



EN ESTE NÚMERO

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

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Noticias en la Web

Korea updates adult pneumococcal shots as serotypes shift, urges history check

Sep 13. The serotype composition of pneumococcus, which causes pneumonia, meningitis, and sepsis, is changing. As a result, adult vaccination strategies are also changing.

As pediatric pneumococcal vaccination has expanded, circulation of some serotypes targeted by the vaccine has decreased in children, while in adults the proportion of serotypes not included in existing vaccines has relatively increased.

According to the medical community on the 13th, the Korean Society of Infectious Diseases revised its "adult pneumococcal vaccination recommendations" in May and advised all adults 65 and older and high-risk groups ages 19–64 to choose one of the following: PCV21 (21-valent protein conjugate vaccine), PCV20, or sequential vaccination with PCV15 and PPSV23.

This recommendation includes past vaccination history as an important criterion.

For those 65 and older who have not received a pneumococcal vaccine or received only PCV7, one dose of either PCV21, PCV20, or PCV15 can be administered. If only PPSV23 was given, one of PCV21, PCV20, or PCV15 can be given one year after the last dose. If PCV13 was given, PCV21 or PCV20 should be administered after at least one year.

The serotypes that pose problems in adults also show a different pattern from those in children.

An analysis of strains isolated from adult invasive pneumococcal disease (IPD) patients at 16 university hospitals in Korea from 2017 to 2019 found that 74.4% of causative serotypes in adults 19 and older were included in PCV21. The major serotypes at the time were type 3 (13.5%), type 34 (8.1%), type 10A (6.7%), type 19A (6.7%), and type 23A (6.5%).

Older adults and people with chronic diseases are particularly vulnerable to pneumococcal infection. Of the 440 reported pneumococcal infections in Korea in 2025, about 77% were among those 50 and older. Chronic heart and lung disease, diabetes, liver disease, and immunosuppression are also cited as factors that increase the risk of pneumococcal disease. Pneumococcus is transmitted via respiratory droplets from sneezing or coughing.

Kim Young-geun, an infectious disease professor at Wonju Severance Christian Hospital, said, "The distribution of serotypes seen in adult pneumococcal disease is continuously changing," and noted, "Rather than simply comparing the number of serotypes included in vaccines, it is important to consider together the serotypes that actually cause disease in Korea, the patient's age, underlying conditions, and prior vaccination history."

Capvaxive, which is PCV21, received approval from the Ministry of Food and Drug Safety in Aug. last year. It is used to prevent invasive disease and pneumonia caused by the serotypes included in the vaccine in adults 18 and older. It covers 21 serotypes and is administered as a single dose.



*Korea MSD's 21-valent pneumococcal vaccine
Capvaxive. /Courtesy of Korea MSD*

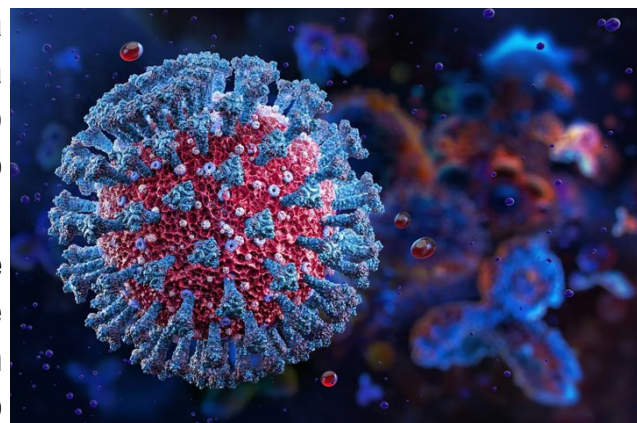
Cho Jae-yong, executive director of the vaccines division at Korea MSD, said, "It has been one year since the addition of Capvaxive, the 21-valent vaccine targeting serotypes that are significant in adults, to Korea's vaccination options," and added, "We will help clinicians choose vaccination strategies suited to patient characteristics based on domestic epidemiology and clinical evidence."

Fuente: Chosun Biz. Disponible en <https://n9.cl/cntv3>

Cómo es y qué se sabe de ARVAC, la vacuna argentina para la nueva variante BA.3.2 de COVID-19

14 sep. La cepa fue identificada en tres residentes de la provincia de Buenos Aires mediante vigilancia genómica. La OMS y el Boletín Epidemiológico Nacional lo mantienen bajo monitoreo, aunque por ahora no alertan por un riesgo adicional sustancial.

Argentina detectó, semanas atrás, los primeros tres casos de BA.3.2 del SARS-CoV-2, un sublinaje de Ómicron que se encuentra bajo monitoreo internacional y que, de acuerdo con la evaluación del Boletín Epidemiológico Nacional (BEN), no representa por ahora un riesgo adicional sustancial para la salud.



Los casos corresponden a residentes de la provincia de Buenos Aires y fueron identificados a través de la vigilancia genómica de la Administración Nacional de Laboratorios e Institutos de Salud Carlos Malbrán (ANLIS Malbrán). Las muestras analizadas corresponden al período comprendido entre el 26 de abril y el 18 de julio de 2026.

En este escenario, la atención también se centró sobre la vacuna ARVAC, desarrollada totalmente en el país, y su capacidad de dar respuesta frente a las modificaciones que afronta el virus surgido por primera vez en 2019.

Qué se sabe de la variante BA.3.2

Durante el periodo revelado por el BEN, fueron secuenciados 21 genomas y tres de ellos, equivalentes al 14 %, correspondieron al linaje BA.3.2. Uno de los pacientes requirió internación debido a comorbilidades previas, aunque el informe oficial indicó que todos evolucionaron favorablemente.

La detección local se produce mientras los organismos internacionales continúan siguiendo la evolución de esta variante. En su última revisión, la Organización Mundial de la Salud (OMS) señaló que, si bien la proporción global de BA.3.2 había aumentado, el linaje parecía presentar una menor capacidad de expansión que las variantes que dominaron la circulación reciente. Esa característica podría explicar por qué no logró desplazarlas en las regiones donde fue detectado.

Un dato más reciente aparece en el seguimiento de los Centros para el Control y la Prevención de Enfermedades de Estados Unidos (CDC). En su actualización de esta semana, el organismo estimó que la prevalencia de BA.3.2 cayó a alrededor del 2 %, luego de haber alcanzado valores cercanos al 15 % en informes anteriores.

La evolución registrada hasta ahora muestra que, aunque el linaje ganó presencia en la vigilancia genómica, no consiguió consolidar un desplazamiento de las variantes predominantes.

Según el BEN, BA.3.2 fue detectada por primera vez en Sudáfrica en noviembre de 2024. El sublinaje desciende de Ómicron BA.3 y fue clasificado a nivel mundial como Variante Bajo Monitoreo (VUM).

El documento oficial destacó que la detección del sublinaje en el país pone en evidencia la capacidad del sistema argentino de vigilancia genómica. También remarcó la necesidad de continuar con la caracterización genética del SARS-CoV-2 para identificar nuevos linajes y estudiar su comportamiento en términos de transmisibilidad, severidad y posible impacto de las medidas de prevención y control.

El BEN detalló que pasó del 15,1% en la semana que finalizó el 14 de junio al 6,45% en la que terminó el 12 de julio. En las semanas intermedias, los valores fueron del 11%, 13% y 10,3% en los períodos cerrados el 21 y el 28 de junio y el 5 de julio, respectivamente.

Qué respuesta pueden ofrecer la vacuna ARVAC

La aparición del linaje en Argentina también plantea el interrogante sobre la capacidad de las vacunas disponibles para responder ante BA.3.2. Para determinarlo, los profesionales detallaron que es necesario aislar el virus en su nueva cepa y analizar en laboratorio cómo es neutralizado por el suero de personas vacunadas con las distintas formulaciones.

En ese contexto, ARVAC, la vacuna contra el Covid desarrollada y producida íntegramente en Argentina, surge como uno de los actores centrales del debate. En este escenario, cabe destacar que la misma fue incorporada por la Organización Panamericana de la Salud (OPS) al Fondo Rotatorio para el Acceso a las Vacunas. De esta manera, podrá ser adquirida por los ministerios de Salud de toda América Latina.

ARVAC es una vacuna desarrollada a raíz de una subunidad proteica recombinante desarrollada en el país, pensada para combatir el COVID-19. Las vacunas llamadas proteicas, fueron probadas de tener una amplia cobertura para las subvariantes de Ómicron.

La evidencia revisada por la OMS aporta, a su vez, un marco para analizar la respuesta inmunológica frente a BA.3.2. El organismo señaló que las vacunas actualizadas siguen elevando la respuesta de anticuerpos contra el linaje, aunque con niveles inferiores a los observados frente a otras variantes recientes.

De todos modos, todavía no existen estimaciones de efectividad clínica en escenarios en los que BA.3.2 haya sido la variante predominante. Por eso, una parte importante de la evaluación continúa basándose en estudios de neutralización e inmunogenicidad.

Cabe destacar que la vacuna argentina se actualiza anualmente de acuerdo con las recomendaciones internacionales y que una reformulación demanda alrededor de cuatro meses.

Según explicó, si comenzara a circular una variante con un nivel de escape inmunológico similar al de BA.3.2 pero con una mayor capacidad de transmisión, el laboratorio podría adaptar la vacuna dentro de ese período.

El año pasado, ARVAC había mostrado protección frente a distintas variantes recientes del SARS-CoV-2. También había demostrado reactividad cruzada contra el SARS-CoV-1, el virus que provocó el brote de 2003, un antecedente que el laboratorio toma como referencia.

Fuente: Impacto. Disponible en <https://n9.cl/mf0ia>

GeneMatrix gets government funding for phase 1 trial of hepatitis A vaccine

Sep 14. GeneMatrix said Monday it has secured government funding to support a phase 1 clinical trial of GMAI-02, its hepatitis A vaccine candidate.

The biohealth company was selected for a vaccine self-sufficiency program under the Ministry of Health and Welfare's Vaccine Commercialization Technology Development Program. The clinical development project has a total budget of 3.1 billion won (\$2.3 million).

Korea has included hepatitis A vaccination in its National Immunization Program (NIP) since 2015. However, the country remains dependent on overseas suppliers, importing both hepatitis A vaccine bulk drug substance and finished products from multinational pharmaceutical companies.



GeneMatrix's GMAI-02 hepatitis A vaccine candidate, manufactured for use in a phase 1 clinical trial. (Courtesy of GeneMatrix)

The government has supported domestic hepatitis A vaccine development as part of efforts to reduce dependence on imports and strengthen the supply of vaccines included in the NIP.

GeneMatrix has completed immunogenicity and potency studies for GMAI-02 and established preclinical safety data. The company received approval from the Ministry of Food and Drug Safety in the first half of 2025 to conduct a phase 1 trial.

The company said it has selected a trial site and plans to begin the study in the second half of 2026. The trial will evaluate the vaccine candidate's safety and immunogenicity. Based on the results, GeneMatrix plans to advance the candidate to phase 2 development.

GeneMatrix CEO Kim Soo-ok said the government funding would support the company's phase 1 clinical development of GMAI-02.

"We will closely assess its safety and immune response in the phase 1 trial and proceed with subsequent clinical studies as planned," Kim said.

Fuente: Korea Biomedical Review. Disponible en <https://n9.cl/6g04v>

El Malbrán, primer instituto científico de América Latina que participa en un estudio internacional para evaluar la efectividad de la vacuna de neumococo (PCV20)

15 sep. La ANLIS Malbrán participará de un estudio internacional observacional multicéntrico de fase IV destinado a evaluar la efectividad de la vacuna conjugada 20-valente (PCV20) en la prevención de la enfermedad neumocócica invasiva en niños menores de 5 años. El neumococo es una bacteria que puede causar neumonía, meningitis, sepsis y otras manifestaciones graves. El Malbrán es el único instituto científico de América Latina que forma parte de esta investigación, que reúne centros especializados de Europa, Israel y Estados Unidos.

Como estudio de fase IV, se desarrolla luego de la autorización de la vacuna y permitirá evaluar el impacto de la cobertura en poblaciones amplias y en condiciones reales de atención y vigilancia. Para ello, se analizará la información proveniente de sistemas de vigilancia epidemiológica y de la caracterización de casos de enfermedad neumocócica invasiva.

La directora de la ANLIS Malbrán, Claudia Perandones, destacó que “nuestra participación a través del Servicio de Bacteriología Clínica del Instituto Nacional de Enfermedades Infecciosas (INEI) resulta especialmente



relevante por nuestra experiencia como Laboratorio Nacional de Referencia para la vigilancia de la enfermedad neumocócica invasiva. Desde el Servicio se reciben y estudian cepas de *Streptococcus pneumoniae* provenientes de hospitales de todo el país, que son caracterizadas para determinar los serotipos circulantes asociados a cuadros invasivos”.

“Para la ANLIS Malbrán, representa una oportunidad para aportar sus capacidades de vigilancia epidemiológica, caracterización bacteriológica y generación de evidencia a una investigación de alcance internacional”, remarcó Perandones.

El estudio, encomendado por la Agencia Europea de Medicamentos (EMA), se realizará en coordinación con P95 Julius Clinical, organización internacional con sede en Bélgica especializada en investigación clínica, epidemiología y generación de evidencia del mundo real, y con Pfizer, empresa biofarmacéutica global de Estados Unidos y desarrolladora de la vacuna PCV20.

La PCV20 amplía la cobertura de la vacuna neumocócica conjugada 13-valente (PCV13), incorporando siete serotipos adicionales. La PCV13 forma parte del Calendario Nacional de Vacunación de Argentina desde 2012 y, a partir de 2025, la PCV20 comenzó a reemplazarla bajo el mismo esquema de tres dosis (2+1), con aplicaciones a los 2, 4 y 12 meses de edad en nuestro país.

Por su parte, Jonathan Zintgraff, investigador y responsable del proyecto por el Servicio de Bacteriología Clínica del INEI ANLIS Malbrán, explicó que “el trabajo que llevamos adelante en el laboratorio genera información epidemiológica fundamental para conocer la evolución de la circulación del neumococo en Argentina y evaluar las estrategias de vacunación”.

La recopilación de datos se extenderá hasta 2028 inclusive y la participación de la ANLIS Malbrán se desarrolla en el marco de la Red de Evaluación de Vacunas contra la Enfermedad Neumocócica Invasiva, integrada por centros de referencia de distintos países.

El equipo de profesionales del Servicio de Bacteriología Clínica del INEI de la ANLIS Malbrán que participa del proyecto está integrado por Jonathan Zintgraff, Nahuel Sánchez Eluchans, Claudia Lara, Guillermina Iglesias, Cinthia Vásquez Obregón, María Alicia Moscoloni y Gustavo Ayala.

El neumococo y la importancia de la vigilancia

Streptococcus pneumoniae, conocido como neumococo, puede provocar infecciones leves, como otitis y sinusitis, pero también cuadros graves como neumonía, meningitis, sepsis y otras formas de enfermedad neumocócica invasiva.

Una de las principales características del neumococo es su diversidad. Existen más de 100 serotipos conocidos, aunque no todos tienen la misma capacidad de producir enfermedad. Los serotipos circulantes pueden cambiar con el tiempo y variar según las regiones y los grupos de edad.

Por este motivo, la vigilancia epidemiológica es esencial. Identificar qué serotipos circulan, cuáles están asociados con la enfermedad invasiva y cómo evoluciona su distribución permite comprender el comportamiento de la bacteria, evaluar el impacto de las estrategias de vacunación y generar evidencia para orientar las políticas de prevención. La vigilancia también detecta cambios en los perfiles de sensibilidad a los antibióticos y supervisar la aparición y circulación de cepas resistentes, una tarea vital frente al desafío de la resistencia a los antimicrobianos.

Fuente: Argentina.gob.ar. Disponible en <https://n9.cl/eqih8>

First mRNA Vaccine Developed by Bio-Manguinhos/Fiocruz with Support from PAHO and WHO Advances to Clinical Trials in Brazil

Sep 15. The Brazilian Health Regulatory Agency (ANVISA) has authorized the progression to Phase I clinical trials of the COVID-19 messenger RNA (mRNA) vaccine candidate developed by Bio-Manguinhos/Fiocruz with support from the Pan American Health Organization (PAHO), the World Health Organization (WHO), the Medicines Patent Pool (MPP), and Global Affairs Canada (GAC). This is the first mRNA vaccine developed in Latin America and the Caribbean to advance to the clinical trial stage.

The authorization will allow for the evaluation of the vaccine's safety and immunogenicity in healthy adults through a Phase I clinical study. The vaccine candidate uses messenger RNA technology to express the SARS-CoV-2 Spike protein and is the first product developed from Bio-Manguinhos/Fiocruz's proprietary mRNA platform.

This milestone represents a significant achievement for the WHO, MPP, and PAHO mRNA Technology Transfer Programme, part of a global initiative aimed at expanding access to this technology and strengthening vaccine manufacturing capacity in low- and middle-income countries. PAHO has played a key role in supporting the regional implementation of the initiative and fostering the development of sustainable production capacities in the Americas.

The mRNA platform developed by Fiocruz marks an important advance in the region's health innovation capacities. The infrastructure and knowledge generated through this effort can be leveraged to develop vaccines and therapeutics targeting other public health challenges, including diseases with pandemic potential, emerging infectious diseases, leishmaniasis, tuberculosis, and various types of cancer. Messenger RNA technology holds considerable promise for addressing future pandemic threats.

“Strengthening innovation and production capacities in Latin America and the Caribbean is strategic to ensuring the availability of safe and effective health



technologies that respond to the health priorities of our Member States and to improving preparedness for future emergencies,” said Tomás Pippo, Acting Head of PAHO’s Regional Platform for Innovation and Production.

The COVID-19 pandemic highlighted the need to strengthen regional capacities for the research, development, and production of vaccines and other health technologies. Local production capacities can help to reduce reliance on external suppliers, accelerate responses to future health emergencies, and contribute to more equitable access to essential health products across Latin America and the Caribbean.

PAHO’s Regional Platform for Innovation and Production, with support from Global Affairs Canada and other partners, has collaborated on this and other regional initiatives to strengthen innovation, manufacturing, and regulatory capacities as key pillars for improving access to health technologies.

Fuente: PAHO. Disponible en <https://n9.cl/f5203>

Cobertura de vacunación: la clave para proteger a la comunidad

15 sep. Una población totalmente vacunada aumentará la inmunidad colectiva. Vietnam puso en marcha su Programa Ampliado de Inmunización en 1981, con el objetivo de proporcionar vacunas a los niños de todas las regiones. Tras más de cuatro décadas, el programa ha alcanzado importantes logros: la erradicación de la viruela y la poliomielitis en el año 2000, la eliminación del tétanos neonatal en 2005 y la reducción significativa de muchas enfermedades infecciosas como el sarampión, la difteria, la tos ferina y la encefalitis japonesa.

“Durante más de 40 años, la vacunación se ha convertido en una de las medidas de salud preventiva más importantes, contribuyendo a un cambio fundamental en el panorama de las enfermedades infecciosas en Vietnam.”

Una inyección omitida puede crear un hueco

La pandemia de COVID-19 interrumpió los programas de inmunización rutinarios, lo que provocó que un número significativo de niños no recibiera sus vacunas programadas. En los años posteriores, el sector salud se centró en restablecer la cobertura, especialmente en zonas de difícil acceso. Este esfuerzo ha dado resultados tangibles. Según la Organización Mundial de la Salud (OMS) y el Fondo de las Naciones Unidas para la Infancia (UNICEF), en 2024, Vietnam alcanzó una tasa de cobertura del 99 % para la primera dosis de la vacuna contra la difteria, el tétanos y la tos ferina, frente al 80 % en 2023. La tasa de niños que recibieron las tres dosis llegó al 97 %, mientras que la tasa para la primera dosis de la vacuna contra el sarampión aumentó del 82 % al 98 %. Cabe destacar que el número de niños con "cero dosis" —aquellos que no han recibido ninguna vacuna— disminuyó de aproximadamente 274 000 en 2023 a 13 000 en 2024.

Estas cifras demuestran que el sistema de vacunación se ha recuperado notablemente tras la pandemia. Sin embargo, una alta cobertura no significa que la brecha de inmunidad haya desaparecido.

Los calendarios de vacunación se estructuran según la edad y el tiempo para garantizar que los niños desarrollen inmunidad lo antes posible. En la práctica, un niño puede tener que posponer la vacunación debido a una enfermedad; entonces, los padres pueden estar ocupados, olvidar el calendario o pensar que saltarse una dosis no tiene importancia. Otros casos también se ven afectados por la información inexacta sobre las vacunas que circula en las redes sociales.

Según el doctor Nguyen Quoc Thai, máster en ciencias y subdirector del Departamento de Enfermedades Infecciosas Generales del Instituto de Medicina Tropical (Hospital Bach Mai), la falta de inmunidad puede deberse a muchas causas, entre ellas la concienciación familiar, el suministro proactivo de vacunas y la capacidad de los servicios de vacunación para responder a los casos que requieren consulta y seguimiento especiales.

Si se omite una vacuna y no se administra como refuerzo, el período durante el cual el niño queda desprotegido se prolongará. Cuando esto ocurre con muchas personas, el riesgo ya no se limita al individuo.

Por ejemplo, un caso en Hanói ilustra las graves consecuencias de no vacunar a la niña. En marzo de 2025, una niña de 44 meses de Nam Tu Liem falleció a causa del sarampión. Según el Centro para el Control y la Prevención de Enfermedades de Hanói (CDC Hanoi), la niña nunca había sido vacunada contra el sarampión. La enfermedad comenzó el 10 de marzo y posteriormente derivó en neumonía grave e insuficiencia multiorgánica. A pesar del tratamiento intensivo en el Hospital Nacional Infantil, la niña no sobrevivió. Trágicamente, las autoridades locales habían instado repetidamente a la familia a vacunar a la niña, pero esta no lo había hecho.

Esta historia también demuestra que la brecha de inmunidad no es un concepto lejano en las estadísticas. Para un niño desprotegido, esa brecha puede convertirse en un riesgo real cuando el virus circula en la comunidad.

Mientras tanto, las vacunas no constituyen un «escudo» absoluto que garantice que quienes se han vacunado no enfermarán. El valor fundamental de las vacunas reside también en su capacidad para reducir el riesgo de padecer una enfermedad grave. Por ejemplo, en el caso de la tos ferina, el Centro para el Control y la Prevención de Enfermedades de Hanói afirma que los niños vacunados aún pueden contraer la enfermedad, pero suelen presentar síntomas más leves y se recuperan más rápido que quienes no están inmunizados.

De este modo, las vacunas ayudan a reducir el riesgo de enfermedad grave en las personas, mientras que una alta cobertura limita las posibilidades de que el virus siga propagándose en la comunidad. El profesor asociado Pham Quang Thai, jefe de la Oficina del Programa Ampliado de Inmunización de la Región Norte del Instituto Central de Higiene y Epidemiología, señaló que la persistencia de los brotes se debe a que la inmunidad colectiva aún no es suficiente en ciertos momentos, ya que todavía hay personas que no han sido vacunadas o no han recibido todas las dosis requeridas.

Por lo tanto, la inmunidad colectiva no es un logro puntual que se mantiene automáticamente. Es necesario fortalecerla continuamente mediante vacunaciones oportunas y suficientes, y recuperando de forma proactiva las dosis omitidas.

Políticas ampliadas, mayor accesibilidad

Para mantener la cobertura, un factor crucial es garantizar que las vacunas estén disponibles y sean accesibles para la población a un costo asequible. Según el plan de inmunización 2026-2028, el Programa Ampliado de Inmunización distribuirá vacunas contra 13 enfermedades para niños y mujeres embarazadas, incluidas las vacunas contra la hepatitis B, la tuberculosis, la difteria, la tos ferina, el tétanos, la poliomielitis, la *Haemophilus influenzae* tipo b (Hib), el sarampión, la rubéola, la encefalitis japonesa, el rotavirus, la enfermedad neumocócica y el VPH.

En concreto, la vacuna contra la rotavirus se administrará gratuitamente en todo el país a partir de 2026; las vacunas contra el neumococo y el VPH se incluirán en el programa según una hoja de ruta. En cuanto al VPH, el plan inmediato se centra en niñas de 12 años en localidades seleccionadas.

La Circular 13/2026/TT-BYT estipula que 14 enfermedades requieren el uso de vacunas y productos biológicos en la inmunización obligatoria a través del Programa Ampliado de Inmunización, y regula la gestión de los receptores de la inmunización, la inmunización de rutina, la inmunización de recuperación, la inmunización de campaña y la inmunización para el control de epidemias. Por lo tanto, el desafío actual no se limita a hacer llegar las vacunas a los puntos de vacunación. Más importante aún, se trata de hacer un seguimiento de quién ha sido vacunado, quién no recibió la vacuna, quién necesita inmunización de recuperación y cómo garantizar que los grupos de difícil acceso no queden excluidos del sistema.

El objetivo para 2030 es mantener una tasa de cobertura del 95 % o superior para las vacunas del Programa Ampliado de Inmunización. Esto representa un desafío, dado que Vietnam aún cuenta con zonas geográficamente inaccesibles, una población dinámica y grupos de personas con acceso limitado a información sanitaria precisa.

La cobertura de vacunación sostenible también depende de la capacidad de garantizar el suministro. Si las vacunas escasean o el suministro es inestable, las personas, incluso las que las necesitan, podrían tener que posponer sus calendarios de vacunación. Vietnam lleva muchos años desarrollando su capacidad de producción nacional de vacunas. Los centros nacionales de investigación y producción han participado en el suministro de diversos tipos de vacunas al Programa Ampliado de Inmunización y continúan invirtiendo en nuevas tecnologías.

El programa para garantizar el suministro de vacunas para 2030 busca que Vietnam domine la tecnología para producir 15 tipos de vacunas, y que las vacunas de producción nacional cumplan con los estándares internacionales. Esta orientación es importante no solo en términos tecnológicos, sino también en términos de seguridad sanitaria. La experiencia de la pandemia demuestra que la excesiva dependencia de fuentes externas puede afectar negativamente los esfuerzos de vacunación cuando los mercados internacionales fluctúan.

Junto con las instalaciones nacionales de producción de vacunas, la fábrica de vacunas y productos biológicos del VNVC en Tay Ninh comenzará su construcción en mayo de 2025, gracias a un acuerdo de transferencia de tecnología con un socio francés. Se prevé que la fábrica esté operativa a finales de 2027 y que comience a producir sus primeras vacunas en 2028.

Estos pasos demuestran que la historia de Vietnam en materia de vacunas se basa en dos pilares: la ampliación del acceso y el aumento de la autosuficiencia en el suministro.

Según el Dr. Tran Dac Phu, profesor asociado y experto en epidemiología en Vietnam, las vacunas solo son efectivas cuando se administran en el momento adecuado. Por lo tanto, para mantener una alta tasa de cobertura es necesario comenzar con acciones muy específicas: los padres deben supervisar el calendario de vacunación de sus hijos, contactar proactivamente con los centros de salud cuando se omita una dosis para recibir asesoramiento sobre las vacunas de recuperación y basar su búsqueda en información de fuentes oficiales.

“Desde la perspectiva del sector sanitario, es responsabilidad garantizar un suministro adecuado, seguro y accesible de vacunas; fortalecer el sistema de seguimiento, la programación de recordatorios y la vacunación de recuperación; y brindar asesoramiento integral en los casos que requieran seguimiento especial. En un contexto más amplio, las autoridades locales deben garantizar los recursos y la accesibilidad en las zonas desfavorecidas; el sector sanitario debe seguir supervisando la seguridad y detectando precozmente las deficiencias en la inmunidad; y los fabricantes de vacunas deben invertir en tecnología y en la calidad de las vacunas”, enfatizó el Sr. Phu.

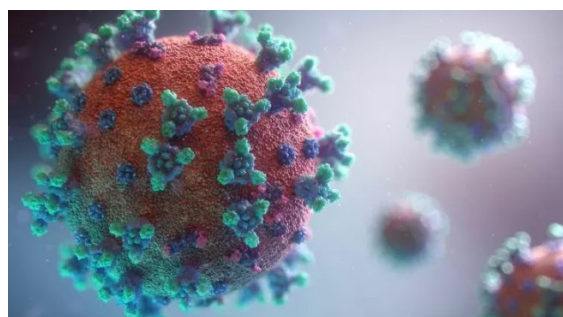
Una sola inyección proporciona protección a una persona al principio, pero cuando millones están protegidos, ese beneficio se convierte en un escudo para toda la comunidad.

Fuente: VIETNAM.VN. Disponible en <https://n9.cl/6oe3zp>

La Asamblea de la ONU llamará a ratificar el 'Acuerdo de la OMS sobre Pandemias' para fortalecer la seguridad global

16 sep. El director general de la OMS, Tedros Adhanom Ghebreyesus, afirma que el ébola en RDC está contenido en el noroeste del país

El director general de la Organización Mundial de la Salud (OMS), el doctor Tedros Adhanom Ghebreyesus, ha señalado que el 81º período de sesiones de la Asamblea General de las Naciones Unidas va a estar protagonizado por una declaración política que va a hacer un llamamiento a la ratificación del ‘Acuerdo de la OMS sobre Pandemias’ para “fortalecer cada aspecto de la seguridad global”.



El texto “llama a completar a tiempo el anexo” sobre el ‘Sistema de Acceso a los Patógenos y Participación en los Beneficios’ (PABS, por sus siglas en inglés), ha indicado, al tiempo que ha manifestado que ninguno de los objetivos de salud se pueden afrontar “sin financiación”.

En este sentido, ha declarado que “es esencial que los países finalicen las negociaciones para que el acuerdo de pandemias pueda comenzar el proceso de ratificación”. La meta es “renovar el compromiso sobre desastres, epidemias y pandemias”, ha explicado, tras lo que ha señalado que la declaración política acordada “es clara”.

EL MUNDO “SIGUE INSUFICIENTEMENTE PREPARADO”

“El mundo sigue insuficientemente preparado”, ha continuado, para añadir que, ante ello, “se llama a la acción concreta, medida y urgente” para “construir y fortalecer capacidades locales y nacionales, con más vigilancia, laboratorios, sistemas de prevención de infección y control, y una fuerza de trabajo de salud protegida”. Ello “significa invertir en sistemas de preparación y resiliencia basados en la salud primaria y en la cobertura de salud universal, que mantengan servicios esenciales durante las emergencias”, ha concretado.

Tedros, que ha hecho un llamamiento a la “solidaridad” y a la “equidad”, ha insistido en que “los países están comprometidos a expandir la investigación y la producción geográficamente diversificada para que las vacunas, diagnósticos y tratamientos puedan estar disponibles, abastecibles y accesibles en los primeros 100 días de una amenaza pandémica”.

Tras indicar que la declaración también hace alusión a la importancia de actuar “contra la

desinformación” y a la relevancia de mejorar “la implementación de las regulaciones de salud internacionales”, ha manifestado que lo que es “aún más importante” es lo que sucederá tras la Asamblea General de la ONU, cuando los líderes traduzcan “los compromisos políticos en acciones reales”.

En la misma línea se ha mostrado la directora del Programa de Emergencias Sanitarias de la OMS, la doctora Maria Van Kerkhove, quien ha explicado que “los patógenos conocen las fronteras”, por lo que es necesario el trabajo conjunto para “proteger a las personas”. “Cualquiera está en riesgo”, ha enfatizado, para destacar la importancia de ratificar el acuerdo sobre pandemias.

“SEÑALES ESPERANZADORAS” EN LA CONTENCIÓN DEL ÉBOLA

Por otra parte, el director general del organismo se ha referido a la gestión del ébola en la República Democrática del Congo (RDC) al señalar que se comienzan a atisbar “señales esperanzadoras de que se está ganando terreno” a la enfermedad, ya que “más de 1,700 personas se han recuperado” y, “después de cuatro meses, la epidemia ha sido contenida principalmente en el noroeste”.

Los tratamientos y la profilaxis post-exposición están aumentando rápidamente”, ha proseguido, para agregar que se estima que la vacunación comenzará “en las próximas semanas”. “Una de las primeras vacunas disponibles para ser evaluada para la eficacia de la vacuna será ‘Ervebo’ y, luego, traeremos otras vacunas específicas”, ha concretado al respecto la directora del Departamento de Ciencias para la Salud de la OMS, la doctora Meg Doherty.

“Pero no caigan en un error, la epidemia sigue creciendo y sigue matando”, con un balance de “más de 7,200 casos y más de 3.500 muertes en siete provincias”, registrando en la última semana “alrededor de 300 nuevos casos y 160 muertes”, ha aseverado Ghebreyesus. De cualquier forma, Van Kerkhove ha indicado “se puede ver un aumento de casos debido a que la supervisión ha mejorado”.

Por ello, ha incidido en que “la respuesta debe ser sostenida y fortalecida durante muchos meses”. “Para detener esta epidemia, necesitamos recursos”, ha sostenido, algo compartido por el director Ejecutivo del Programa de Emergencia Salud de la organización, el doctor Chikwe Ihekweazu, quien ha afirmado que satisfacer la petición para una financiación sostenible se traduciría en “seguir empujando” para tener la epidemia “bajo control”.

Además, el director general y otros representantes de la OMS se han referido a otros aspectos, como las casi 20 millones de personas que necesitan asistencia de salud en Yemen y la celebración -el 17 de septiembre- del Día Mundial de la Seguridad del Paciente.

Fuente: EN SEGUNDOS. Disponible en <https://n9.cl/wmtp3>

Vietnamese Ministry of Health delegation visits Sanofi's state-of-the-art vaccine factory in France

Sep 17. On September 11th, Deputy Minister of Health Do Xuan Tuyen and his delegation visited and worked at the modern vaccine manufacturing plant of Sanofi Pharmaceuticals in Neuville-sur-Saône (France), directly learning about Sanofi's production activities, technology, and quality management system.

Previously, healthcare cooperation between the two countries also achieved new progress when, at the Vietnam-France Business Forum held on September 10th in Paris, Vietnam Vaccine Company

(VNVC) and Sanofi exchanged a joint statement, prioritizing the production of three important next-generation vaccines in Vietnam.

Therefore, this is an opportunity for leaders of the Vietnamese Ministry of Health to directly learn about vaccine production at a world-leading modern factory, as well as the experience in producing vaccines, which are strategic national technology products of Vietnam.

Sanofi's factory in Neuville-sur-Saône currently produces the primary materials for three next-generation vaccines: a multivalent influenza vaccine, a quadrivalent meningococcal vaccine, and a 6-in-1 vaccine. These are part of a collaborative production plan between Sanofi and VNVC in Vietnam, recently announced in a joint statement. These are all important vaccines currently in use in Vietnam and many other countries worldwide, and are also considered strategic national technology products prioritized for development in Vietnam.



The factory is organized according to a flexible production model, allowing for adjustments in scale and production lines to meet varying production needs, especially in emergency medical situations such as pandemics.

During the meeting, Stephen Alix, Director of International Vaccine Markets at Sanofi Group, emphasized the group's leading capabilities with over 37 factories and 15 R&D centers globally. Sanofi's products are currently available in more than 170 countries, protecting the health of over 500 million people annually through vaccination programs.

Drawing on his experience collaborating in numerous countries, Stephen Alix emphasized that the project is only effective when there is a sufficiently large market, good support policies, and domestic partners with the capacity to adopt the technology.

Speaking at the meeting, Deputy Minister of Health Do Xuan Tuyen assessed that the health cooperation agreements between Vietnam and France and the cooperation process between VNVC and Sanofi are important foundations that need to be further concretized with practical results.

Deputy Minister Do Xuan Tuyen emphasized: "Signing the agreement is just the initial step; the most important thing is to have a product ready to bring to market to serve the people."

According to the Deputy Minister, achieving this goal requires the convergence of four important pillars.

Firstly, there is the long-term commitment and policy direction of the State. The policy of developing the pharmaceutical industry and enhancing vaccine self-sufficiency has been clearly affirmed in Resolution 57 and Resolution 72 of the Politburo and the Pharmaceutical Industry Strategy to 2045. This provides a solid institutional foundation for a field that requires large capital investment and high technology.

Secondly, the market size and demand for vaccines are sustainable. With a population of 100 million, Vietnam has a huge demand for vaccines from both the Expanded Immunization Program and private vaccination services. The Ministry of Health is developing a plan for the 2030-2035 period to add more essential vaccines, which will both expand disease coverage for the population and create long-term momentum for domestic production.

Thirdly, the capacity of the Vietnamese partner. VNVC is responsible for preparing all necessary conditions, from infrastructure, equipment, and technical systems to human resources; and for sending personnel to participate in training at overseas production facilities, completing the system and documentation to receive and organize vaccine production according to the agreed schedule.

Fourth, the technological capabilities, training, and implementation support of international partners. Sanofi participates in training the technical operation team and transferring technology within the scope of cooperation. Furthermore, once the product meets standards, Sanofi will continue to collaborate to expand opportunities for the product to reach international markets.

During the meeting, Mr. Ngo Chi Dung, Chairman of the Board of Directors and General Director of VNVC, affirmed that the company considers high-tech vaccine production a long-term investment strategy, with a determination to build a substantial, modern production capacity that approaches international standards.



VNVC is investing its own capital to build a Vaccine and Biological Products Factory with an initial investment of over 2,500 billion VND, designed to have a capacity of 100-120 million doses per year, aiming to meet stringent standards such as WHO-GMP, EU-GMP, and FDA-cGMP.

"VNVC's goal is to quickly bring new generation vaccines into production in Vietnam, thereby enhancing domestic production capacity and becoming more proactive in terms of supply. More importantly, Vietnamese people can access more high-quality vaccines at the most reasonable cost," Mr. Dung emphasized.

Concluding the meeting, Deputy Minister of Health Do Xuan Tuyen requested a strong shift from agreement to substantive implementation, with a specific roadmap and products: Construction of the VNVC Vaccine and Biological Products Factory is expected to be completed in 2027; installation will be completed in 2028, aiming for the first products; commercialization of the first 2-3 products will begin in 2029; and from 2030 onwards, the goal is to strive for one new product each year.

The Deputy Minister also outlined a long-term vision: after successfully meeting domestic disease prevention needs, both sides should aim for the international market, creating a foundation for Vietnam to participate more deeply in the global vaccine value chain and supply chain, contributing to enhancing self-reliance and consolidating national health security.

Fuente: VIETNAM.VN. Disponible en <https://n9.cl/rb00j3>

AI is helping develop new vaccines

Sep 18. In the early 2000s, immunologist Bali Pulendran started his lab at Emory University to explore the mechanisms underlying vaccine-mediated immunity. To uncover these processes, he focused on the yellow fever vaccine because it induced long-term immunity, sometimes for decades or even a lifetime. When he started digging into what was known about the underlying protective mechanisms, he found that “the truthful answer to this question was not a whole lot.”

So, he and his team set out to uncover the immune mechanism behind the protective

responses from the yellow fever vaccine. They started with finding out how the vaccine activated dendritic cells, since these sentinel cells are important bridges between innate and adaptive immune responses. Pulendran and his team found that the yellow fever vaccine activated several important receptors on dendritic cells that stimulated the production of proinflammatory molecules that led to robust immune responses.

Yet, Pulendran wanted to be able to delve deeper into the mechanisms of this immunity. “What we decided to do was to do an experiment in humans, and then to analyze the immune response to this Yellow Fever vaccine, but then to apply the tools of multiomics and systems biology,” he said.

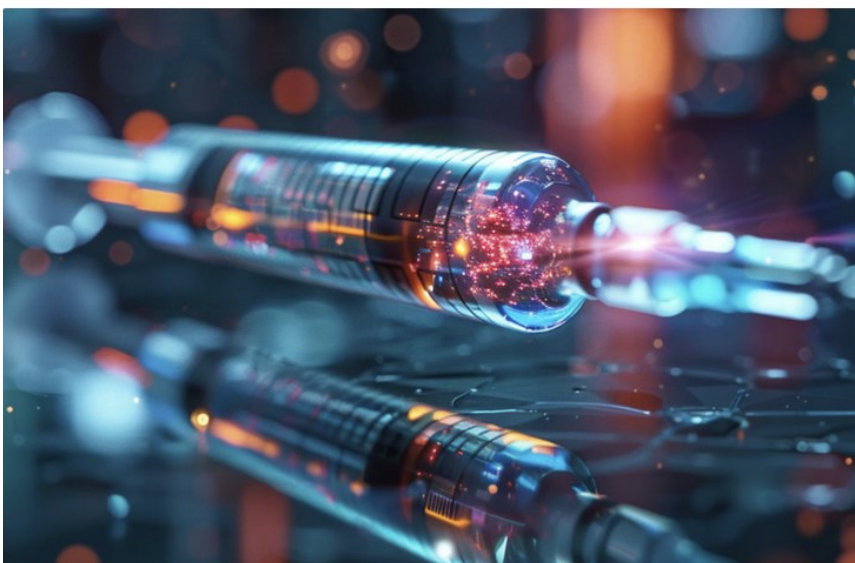
The team vaccinated 15 individuals with the yellow fever vaccine and collected blood samples before and then at four points after the vaccination. They used high throughput technologies to assay various genes, molecular markers, and cell types activated by the vaccine shortly that gave rise to protective T and B cell responses.

As a result, the team collected a large amount of data. Finding specific signatures from this multifaceted information would have been challenging because of the data complexity and abundance, but at that time, computational tools had recently been applied to successfully predict chemotherapy responses and diagnose infections. Pulendran’s team reasoned that these models could also help parse their immunology data.

Applying these tools, in 2008, Pulendran’s team identified cytokines and several genes involved in immune viral sensing and antiviral responses that the vaccine activated that also predicted later T cell and antibody responses; these genes, then, could be used as a signature to indicate protection after vaccination. In an experiment within this same study, this gene signature predicted immune responses from a separate group of individuals that Pulendran’s team vaccinated with the yellow fever vaccine. With this study, Pulendran’s groups became one of the first to pioneer a systems biology approach to vaccinology.

AI Parses Big Data to Yield Vaccine Insights

Today, Pulendran applies these tools to understand immune responses to vaccines, recently focusing on the seasonal influenza vaccine and a pre-pandemic avian influenza formulation. “The data that’s



been generated from these kind of studies have yielded a rich bonanza of new insights about the working of the human immune system, the mechanistic basis of human immunity,” Pulendran said.

These great datasets introduce a new problem, though. “We’re drowning in a sea of data, but thirsting for knowledge,” Pulendran quoted biologist Sydney Brenner to explain the outcomes of applying high-throughput techniques.

However, whereas Brenner believed that systems biology approaches yield minimal valuable scientific outputs, Pulendran disagreed. “Over the last decade there’s been tremendous new insights that have emerged from analyzing this big data,” he said. “The recent boom in AI is tremendously exciting, because what it offers is at least logarithmic scale improvements in our capacity to mine big data, to delineate patterns in big data, and then to shed new biological insight.”

Pulendran and his team have applied AI tools and systems biology to investigate shared vaccine responses across different immunizations to predict protection. In a collaborative study, Pulendran and other groups used blood transcriptional profiles from individuals before and after vaccination to identify gene signatures that predicted antibody responses across 13 vaccines. In a larger study, these profiles helped create an atlas of response kinetics across these vaccines.

More recently, Pulendran’s team used machine learning to find a predictive signature based on platelet responses that could determine the longevity of antibody response after immunization with an avian influenza vaccine.

A Vaccine Biotech Finding Novel Antigens with AI

AI tools for vaccine development are not relegated to the labs and offices of academia, though. In 2008, bioinformatician Andreas Holm Mattsson and Niels Iverson Møller launched a biotechnology company, Evaxion, with AI-powered insights at the heart of their scientific plan. Their goal was to train machine learning models on bacterial genomes so that they could predict antigens that were most likely to yield effective immune responses in the hopes of reducing the timelines, and by proxy the costs, of vaccine development.

“That was the ambition of developing a platform, so reducing cost, time, and also increasing the likelihood of actually generating a drug that would be approved in the end,” said Birgitte Rønø, chief scientific officer and chief operating officer of Evaxion.

Rønø joined Evaxion after working at a pharmaceutical company using traditional research and development approaches. “Everything is slow, and you build on the way that you’ve done this for many years,” she said. “[Evaxion’s approach] was new and very intriguing for me, that you could put the immune system into a computer, and then find the targets that would be the ones protecting patients in the end.”

Over the last 18 years, Evaxion scientists have improved their platform, called AI-Immunology, leveraging public and in-house developed data sets and expanding them beyond their original platform to include modules that identify, separately, T and B cell antigens. These different modules can be combined, like Lego blocks, to identify candidates with desired properties.

At the end of an analysis, the AI-Immunology platform provides the scientists with ranked lists of potential vaccine antigens based on the specific properties they are targeting. These ratings allow the Evaxion researchers to start with targets most likely to lead to effective vaccines. “There are always very strong hits in that list. We have even been able to show that there is a correlation between

protection, and then also how the AI-Immunology model ranks these different targets,” Rønø said. Sometimes, she noted, the models suggest antigens that external researchers have doubts regarding their efficacy as a vaccine. But, Rønø said, “We can definitely see that those targets are driving protection in our animal models, so novelty is definitely something that is key for AI-Immunology. Find something that no one else can find.”

Yet, these novel targets are not always immediately accepted by stakeholders. “One of the challenges is...how is [AI-predicted antigens] perceived by the scientific community, and also the community, and also potential partners. What is in that black box?” Rønø said, adding that many had questions about how targets are identified or why they are predicted to work. “We don’t always know. We know that the targets protect, but we don’t know how they do it. So understanding that and setting up the right experiments to understand that can be a bit challenging.”

Fuente: Genetic Literacy Project. Disponible en <https://n9.cl/eckbw>

Moderna pone a la venta la primera vacuna contra la gripe con tecnología ARN mensajero

19 sep. El laboratorio Moderna desarrolló la primera vacuna contra la gripe con tecnología ARN mensajero como la que se empleó en las vacunas contra la COVID-19.

La mFlusiva de Moderna es la primera vacuna ARN mensajero que se pone a la venta en Estados Unidos y tiene un precio de alrededor de 171 dólares.

“Luego de la pandemia de COVID-19, el laboratorio Moderna comenzó a desarrollar la primera vacuna antigripal ARNm.”

De acuerdo con la información del ensayo clínico, la mFlusiva tiene alrededor de 27% de mayor eficacia que una vacuna antigripal estándar.

La Administración de Alimentos y Medicamentos (FDA) otorgó la aprobación tradicional para adultos de 50 a 64 años y una aprobación acelerada para mayores de 65 años.

Diferencias entre la vacuna ARNm y la vacuna tradicional contra la gripe?

La mayoría de las vacunas antigripales tradicionales usan una versión inactivada del virus para enseñar al sistema inmune a combatirlo.



Mientras que la mFlusiva utiliza un fragmento de código genético para entrenar al organismo a reconocer y combatir el virus de la gripe, luego el ARNm se descompone y se elimina del cuerpo.

Esta vacuna es trivalente ya que ayuda a inmunizar contra dos cepas de influenza A y una cepa de influenza B.

Otra ventaja es que las vacunas antigripales tradicionales tardan alrededor de 6 meses en producirse mientras que la mFlusiva se desarrolla entre 2 a 3 meses.

Fuente: ADN Noticias. Disponible en <https://n9.cl/5mp1j>

Vaccine platform receives funding to help protect against emerging mosquito-borne disease threats

Sep 21. A homegrown vaccine platform demonstrated in animals could soon become a ‘plug-and-play’ system to rapidly adapt to future mosquito-borne disease threats in humans.

University of Queensland researchers Associate Professor Jody Peters, Dr Henry de Malmanche and Dr Jessica Harrison developed the ISVac™ platform, building on more than a decade of work.

Dr Peters said since her team’s discovery of a mosquito-specific virus, they’ve been able to genetically engineer it to generate virus particles that are non-infectious to humans or animals.

“These particles have been used as vaccines against Japanese encephalitis virus in pigs and West Nile virus in crocodiles,” Dr Peters said.

“This next stage is a huge leap forward – developing a potential new tool to protect humans against emerging mosquito-borne diseases.”



The platform will now be advanced by Proboxis Biotechnology, a startup established with support from UQ’s commercialisation company UniQuest to help bring the ISVac™ platform closer to clinical development.

Dr Peters said mosquitoes presented a serious – and growing – public-health threat.

“With the changing climate there’s been an expansion of where mosquitoes are thriving, and it is pushing mosquito-borne diseases into new regions,” she said.

“Japanese encephalitis, which can cause severe neurological illness, lifelong disability and death, wasn’t seen in Australia until 2022.

“This highlights the need for both continued investment in preparedness, so vaccines can be mobilised quickly, and the development of new vaccine technologies.”

The startup has secured \$1.5 million in funding through the inaugural round of Biointelect Venturer and already has a promising new vaccine candidate for Japanese encephalitis virus.

If successful, the platform could support the development of other vaccines, including for dengue, Zika, yellow fever and West Nile virus.

Biointelect Venturer is Australia’s new national incubator for vaccine and infectious disease innovation, funded by the Australian Government’s Medical Research Future Fund (MRFF) through the 2024 BioMedTech Incubator Grant Opportunity.

Biointelect CEO Leah Goodman said Biointelect Venturer brought together Biointelect’s deep expertise in development and commercialisation strategy, regulatory pathways, market access and global partnering to support innovators to progress from promising science towards investment-ready ventures.

“By combining targeted funding with practical, hands-on support and access to national and international networks, Biointelect Venturer is helping strengthen Australia’s capability to translate infectious disease innovations into products with real public health impact,” Ms Goodman said.

Dr de Malmanche, a biotechnologist, said the innovative approach also had the potential to be highly scalable.

“This funding will support manufacturing development, regulatory readiness and commercial planning to help move the technology towards clinical development,” Dr de Malmanche said.

“Importantly, it’s also increasing Australia’s sovereign capabilities with a homegrown invention that could be manufactured here to protect our population.”

UniQuest CEO Dr Dean Moss said the funding would help advance a promising vaccine candidate while unlocking the broader potential of a homegrown technology platform at UQ.

“It’s a great example of how years of outstanding research can create new opportunities to strengthen public health preparedness,” Dr Moss said.

Fuente: The University of Queensland. Disponible en <https://n9.cl/ixrzh2>

The Lancet analizó la respuesta al COVID en 20 países: cuáles son las lecciones para futuras pandemias

21 sep. Una futura pandemia podría poner en riesgo a millones de personas si los países repiten las fallas expuestas por la COVID-19. La Comisión NUS–Lancet PRIME analizó experiencias de comunidades afectadas en 20 países y concluyó que los laboratorios, la vigilancia y los planes de emergencia son necesarios, pero no aseguran por sí solos que la población quede protegida.

El informe *Transforming Pandemic Readiness for Equity*, publicado hoy por *The Lancet* y que se presentará este viernes en Nueva York, propone ampliar la respuesta. Prepararse para una pandemia también implica que las personas puedan sostener

sus ingresos, acceder a alimentos y atención médica, aislarse en condiciones adecuadas y entender la información de salud, remarcaron los expertos.

La comisión fue creada por la Universidad Nacional de Singapur (NUS) y *The Lancet*. Reúne a 41 especialistas de salud, finanzas, planificación y trabajo comunitario. PRIME es la sigla en inglés de Preparación ante Pandemias mediante Instituciones, Movilización de Comunidades y Equidad.

En el resumen del informe, *The Lancet* plantea que gobiernos, instituciones y comunidades deben “pasar de planes formales a una protección centrada en las personas en todas las etapas de una crisis sanitaria”.

Cinco fallas pueden dejar a las comunidades sin protección

La comisión combinó estudios en 20 países, seis revisiones, escenarios prospectivos y modelos epidemiológicos. Participaron expertos en enfermedades infecciosas, emergencias sanitarias,



sistemas de salud, gobernanza, protección social y participación comunitaria. Los países analizados fueron China, Inglaterra, Etiopía, India, Indonesia, Japón, Eslovenia, Líbano, México, Mozambique, Noruega, Perú, Singapur, España, Tanzania, Tailandia, Turquía, Uruguay y Estados Unidos.

El trabajo identificó cinco vulnerabilidades sistémicas que agravan el impacto de una emergencia:

- ♦ Inseguridad en las necesidades básicas, como ingresos, alimentos y recursos para cumplir medidas de protección.
- ♦ Inseguridad habitacional y hacinamiento, que dificultan el aislamiento durante un brote.
- ♦ Exclusión administrativa de la atención sanitaria y la protección social, por ejemplo, debido a la falta de documentos de identidad.
- ♦ Desconfianza en las instituciones y en la información sanitaria, que limita la recepción de recomendaciones oficiales.
- ♦ Sistemas sanitarios y sociales frágiles, sin capacidad suficiente para afrontar una crisis prolongada.

La recomendación es mirar los sistemas que generan desprotección antes que etiquetar a ciertos grupos como vulnerables. La preparación debe medirse por lo que sucede cuando los servicios y las familias quedan bajo presión, y no solo por la existencia de reservas de equipos, protocolos o capacidades de vigilancia.

El estudio incluyó, entre otros casos, a personas sin hogar en Indonesia, población desplazada internamente en Etiopía y familias que perdieron integrantes por COVID-19 en el Reino Unido, según informó *The Guardian*. Esas experiencias mostraron cómo las condiciones sociales pueden limitar una respuesta sanitaria.

La copresidenta Helena Legido-Quigley, profesora del Imperial College de Londres, afirmó que las debilidades estructurales elevan el riesgo de enfermedad, muerte, pérdida de medios de vida y deterioro del bienestar.

“Una persona que vive en un apartamento hacinado no puede aislarse; una persona sin documentos de identidad no puede acceder a un pago gubernamental, y una persona que no habla el idioma dominante no puede entender las recomendaciones de salud”, señaló en declaraciones al diario británico.

La asignación de vacunas puede evitar millones de muertes

Para medir el efecto de distintas estrategias, la Comisión PRIME usó como modelo una hipotética pandemia de influenza A en 173 países durante dos años, con dosis disponibles a partir del día 100.

No es una proyección sobre un brote inminente, sino un ejercicio para comparar la fabricación rápida de vacunas, su distribución y la confianza en la vacunación. La fabricación acelerada de vacunas reduciría la mortalidad de 58,5 millones a 23,9 millones de muertes, una caída del 59 %, incluso si los países con mayor capacidad de compra recibieran las primeras partidas.



El modelo calcula que una distribución proporcional a la población evitaría otros 2,7 millones de muertes frente a un reparto definido por el poder adquisitivo. Mejorar la confianza en las vacunas podría salvar, además, 1,9 millones de vidas.

El editorial de *The Lancet* que acompaña al informe indica que una asignación según las necesidades de salud pública reduciría la mortalidad mundial 64 %, hasta 21,2 millones de fallecimientos. Eso supondría 37,3 millones de muertes menos respecto de un escenario sin vacunación.

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

Fairer vaccine sharing could save millions in next pandemic, study finds

Sep 22. More than 2.7 million additional lives could be saved during a future pandemic if vaccines were distributed according to population needs rather than countries' ability to pay, according to new research.

Researchers modelled a hypothetical global influenza pandemic and found that speeding up vaccine development could reduce the number of deaths from an estimated 58.5 million to 23.9 million.

However, the benefits would not be evenly spread.

In high-income countries, deaths would increase from about 2.4 million to 3.9 million under an allocation system based on population rather than purchasing power.

The findings are part of a report by the NUS-Lancet Commission on Pandemic Preparedness, which argues that preparing for future outbreaks requires more than expanding medical and technical capacity.

The commission says governments should build systems that can reach vulnerable communities, maintain public trust and ensure that vaccines, treatments and other resources are available where they are most needed.

“Cooperation and solidarity saves the lives of essential first responders, including the health workers who can help stop a pandemic,” said Helen Clark, former prime minister of New Zealand and co-chair of the commission.

She said greater equity would reduce deaths globally while giving vulnerable populations a fairer chance of receiving protection.

The modelling also found that improving public confidence in vaccines could prevent a further 1.9 million deaths.

Lessons from COVID-19

The commission's researchers gathered evidence in 20 countries from communities that had experienced severe disruption during COVID-19 or other crises.

Those studied included homeless people in Indonesia, internally displaced people in Ethiopia and families in the UK who had lost relatives to COVID-19.



The research found that social and economic conditions can determine how exposed people are to disease and whether they can access help during an outbreak.

“A person living in a crowded apartment cannot socially isolate, a person with no identity papers cannot access a government payment, and a person who doesn’t speak the dominant language cannot understand health advice,” said Professor Helena Legido-Quigley of Imperial College London, a commission co-chair.

The commission argues that these barriers are often overlooked by conventional pandemic preparedness plans, which tend to focus on whether countries have the necessary technical and medical capabilities.

It says preparedness should also consider whether those resources can actually reach people who need them.

Africa and vaccine access

The issue is particularly significant for countries that struggled to secure Covid-19 vaccines during the pandemic.

Dr Githinji Gitahi, global CEO of Amref Health Africa, said many African countries had been “at the back of the queue” for Covid vaccines.

He described the new modelling as “both compelling and deeply sobering”, arguing that national pandemic plans must reflect the realities faced by communities.

“Plans written in conference rooms in capital cities often fail to reflect the realities that determine whether people can isolate, obtain reliable information, access care or receive a vaccine,” Gitahi said.

He also stressed the importance of building trust before an outbreak begins.

The commission recommends that governments involve communities directly in pandemic planning and make themselves accountable for ensuring that protection reaches those most at risk.

The report was published ahead of a United Nations high-level meeting on pandemic preparedness in New York, where governments are expected to discuss lessons from Covid-19 and how to strengthen global preparedness for future outbreaks.

The NUS-Lancet Commission was established in 2023 by the National University of Singapore and The Lancet. It brings together 41 experts from fields including health, finance, planning and community development.

Fuente: Africa News. Disponible en <https://n9.cl/y9erj>





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Estrategia de búsqueda: (Vaccine) AND DP:([13.09.2026 TO 22.09.2026]) as the publication date 17 records.

1. 20260273039 UNIVERSAL VACCINE FOR AFRICAN SWINE FEVER VIRUS (ASFV) INFECTIONS

US - 17.09.2026

Clasificación Internacional A61K 39/12Nº de solicitud 19082038Solicitante DEI BiopharmaInventor/a Matthias Magoola

The present invention relates to vaccine compositions for administration to domestic pigs (*Sus scrofa domestica*), wild boars, warthogs, bush pigs, and giant forest hogs. In one embodiment, the present vaccine is designed to provide broad-spectrum immunity against all known genotypes (I-XXIV) and serotypes (1-8) of African Swine Fever Virus (ASFV) by incorporating highly conserved antigenic regions across multiple viral proteins. This multi-epitope vaccine construct is formulated to elicit both cellular (CD8⁺ and CD4⁺ T-cell) and humoral (antibody-mediated) immunity, ensuring cross-protection against diverse ASFV strains. By targeting conserved epitopes in structural (p72, p54, p30, CD2v) and non-structural proteins (MGF family, DNA replication enzymes, immune evasion factors), this vaccine aims to mitigate ASFV outbreaks globally, including regions affected by highly virulent Genotype II (Eastern Europe, Asia) and endemic strains in Africa. This universal antigen is optionally fused to a serum protein or a small synthetic peptide capable of binding to a serum protein in vivo to extend its half-life. In another embodiment, the invention, the antigen is produced by recombinant technology, or RNA technology to deliver the antigen in vivo or to produce it by a cell-free synthesis.

2. 4806907 REKOMBINANTES NUKLEINSÄUREEPITOP VON C. NOVYI UND DESSEN VERWENDUNG

EP - 16.09.2026

Clasificación Internacional C07K 14/33Nº de solicitud 24887176Solicitante FUNDACAO OSWALDO CRUZInventor/a MARIUBA LUIS ANDRÉ MORAIS

The present invention provides molecules of recombinant nucleic acid that encode epitopes of alpha toxin of recombinant *C. novyi*. Additionally, the invention provides vaccine compositions comprising said epitopes and use of same, and a method for preparing said compositions. Finally, the invention also provides a method for treating and preventing clostridiosis.

3. WO/2026/190687 VACCINE COMPOSITIONS AND METHODS OF USE

WO - 17.09.2026

Clasificación Internacional C07K 14/47Nº de solicitud PCT/IB2026/052344Solicitante BIONTECH SEInventor/a JUNEJA, Vikram

The present disclosure provides a therapy with vaccine compositions including multiepitopic polypeptides, recombinant nucleic acids encoding multiepitopic polypeptides and methods of use thereof. Also provided herein are T-cell receptors (TCRs) that can recognize one or more epitopes of the multiepitopic polypeptides. The therapy provided herein can comprise (i) a TCR, a recombinant nucleic acid encoding the TCR, or cells comprising the TCR or the recombinant nucleic acid encoding the TCR, and (ii) a vaccine composition described herein. The methods and compositions provided herein can be used for the treatment of cancer.

4. 20260273032 VACCINATION AGAINST THE AMYLOID-BETA 40 PEPTIDE

US - 17.09.2026

Clasificación Internacional A61K 39/00Nº de solicitud 19580953 Solicitante ARACLON BIOTECH, S.L. Inventor/a Jose Manuel Sarasa Barrio

The present invention refers to a **vaccine** composition comprising amyloid beta 33-40 (A β 33-40) peptide with an additional cysteine in the N-terminal end (CysA β 33-40) conjugated with the carrier protein keyhole limpet hemocyanin (KLH) using as the crosslinking agent the maleimidobutyric acid N-hydroxysuccinimide ester (SM) and aluminium hydroxide gel as adjuvant for the treatment and/or prevention of cerebral amyloid angiopathy (CAA), the method comprising administering a therapeutically effective amount of said **vaccine** composition comprising to a patient in need thereof.

5. WO/2026/192556 A CANCER **VACCINE** OBTAINED BY CO-CULTURING AND IMMUNIZING AUTOLOGOUS AND/OR HAPLOIDENTICAL NATURAL KILLER (NK) CELLS WITH AUTOLOGOUS CANCER CELLS ATTENUATED UNDER FAR-UVC LIGHT

WO - 17.09.2026

Clasificación Internacional A61K 35/17Nº de solicitud PCT/TR2026/050196 Solicitante BOĞAZİÇİ ÜNİVERSİTESİ HEDEFLİ TEDAVİ TEKNOLOJİLERİ MERKEZİ Inventor/a OLCAY, Ayhan

The invention relates to a personalized cancer **vaccine** obtained by co-culturing and immunization of autologous and/or haploidentical natural killer (NK) cells with autologous cancer cells attenuated under Far-UVC (Ultraviolet) light, in the field of cancer immunotherapy.

6. 20260273256 VACCINATION USING HIGH-DENSITY MICROPROJECTION ARRAY PATCH

US - 17.09.2026

Clasificación Internacional A61M 37/00Nº de solicitud 19672276 Solicitante Vaxxas Pty Limited Inventor/a Angus FORSTER

The present invention relates to microprojection arrays for the delivery of vaccines, in particular the use of polymer high density microprojection arrays for the delivery of vaccines to patients in which the dose of the **vaccine** delivered may be less than the dose of **vaccine** delivered by intramuscular injection while providing equal or superior immunogenicity.

7. WO/2026/190357 CANINE INFLUENZA VIRUS **VACCINE** WITH HETEROLOGOUS CROSS-PROTECTION OF CANINE INFLUENZA VIRUS STRAINS

WO - 17.09.2026

Clasificación Internacional A61K 39/12Nº de solicitud PCT/EP2026/057146 Solicitante INTERVET INTERNATIONAL B.V. Inventor/a DANT, Jennifer, C

The present invention provides a canine Influenza H3N2 **vaccine**, including multivalent vaccines and use thereof for the cross-protection of Canine Influenza H3N8. The present invention provides an alphavirus RNA replicon particle that encodes a Canine Influenza (CIV) H3N2 hemagglutinin (HA) antigen. The present invention further provides methods of using the vaccines.

8. 4805370 FLAVIVIRUS-IMPFSTOFFZUSAMMENSETZUNG

EP - 16.09.2026

Clasificación Internacional C07K 14/005Nº de solicitud 24813535 Solicitante BOOST BIOPHARMA INC Inventor/a RANCOUR DAVID M

Provided is a composition comprising at least two independent recombinant polypeptides, each comprising an N-terminal end, a C-terminal end, and at least one immunogenic fragment, wherein each immunogenic fragment consists of an envelope protein domain III of a first *Flavivirus* type, or an immunogenic portion thereof, wherein at least two of the at least two independent recombinant polypeptides are bound together by a covalent bond; and at least two independent recombinant polypeptides, each comprising an N-terminal end, a C-terminal end, and at least one immunogenic fragment, wherein each immunogenic fragment consists of an envelope protein domain III of a second *Flavivirus* type, or an immunogenic portion thereof, wherein at least two of the at least two independent recombinant polypeptides are bound together by a covalent bond; and wherein each *Flavivirus* type is a different type, pharmaceutical compositions containing the same, and methods of making and using the same.

9. 4805044 ZUSAMMENSETZUNG ZUR NICHTVIRALEN TRANSFEKTION IN EINE ZELLE UND VERWENDUNG BEI DER KREBSBEHANDLUNG

EP - 16.09.2026

Clasificación Internacional A61K 47/54Nº de solicitud 26700883 Solicitante LATIUM RES LIMITED Inventor/a KENNEDY BRIAN

The present invention relates to compositions and pharmaceutical compositions for non-viral transfection into a cell. The invention also relates to use of these and other compositions as a medicament; **vaccine** or specifically in a method for treating cancer. Lastly, the invention also relates to in vitro use of the compositions for transfecting cells; an in vitro method for transfecting a cell with nucleic acid and kits comprising the transfection components.

10. 4806460 IMPFSTOFFZUSAMMENSETZUNG ZUR INDUZIERUNG EINES ANTI-IGE-ANTIKÖRPERS

EP - 16.09.2026

Clasificación Internacional A61K 39/00Nº de solicitud 24888805 Solicitante FUNPEP CO LTD Inventor/a KAWABATA SOTARO

11. 20260275366 RNA VECTORS WITH HAIRPIN-LIKE INSERTS

US - 17.09.2026

Clasificación Internacional C12N 15/82Nº de solicitud 19480296 Solicitante UNIVERSITY OF MARYLAND, COLLEGE PARK Inventor/a Anne Elizabeth SIMON

The present disclosure relates to a viral vector having an exogenous RNA segment with a hairpin-like structure, for example having two or more base-paired regions separated by one or more non-base-paired regions. The exogenous RNA segment may have a secondary structure, minimum free energy, average positional entropy or other attributes within specified ranges, or with values similar to one or more hairpin-like structures of a reference wild type virus. In some examples, the viral vector is a live attenuated **vaccine**. In some examples, the viral vectors downregulates a susceptibility gene in a host plant.

12. WO/2026/193201 NUCLEIC ACID CONSTRUCTS AND COMPOSITIONS COMPRISING HEPATITIS C VIRUS E1 AND E2 GLYCOPROTEIN ANTIGENS

WO - 17.09.2026

Clasificación Internacional A61K 35/76Nº de solicitud PCT/US2026/018782Solicitante PURDUE RESEARCH FOUNDATIONInventor/a KUHN, Richard J.

Nucleic acid constructs and methods are provided for expressing hepatitis C virus (HCV) E1 and E2 proteins on a cell surface in a manner suitable for presentation as an antigen. Also provided are expression vectors, **vaccine** formulations, and methods of making and using the same in connection with such nucleic acid constructs.

13. WO/2026/190517 TIME-SERIES MACHINE LEARNING APPROACH FOR PREDICTING FUTURE EVOLUTION OF ENCODED PROTEINS

WO - 17.09.2026

Clasificación Internacional G16B 20/50Nº de solicitud PCT/IB2025/053828Solicitante NEC LABORATORIES EUROPE GMBHInventor/a CHAPUT, Catherine

A computer-implemented method for predicting one or more new target vectors for a machine learning (ML) / artificial intelligence (AI) pipeline is provided. The method includes performing data processing of encoded data samples to obtain an ordered series of vectors representing one or more sequences. The method further includes processing the ordered series of vectors using a time-series based model to obtain the one or more new target vectors indicating a vector representation of an evolution of the one or more sequences at a subsequent time period. The method also includes using the ML / AI pipeline to determine one or more trajectories for the encoded data samples to reach the one or more new target vectors. The method has applications including, but not limited to, use cases in medicine / healthcare such as for optimizing ML / AI tasks, support decision making, and/or for **vaccine** / drug development.

14. 4806461 RAUER ABGESCHWÄCHTER BRUCELLA-STAMM, VERWENDUNG, IMPFSTOFF, ANTIGEN UND KIT DAFÜR

EP - 16.09.2026

Clasificación Internacional A61K 39/02Nº de solicitud 25197247Solicitante INST OF ANIMAL SCIENCES OF CHINESE ACADEMY OF AGRICULTURAL SCIENCESInventor/a DING JIABO

15. 20260273044 LIPID NANOPARTICLE COMPOSITIONS

US - 17.09.2026

Clasificación Internacional A61K 39/215Nº de solicitud 19471772Solicitante KØBENHAVNS UNIVERSITETInventor/a Camilla FOGED

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

16. 20260273042 IMMUNOGENIC TRIMERS

US - 17.09.2026

Clasificación Internacional A61K 39/21Nº de solicitud 19577743 Solicitante International AIDS Vaccine Initiative, Inc. Inventor/a Jon Steichen

The invention relates to PGT121-germline-targeting designs, trimer stabilization designs, combinations of those two, trimers designed with modified surfaces helpful for immunization regimens, other trimer modifications and on development of trimer nanoparticles and methods of making and using the same.

17. 20260278457 PREASSEMBLED WEAKLY SUPERVISED MACHINE LEARNING

US - 17.09.2026

Clasificación Internacional G06N 20/00Nº de solicitud 19166891 Solicitante NEC Laboratories Europe GmbH Inventor/a Gurkan SOLMAZ

A computer-implemented method for generation of a machine learning model (e.g., a neural network) using weak supervision includes generating a labeling matrix of labeling function outputs by applying labeling functions to data features, and preassembling the labeling function outputs together with the data features for each data point to generate a training dataset. The machine learning model is trained using the training dataset. The method can be applied to a number of use cases including, but not limited to use cases in digital medicine and automated or personalized healthcare, AI-assisted drug development or vaccine development, material or composition development, smart factories, smart industry, smart districts, market segmentation, recommender systems, predictive maintenance and energy control, to optimize artificial intelligence (AI) and machine learning (ML) predictions or to support decision making.

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

Estrategia de búsqueda: *vaccine.ti. AND @PD>="20260913"<=20260922* 14 records

Document ID	Title	Inventor	Applicant Name
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US 12741017 B2	Cancer vaccine	Savelyeva; Natalia et al.	University of Southampton, Cancer Research Malaysia
US 12741022 B2	Vaccines, vaccine priming, and antigen dose sparing	Martin; J. Tyler et al.	ADJUVANCE TECHNOLOGIES, INC.
US 12741021 B2	Preparation including vaccine adjuvant	Onita; Maiko	Sumitomo Pharma Co., Ltd.
US 12741018 B2	Viral pandemic vaccine	Smith; Henry J.	Smith; Henry J.

US 20260273039 A1	Universal Vaccine for African Swine Fever Virus (Asfv) Infections	Magoola; Matthias	DEI Biopharma
US 20260273036 A1	Live Attenuated Leishmania Parasite Vaccines with Enhanced Safety Characteristics	Nakhasi; Hira L. et al.	Matlashewski; Gregory, Zhang; Wen-Wei, Lypaczewski; Patrick, The U.S.A., as represented by the Secretary, Department of Health and Human Services, Ohio State Innovation Foundation
US 20260273034 A1	Non-Coding Rna Peptide Antigens for Cancer Vaccines, Therapeutics, And Diagnostics	Johnston; Stephen Albert	Calviri, Inc.
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US 12734229 B2	Multivalent pneumococcal glycoconjugate vaccines containing emerging serotype 24F	Kapre; Subhash V. et al.	Inventprise, Inc.
US 12734235 B2	AAV5-based vaccine against SARS-CoV-2	Prokofyev; Alexander Vladimirovich et al.	JOINT STOCK COMPANY "BIOCAD"
US 12734227 B2	Staphylococcus aureus vaccine compositions	Morrow; Brian et al.	NEW YORK UNIVERSITY
US 12734228 B2	Protective vaccine antigen against streptococcal infection	Gonzalez; David J. et al.	The Regents of the University of California

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