THEREOF

WO - 20.08.2026

Clasificación Internacional A61K 39/00Nº de solicitud PCT/IN2026/050227Solicitante UTOPIA THERAPEUTICS PVT LTDInventor/a SAXENA, Uday

This disclosure provides a vaccine including a peptide with the amino acid sequence of SEQ ID NO:1; a nucleotide having the sequence of SEQ ID NO:2; or a ribonucleotide having the sequence of SEQ ID NO:3, as well as sequences of antigen binding proteins that bind to FATP1. In certain embodiments, the vaccine further comprises a buffer and/or an adjuvant.

27.WO/2026/178292MICRONEEDLE ARRAY PATCH FOR EXPRESSION OF THERAPEUTICS

WO - 27.08.2026

Clasificación Internacional A61K 9/00Nº de solicitud PCT/US2026/015932Solicitante EMERVAX, INC.Inventor/a PETERSON, Tim

Microneedle patches or microneedle array patches (MAPs) offer a convenient method to intradermally deliver drugs and vaccines. Embodiments include MAPs that overcome the limitations of conventional MAPs. In aspects, the MAPs include (a) a base, (b) an adhesive region and (c) a plurality of needles on a surface of the base. The needles can comprise a medicament (e.g., a therapeutic or vaccine). In aspects, the medicament is a circular RNA vaccine that elicits an immune response against SARSCoV-2.

28.20260250643HSV GENE EXPRESSION VECTOR AND BXB1 INTEGRASE-MEDIATED RECOMBINATION SYSTEM FOR HIGH-THROUGHPUT CLONING

US - 27.08.2026

Clasificación Internacional C12N 7/00Nº de solicitud 18998547Solicitante Albert Einstein College of MedicineInventor/a WIlliam R. Jacobs, Jr.

A herpes simplex virus (HSV) gene vaccine and expression vector and/or vaccine vector comprising an HSV genome comprising: a complete deletion of glycoprotein G-encoding gene, glycoprotein J-encoding gene, glycoprotein D-encoding gene, and C glycoprotein I-encoding gene; a heterologous nucleic acid comprising an expression cassette and inserted in a region of the genome from which the glycoprotein G-encoding gene, glycoprotein J-encoding gene, glycoprotein D-encoding gene, and glycoprotein I-encoding gene have been deleted; an attL sequence; and an attR sequence, wherein the attL sequence is adjacent to a first end of the expression cassette and the attR sequence is adjacent to a second end of the expression cassette, and wherein the expression cassette comprises in operable communication a promoter and at least one gene encoding a heterologous protein.

29.20260240985ORAL VACCINE

US - 20.08.2026

Clasificación Internacional A61K 39/215Nº de solicitud 19159291Solicitante WESTFÄLISCHE WILHELMS-UNIVERSITÄT MÜNSTERInventor/a Joachim JOSE

The present invention relates to a non-viable bacterium cell wherein an immunogenic polypeptide fused to an auto-transporter comprising transmembrane linker and a trans-porter domain is displayed on the surface of the cell, and to a preparation comprising such non-viable cells. The preparation is useful as an oral vaccine.

30.WO/2026/175895SHARED PAN-CANCER ANTIGENS

WO - 27.08.2026

Clasificación Internacional C07K 14/47Nº de solicitud PCT/EP2026/054383Solicitante MNEMO THERAPEUTICSInventor/a FINKBEINER, Alexis

The present invention relates to tumor antigens encoded by dark genome elements as nucleic acid encoding thereof, composition comprising thereof including vaccine composition, and antigen binding molecules targeting thereof. The present invention also encompasses well as the use of the nucleic acid encoding thereof, composition comprising thereof including vaccine composition, and antigen binding molecules targeting thereof as immunotherapeutic agent for the treatment and/or the prevention of cancer.

31.20260248904METHOD FOR PREVENTION AND TREATMENT OF VIRAL DISEASE

US - 27.08.2026

Clasificación Internacional A61K 39/145Nº de solicitud 19668264Solicitante MOREHOUSE SCHOOL OF MEDICINEInventor/a Barney S. GRAHAM

A method for reducing mortality resulting from viral infection, reducing viral load resulting from viral infection, or increasing immunity to viral infection in a subject is described. The method comprises administering a hybrid protein comprises a first domain comprising a sequence encoding a surface protein of an enveloped RNA virus and a second domain comprising a sequence encoding an ectodomain of a type 2 transmembrane domain protein, wherein the second domain is located at the C-terminal of the first domain. The hybrid protein

or an mRNA encoding such protein can be used as a vaccine against the infection of the enveloped RNA virus.

32.WO/2026/178002IMMUNOGENIC COMPOSITIONS CONTAINING LIPOOLIGOSACCHARIDE SIALYLTRANSFERASE AND METHODS OF USE THEREOF

WO - 27.08.2026

Clasificación Internacional C07K 16/1217Nº de solicitud PCT/US2026/015440Solicitante STIRX INC.Inventor/a RAM, Sanjay

Immunogenic compositions containing a lipo-oligosaccharide sialyltransferase (LST) protein or antigenic fragment thereof and an adjuvant are provided. Further immunogenic compositions contain a lipid nanoparticle and a nucleic acid encoding LST protein or an antigenic fragment thereof enclosed within the lipid nanoparticle. Vaccine compositions and methods of protecting or treating a subject from a bacterial infection are also provided.

33.WO/2026/177627CONJUGATE CONTAINING AN ANTIGENIC PEPTIDE AND ITS USE FOR PREVENTING BACTERIAL INFECTIONS CAUSED BY SHIGELLA

WO - 27.08.2026

Clasificación Internacional A61K 47/64Nº de solicitud PCT/PL2026/050024Solicitante INSTYTUT IMMUNOLOGII I TERAPII DOŚWIADCZALNEJ IM. LUDWIKA HIRSZFELDA PAN WE WROCŁAWIUInventor/a KRASNA, Karina

The invention relates to a conjugate composed of an antigenic peptide presenting an epitope of the Shigella flexneri 3a OmpC protein of SEQ ID NO: 1, conjugated via the C- terminal residue of the peptide to a human serum albumin (MSA) carrier protein molecule, a vaccine composition containing said conjugate, and its use for preventing bacterial infections caused by Shigella bacteria.

34.20260242449MULTISPECIFIC ANTI-HIV ANTIBODIES

US - 20.08.2026

Clasificación Internacional C07K 16/114Nº de solicitud 19165009Solicitante INTERNATIONAL AIDS VACCINE INITIATIVEInventor/a Joseph JARDINE

The present disclosure relates to anti-HIV Env antibodies and their use in the treatment or prevention of HIV/AIDS.

35.20260240903USE OF TRIVALENT CHROMIUM IONS AND/OR METAL CHROMIUM IN PREPARATION OF DRUG FOR IMMUNOTHERAPY OF TUMORS

US - 20.08.2026

Clasificación Internacional A61K 33/24Nº de solicitud 19159835Solicitante SHENZHEN LUOHU PEOPLE'S HOSPITALInventor/a Quan LIU

Use of trivalent chromium ions and/or metal chromium in the preparation of a drug for the immunotherapy of tumors. The chromium metal ions have a metal immune effect, can improve the migration and infiltration of immune cells in tumors, can solve the problem whereby the immune cells are difficult to migrate and infiltrate

in tumor tissues, can improve the immune microenvironment in tumors and increase the number of immune cells, such as dendritic cells DC, M1 type macrophages, CAR-T cells, iPS-NK cells, CD4+T cells and CD8+T cells, has the potential of activating the immunity of the body, and can effectively synergize and enhance the efficacy of the immunotherapies of PD-1/L1, such as ICB therapy, antibody therapy, cell therapy and a tumor vaccine.

36.20260240950VIRAL INFECTION MODULATION IN VACCINATED SUBJECTS TREATED WITH GRANULOCYTE-MACROPHAGE COLONY-STIMULATING FACTOR (GM-CSF)

US - 20.08.2026

Clasificación Internacional A61K 38/19Nº de solicitud 19480648Solicitante Partner Therapeutics, Inc.Inventor/a Ila JOSHI

The present disclosure relates to the treating or preventing a viral infection in a subject who has received a viral vaccine with granulocyte-macrophage colony-stimulating factor.

37.20260240980INFLUENZA MRNA VACCINES

US - 20.08.2026

Clasificación Internacional A61K 39/145Nº de solicitud 19375806Solicitante CureVac SEInventor/a Edith JASNY

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

38.20260248902RECOMBINANT ADENOVIRUS COMPRISING A POLYNUCLEOTIDE ENCODING DENV ENVELOPE PROTEIN AND A POLYNUCLEOTIDE ENCODING FERRITIN HEAVY CHAIN PROTEIN, AND USES THEREOF

US - 27.08.2026

Clasificación Internacional A61K 39/12Nº de solicitud 19550300Solicitante THE INDUSTRY & ACADEMIC COOPERATION IN CHUNGNAM NATIONAL UNIVERSITY (IAC)Inventor/a Hyun Jin SHIN

This disclosure relates to a recombinant adenovirus comprising a polynucleotide encoding DENV envelope protein and a polynucleotide encoding ferritin heavy chain protein, and uses thereof. This disclosure also provides a recombinant adenovirus comprising a polynucleotide encoding DENV (Dengue Virus) envelope protein and a polynucleotide encoding ferritin heavy chain protein, and a vaccine composition for preventing DENV infection comprising the recombinant adenovirus as an effective ingredient.

39.4794716NEUES REKOMBINANTES PPRV ALS THERAPEUTISCHER IMPFSTOFF

EP - 26.08.2026

Clasificación Internacional A61K 39/12Nº de solicitud 24790575Solicitante CENTRE DE COOPERATION INTERNATIONALE EN RECH AGRONOMIQUE POUR LE DEVELOPPEMENT CIRADInventor/a SERVAN DE ALMEIDA RENATA

the present invention provides a recombinant attenuated peste des petits ruminants virus (PPRV) derived from the Nigeria 75/1 strain, comprising: (i) a sequence capable of being transcribed into a siRNA directed against a first region of the mRNA of the N gene; and (ii)a mutant N gene comprising a mutation conferring resistance to the said siRNA, the mutation being located in the first region of the N gene.

40.20260240986FUSION POLYPEPTIDES, IMMUNOGENIC COMPOSITIONS, METHODS AND USES THEREOF

US - 20.08.2026

Clasificación Internacional A61K 39/215Nº de solicitud 19164334Solicitante UNIVERSITY OF SASKATCHEWANInventor/a Arinjay Banerjee

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

41.4791755IMPFSTOFFZUSAMMENSETZUNGEN MIT SIALINSÄUREBINDENDEN DOMÄNEN (SBD)-PROTEINEN UND VERWENDUNG DAVON ZUR VERBESSERUNG DER IMMUNREAKTION

EP - 19.08.2026

Clasificación Internacional C07K 14/315Nº de solicitud 24877972Solicitante CHILDRENS MEDICAL CT CORPInventor/a MALLEY RICHARD

42.WO/2026/173929TARGETED ANTIGENS FOR ENHANCED VACCINE IMMUNITY

WO - 20.08.2026

Clasificación Internacional A61K 47/68Nº de solicitud PCT/US2026/014827Solicitante THE SCRIPPS RESEARCH INSTITUTEInventor/a CHAUDHARY, Namit

The disclosure provides novel compositions that contain a fusion protein that is comprised of a CD45 binding protein and an antigenic polypeptide. These compositions can be used for modulating various immunological processes in a subject, e.g., to enhance immune responses to or to enhance retention of antigenic polypeptides.

43.20260250331RECOMBINANT HIV ENV POLYPEPTIDES AND THEIR USE

US - 27.08.2026

Clasificación Internacional C07K 14/16Nº de solicitud 19178333Solicitante International AIDS Vaccine Initiative, Inc.Inventor/a Jon M. STEICHEN

The present disclosure relates to recombinant HIV Env polypeptides and their use in the treatment and prevention of HIV/AIDS.

44.20260240970NEOANTIGEN IMMUNOTHERAPIES

US - 20.08.2026

Clasificación Internacional A61K 39/00Nº de solicitud 19539385Solicitante IOGENETICS, LLCInventor/a Jane Homan

This invention provides a method for maximizing the immune response to mutated tumor specific proteins, either by means of stimulation of dendritic cells or T cells in vitro followed by administration of these cells to a patient, or by means of administration of a neoantigen vaccine in which de novo peptides, or their encoding nucleic acids, have been designed to ensure an appropriate level of binding affinity to a particular cancer patient's MHC alleles. This invention further provides for modulating the immune response in an immunopathology other than cancer.

45.4794753SYSTEME FÜR BLOW-FILL-SEAL (BFS)-REISSAKTIVIERUNGSVENTILE

EP - 26.08.2026

Clasificación Internacional A61M 5/28Nº de solicitud 24805009Solicitante KOSKA FAMILY LTDInventor/a KOSKA MARC ANDREW

A pre-filled medical delivery assembly configured to allow delivery of a single dose of a therapeutic agent (*e.g.*, vaccine, drug, medicament, etc.) from a Blow-Fill-Seal (BFS) vial to a patient. The delivery assembly including a tear-activation valve that provides for an internal, mechanical BFS vial opening, and defines an Auto-Disable (AD) feature that prevents refilling or re-use of the assembly.

46.0002868350METHOD FOR DIFFERENTIATING INFECTED AND VACCINATED ANIMALS

RU - 18.08.2026

Clasificación Internacional G01N 33/53Nº de solicitud 2025109513SolicitanteInventor/a Тарлавин Николай Владимирович (RU)

FIELD: veterinary virology; biotechnology. SUBSTANCE: method for differentiating infected and vaccinated animals, which is suitable for animals vaccinated with new generation vaccines, and is a parallel study of blood serum by the enzyme immunoassay method, using two different kits, one of which is designed to determine antibodies to a target protein, the other to a total protein of an infectious disease pathogen, characterized in that when antibodies to a target protein are detected in the animal's blood serum and there are no antibodies to a total protein of the pathogen, a conclusion is made about the animal's vaccination with a new generation vaccine, and when antibodies to both proteins are detected in the animal's blood serum, a conclusion is made about the animal's infection with a field strain of the pathogen. EFFECT: obtaining a reliable method for differentiating between infected and vaccinated animals with new generation vaccines. 1 cl, 2 tbl, 2 ex

47.2026213981VACCINE COMPOSITIONS HAVING IMPROVED STABILITY AND IMMUNOGENICITY

AU - 20.08.2026

Clasificación Internacional Nº de solicitud 2026213981Solicitante Novavax, Inc.Inventor/a Boddapati, Sarathi

48.WO/2026/174165H5 INFLUENZA VACCINES AND USES THEREOF

WO - 20.08.2026

Clasificación Internacional A61K 39/145Nº de solicitud PCT/US2026/015221Solicitante CENTIVAX, INC.Inventor/a BEDI, Rishi

Provided herein are multivalent influenza vaccine compositions comprising more than one homologous distinct hemagglutinins (HAs).

49.20260240989MULTI-ANTIGEN CHIMERIC VACCINE AGAINST POXVIRUS AND USE THEREOF

US - 20.08.2026

Clasificación Internacional A61K 39/275Nº de solicitud 19146933Solicitante INSTITUTE OF MICROBIOLOGY, CHINESE ACADEMY OF SCIENCESInventor/a Fu GAO

The present application relates to a multi-immunogen chimeric or mixed antigen for a poxvirus, particularly monkeypox virus, related products, and preparation method and use thereof. The chimeric or mixed antigen of the present application comprises three immunogens: (1) a monkeypox virus A35R protein or an antigenic fragment thereof (or a peptide fragment derived therefrom), (2) a monkeypox virus M1R protein or an antigenic fragment thereof (or a peptide fragment derived therefrom), and (3) a monkeypox virus B6R protein or an antigenic fragment thereof (or a peptide fragment derived therefrom), and can elicit an immune response against two types of infectious virus particles, namely intracellular mature virus particles (IMV) and extracellular envelope virus particles (EEV), thereby efficiently inducing specific immunoprotective effects against the monkeypox virus.

50.20260250332MATERIALS AND METHODS FOR CELL-FREE EXPRESSION OF VACCINE EPITOPE CONCATEMERS

US - 27.08.2026

Clasificación Internacional C07K 14/31Nº de solicitud 19321594Solicitante Leidos, Inc.Inventor/a Stephen A. Chappell

The present disclosure provides materials and methods for cell-free expression of epitopes for immunotherapy applications. In particular, the present disclosure provides materials and methods for expressing concatenated epitopes using a cell-free protein synthesis platform for high throughput, large scale, and unbiased epitope screening and the generation of multi-epitope vaccines.

51.4791427ZUCKERARMER CORONAVIRUS-IMPFSTOFF UND VERFAHREN DAFÜR

EP - 19.08.2026

Clasificación Internacional A61K 39/215Nº de solicitud 24877844Solicitante ROCK BIOMEDICAL INCInventor/a WU CHUNG-YI

52.0002868327METHOD FOR INDIRECT DETERMINATION OF CONCENTRATION OF VIRIONS OF CAUSATIVE AGENT OF INFECTIOUS FELINE RHINOTRACHEITIS IN RAW MATERIALS FOR INACTIVATED VACCINES

RU - 18.08.2026

Clasificación Internacional C12Q 1/6806Nº de solicitud 2025135597SolicitanteInventor/a Доронин Максим Игоревич (RU)

FIELD: biotechnology. SUBSTANCE: production of vaccines against infectious feline rhinotracheitis, namely a method for indirectly determining the concentration of virions of the causative agent of infectious feline rhinotracheitis in raw materials for inactivated vaccines. The main advantage of the proposed invention is the

ability to indirectly determine the concentration of virions of the infectious feline rhinotracheitis pathogen in raw materials for inactivated vaccines. The proposed invention combines the implementation of a neutralization reaction with subsequent molecular biological testing of a non-inactivated viral suspension of the infectious feline rhinotracheitis pathogen, which increases the specificity and sensitivity of the method. In the proposed invention, the dependence of the concentration of virions of the infectious feline rhinotracheitis pathogen and the values of the Cp-UL55 points is reflected in the form of a function: CFHV = –0.2793 × Cp-UL55 + 9.4941 with high approximation reliability (R2 = 0.9976) and amplification efficiency of 99.70%. EFFECT: proposed model will allow for indirect determination of the concentration of virions of the infectious feline rhinotracheitis pathogen in non-inactivated raw materials during vaccine production. 2 cl, 1 dwg, 4 tbl, 4 ex

53.WO/2026/178326T CELL-BASED VACCINE FOR LA CROSSE VIRUS

WO - 27.08.2026

Clasificación Internacional A61K 39/12Nº de solicitud PCT/US2026/015986Solicitante RUTGERS, THE STATE UNIVERSITY OF NEW JERSEYInventor/a HERRERA, Bobby Brooke

Provided are compositions and methods of eliciting a T-cell mediated response to La Crosse virus (LACV). Also provided are T-cell vaccines, T-cell adjuvants, and methods for performing T-cell diagnostics.

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

Estrategia de búqueda: *vaccine.ti. AND @PD>="20260817"<=20260831 records*

Document ID	Title	Inventor	Applicant Name
US 20260248898 A1	Combined Tigit and Pd1, Pdl1 and Ctla-4 Peptide Vaccines for Immune Checkpoint Therapy	Kaumaya; Pravin T. P.	The Trustees of Indiana University
US 20260248899 A1	Peptide Linkers for Modulating Antigen Immune Response in Cancer Vaccines	Mirkin; Chad A. et al.	NORTHWESTERN UNIVERSITY
US 20260248912 A1	Peptide-Based Vaccines, Methods of Manufacturing, And Uses Thereof for Inducing an Immune Response	Lynn; Geoffrey Martin et al.	Barinthus Biotherapeutics North America, Inc., The United States of America, as represented by the Secretary, Department of Health and Human Servic

US 20260250332 A1	Materials and Methods for Cell-Free Expression of Vaccine Epitope Concatemers	Chappell; Stephen A. et al.	Leidos, Inc.
US 20260250326 A1	Multi-Patch Vaccines and Immunogenic Compositions, Methods of Production And Uses Thereof	SRIVASTAVA; Sukrit et al.	SRIVASTAVA; Sukrit, Helmholtz-Zentrum für Infektionsforschung GmbH
US 20260248901 A1	Dna Vaccine for Fish Against Salmonid Alphavirus	VILLOING; Stephane et al.	INTERVET INC.
US 20260250717 A1	A Vaccine Composition of Cells Expressing a Lentiviral Vector and Methods of Using	Noonan; Kimberly A. et al.	MERIDIAN THERAPEUTICS, INC.
US 20260248903 A1	Nucleic Acid Influenza Vaccines and Respiratory Virus Combination Vaccines	Nachbagauer; Raffael et al.	ModernaTX, Inc.
US 20260250358 A1	Fusion Neoantigens For Use in Cancer Vaccines, Antibody Therapy, And Cell Therapies	CHAN; Timothy A. et al.	THE CLEVELAND CLINIC FOUNDATION
US 12714743 B2	Vaccines against Chlamydia sp	Follmann; Frank et al.	Statens Serum Institut
US 20260240978 A1	Systems And Methods For Predicting Vaccine Sentiment	Meckes; Nathanael et al.	STChealth, LLC
US 20260240980 A1	Influenza Mrna Vaccines	JASNY; Edith et al.	CureVac SE
US 20260242451 A1	Ehrlichia Vaccines And Immunogenic Compositions	McBRIDE; Jere et al.	RESEARCH DEVELOPMENT FOUNDATION, ZOETIS SERVICES LLC
US 20260240969 A1	Tumor Cell Vaccines	Ferraro; Bernadette et al.	Neuvogen, Inc.

US 20260240974 A1	A Therapeutic Hpv Vaccine Based On Validated Target Epitopes	RIEMER; Angelika et al.	Deutsches Krebsforschungszentrum Stiftung des öffentlichen Rechts
US 20260240985 A1	Oral Vaccine	JOSE; Joachim et al.	WESTFÄLISCHE WILHELMS-UNIVERSITÄT MÜNSTER
US 20260240976 A1	Therapeutic Hpv Vaccines Based On Validated Target Epitopes	RIEMER; Angelika Beate et al.	Deutsches Krebsforschungszentrum Stiftung des öffentlichen Rechts
US 20260240989 A1	Multi-Antigen Chimeric Vaccine Against Poxvirus And Use Thereof	GAO; Fu et al.	INSTITUTE OF MICROBIOLOGY, CHINESE ACADEMY OF SCIENCES
US 20260240981 A1	Engineered Nipah Virus Mrna Vaccine	KIM; Baek et al.	Vernagen, LLC
US 12708750 B2	Core-shell microneedle platform for transdermal and pulsatile drug/vaccine delivery and method of manufacturing the same	Nguyen; Thanh D. et al.	University of Connecticut
US 12708672 B2	Vaccine and uses thereof in cell therapy	Li; Yang et al.	Innovative Cellular Therapeutics Holdings, Ltd., Innovative Cellular Therapeutics, Inc.

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

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