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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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Noticias en la Web

US Vaccine Cuts Offer Europe Major Opportunity to Lead mRNA Research



Nov 1. Shifts in United States vaccine policy and deep funding cuts have created an opportunity for Europe to take the lead in mRNA research. European regulators and industry representatives reported this week that developers are increasingly coming to the European Medicines Agency first.

The policy shift follows significant federal retrenchment under the administration of President Donald Trump. Last year, the US cancelled some $500 million in grants and contracts dedicated to mRNA research and development. Health Secretary Robert F. Kennedy Jr. announced that the Biomedical Advanced Research and Development Authority terminated 22 mRNA vaccine development investments. Kennedy stated that data showed the vaccines failed to protect effectively against upper respiratory infections such as COVID-19 and flu, adding that funding would shift toward safer vaccine platforms.

Global developers turn to European regulator

European regulators see an opening to establish the continent as a trustworthy anchor for innovative science. European Medicines Agency (EMA) Executive Director Emer Cooke told journalists during an event at its office in Amsterdam: “We can provide fact-based, neutral information.” Industry representatives note that Washington’s withdrawal has left a vacuum. Sibilia Quilici, head of the industry lobby Vaccines Europe, said Europe and the EMA have already communicated that they welcome mRNA innovation.

Marco Cavaleri, head of public health threats at the EMA, told POLITICO: “We are seeing developers increasingly come to EMA first, particularly in areas such as mRNA technology, because they trust our scientific approach and our ability to engage with innovative technologies.” This year, the European Union became the first market globally to authorise Moderna’s combination COVID-19 and influenza shot, while Moderna faced setbacks in the US after the Food and Drug Administration asked for more data.

Industrial hurdles and factory closures threaten momentum

Despite regulatory momentum, Europe faces persistent industrial obstacles. The sector continues to grapple with a fragmented market, pricing and reimbursement hurdles, and unstable production capacity. Sibilia Quilici warned that funding remains the continent’s weakest point, though serious investment in innovation and access would offer a unique opportunity to gain a competitive edge.

Domestic manufacturing has also suffered sharp blows. German biotech BioNTech announced this year that it was closing its COVID-19 vaccine manufacturing sites in Germany, cutting up to 1,800 jobs. British pharmaceutical company GSK also announced the closure of a vaccine factory in Germany. Renew MEP Stine Bosse told POLITICO that “mRNA is a crucial technology platform for vaccines that we must have the capacity to produce in Europe at all costs”, pushing for greater incentives under the EU Biotech Act.

Fuente: UPDAY. Disponible en https://n9.cl/uq8ano

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Global emergency vaccine stockpiles

Nov 2. During disease outbreaks, fast and equitable access to vaccines is key to an effective response. When there is limited supply, or when production and delivery lead times are long, a country may not be able to access doses in time to stem an outbreak, and the disease may spread within a country, to neighbouring countries and beyond.

"Availability of doses for outbreak response in global emergency stockpiles of vaccines in limited supply."

A limited supply of doses can be due to several reasons, for example:

Low or no regular demand and therefor low or no routine production of a vaccine that is primarily needed in sporadic peaks as outbreaks unfolds.

Low profitability of a vaccine and therefor low incentive for manufacturers to invest in production.

Protracted waves of outbreaks lead to demand outstripping supply, causing a global shortage before production capacity can be increased, which can take years.

This is why global emergency vaccine stockpiles have been established for selected high-risk diseases where vaccines are in limited supply:

- Cholera
- Ebola (Zaire)
- Meningitis
- Yellow fever

For these diseases, the overall coordination of the vaccine stockpiles sits with the International Coordinating Group on Vaccine Provision (ICG). The ICG determines for which diseases vaccines stockpiles will be established and makes decisions on allocation and release of doses based on country applications. Separately, UNICEF maintains stockpiles of polio and measles vaccines.

In addition to being a member of the ICG, UNICEF's is responsible for the following aspects of the vaccine stockpiles:

- Physically establish the stockpiles through public tendering, selection and contracting of suppliers of WHO prequalified vaccines and securing their appropriate storage.
- Maintain and manage ICG mandated levels of stock availability on a day-to-day basis, through demand and supply planning with ICG and suppliers.
- Rapidly deploy and deliver vaccine doses and safe injections devises to countries upon direction from the ICG.

Beyond its role in vaccine stockpiles, UNICEF helps countries prevent, prepare for and respond to public health emergencies by delivering supplies such as diagnostics, medicines, personal protection equipment, and water, sanitation and hygiene products and solutions. Additionally, UNICEF supports governments and local partners to ensure that vaccines and other prevention and response measures reach the children and communities that need them the most.

Fuente: UNICEF. Disponible en https://n9.cl/sxiim

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Incorporaron la vacuna hexavalente al calendario: desde cuándo se colocará y quiénes la recibirán



2 nov. El Ministerio de Salud de la Nación incorporó la vacuna hexavalente acelular al Calendario Nacional de Vacunación (CNV) para los niños nacidos a partir de enero de 2028.

La medida permite simplificar el esquema de inmunización infantil al integrar en una única formulación la protección contra seis enfermedades: difteria, tétanos, tos convulsa o coqueluche, hepatitis B, poliomielitis e infecciones invasivas por *Haemophilus influenzae* tipo b.

El esquema actual contra estos agentes patógenos contempla la aplicación de dos vacunas diferentes, la pentavalente y la antipoliomielítica inactivada, a los 2, 4 y 6 meses, más un refuerzo de pentavalente entre los 15 y 18 meses y otro contra la poliomielitis a los 5 años.

La vacuna hexavalente acelular solo es utilizada en niños prematuros nacidos antes de las 37 semanas de gestación y con un peso al nacimiento inferior a 1.500 gramos, con el objetivo de minimizar la posibilidad de efectos adversos relacionados con la vacunación con pentavalente.

Vacuna hexavalente desde 2028: qué es lo que hay que saber

A partir de 2028, los niños recibirán una única dosis de la nueva vacuna a los 2, 4 y 6 meses y un refuerzo entre los 15 y 18 meses. El componente contra la poliomielitis quedará incluido en ese refuerzo y ya no será necesaria una dosis adicional de IPV a los 5 años para quienes hayan completado el nuevo esquema.

Al reducir la cantidad de aplicaciones se buscará favorecer la adherencia y el cumplimiento oportuno de los esquemas, contribuir a mejorar las coberturas y disminuir las oportunidades perdidas de vacunación.

A su vez, la formulación acelular del componente contra la tos convulsa presenta, en general, menos reacciones adversas que las vacunas que utilizan el componente de células enteras.

La simplificación del esquema también representa una mejora en la organización de los servicios de vacunación, ya que facilita los procesos de adquisición, distribución, transporte, almacenamiento y conservación de las vacunas en la cadena de frío. Además, permite optimizar la gestión de insumos en los vacunatorios y facilita el seguimiento de los esquemas y la carga de datos, contribuyendo a mejorar la calidad de los registros nominales.

Las fechas a tener en cuenta

La nueva estrategia se aplicará exclusivamente a los niños nacidos a partir del 1° de enero de 2028.

Quienes hayan nacido hasta el 31 de diciembre de 2027 inclusive continuarán y completarán el esquema correspondiente a su cohorte de nacimiento con las vacunas pentavalente e IPV, de acuerdo con las edades, intervalos y recomendaciones vigentes.

La cartera sanitaria nacional elaborará los lineamientos técnicos necesarios para orientar la implementación de esta modificación en el CNV y establecer las recomendaciones para los esquemas incompletos, los esquemas iniciados con distintas formulaciones y las indicaciones especiales.

Fuente: MDZ. Disponible en https://n9.cl/1vvfg

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ANMAT aprobó una nueva vacuna contra la neumonía para mayores de 18 años

4 nov. La Administración Nacional de Medicamentos, Alimentos y Tecnología Médica (ANMAT) de Argentina, aprobó una nueva vacuna contra el neumococo destinada a adultos. La formulación, desarrollada por MSD, protege frente a 21 serotipos de la bacteria y está indicada para personas a partir de los 18 años.

"La nueva vacuna protege contra 21 serotipos del neumococo y está indicada para prevenir la neumonía y las infecciones invasivas en adultos."

La autorización incorpora una nueva herramienta para prevenir la enfermedad neumocócica, que puede provocar neumonía, infecciones en la sangre y meningitis. La vacuna fue evaluada mediante estudios clínicos de Fase 3 que analizaron su respuesta inmunitaria y seguridad.

Qué se sabe de la nueva vacuna aprobada en Argentina

Según informó MSD Argentina, se trata de Capvaxive, primera vacuna antineumocócica conjugada de 21 serotipos específicamente diseñada para adultos. Su indicación contempla la prevención de la enfermedad neumocócica invasiva y la neumonía causadas por la bacteria *Streptococcus pneumoniae*.

Uno de los aspectos destacados de esta aprobación es su composición. La vacuna incluye serotipos que aparecen entre los identificados con mayor frecuencia en los registros epidemiológicos argentinos.

En ese sentido, datos del Laboratorio Nacional de Referencia indican que durante 2025 se analizaron 679 muestras de casos de enfermedad neumocócica invasiva. Los serotipos 12F, 3 y 14 estuvieron entre los más frecuentes en los distintos grupos estudiados. Además, los serotipos 8 y 9N tuvieron una presencia elevada entre los mayores de 17 años.

Qué cobertura podría alcanzar la vacuna en adultos

Otro dato relevante surge de un análisis de vigilancia epidemiológica correspondiente al período 2016-2023. Según las estimaciones difundidas, la vacuna podría alcanzar una cobertura teórica de serotipos del 69,8% en adultos de entre 50 y 59 años y del 67% en personas de 60 años o más.

Desde MSD aclararon que estos porcentajes representan la proporción de serotipos incluidos en la vacuna y no equivalen a una medición de efectividad clínica observada. Es decir, no indican qué porcentaje de personas quedará efectivamente protegido frente a la enfermedad.

Quiénes pueden desarrollar enfermedad neumocócica



La infección es causada por la bacteria *Streptococcus pneumoniae*, que presenta alrededor de 100 serotipos diferentes. Puede provocar cuadros no invasivos, como la neumonía limitada a los pulmones, y enfermedades invasivas de mayor gravedad.

Entre estas últimas se encuentran la bacteriemia neumocócica, la neumonía bacteriémica y la meningitis neumocócica.

La prevención es especialmente importante en adultos mayores y personas con condiciones de salud que pueden aumentar su vulnerabilidad. Desde la compañía señalaron particularmente a los mayores de 65 años y a los adultos inmunocomprometidos o enfermedades crónicas.

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Qué estudios respaldan la aprobación

La autorización de la ANMAT se basó en los resultados del programa clínico STRIDE, que evaluó la respuesta inmunitaria y la seguridad de la vacuna en adultos.

Entre los ensayos considerados se encuentra STRIDE-3, que comparó la formulación de 21 serotipos con PCV20 en adultos de 18 años o más sin vacunación neumocócica previa. También se incluyó STRIDE-10, que realizó una comparación con PPSV23 en personas de 50 años o más.

La aprobación contó además con resultados de otros cuatro estudios clínicos de Fase 3: STRIDE-4, STRIDE-5, STRIDE-6 y STRIDE-7.

Según MSD, los resultados mostraron una respuesta inmunitaria sólida frente a los serotipos incluidos y un perfil de seguridad consistente con el de las vacunas comparadoras.

La utilización de esta nueva vacuna deberá ajustarse a las indicaciones aprobadas por la autoridad regulatoria, las recomendaciones sanitarias y el criterio de los profesionales de la salud.

Fuente: MDZ. Disponible en https://n9.cl/uk78v

SK Bioscience's sales increased and operating loss decreased in the third quarter of the year



Nov 5. SK Bioscience's sales increased and operating loss decreased in the third quarter of this year. Its net profit also turned into a surplus, showing an improvement in its performance. This is the result of the growth of its subsidiary IDT BioLogica and the expansion of vaccine sales.

SK Bioscience announced on the 5th that its consolidated sales in the third quarter of this year were 182.4 billion won, up 21% from the same period last year. Operating loss was KRW 11.2 billion, down 42.1% year-on-year. Net profit recorded 12 billion won, turning into a surplus from a deficit of 14 billion won in the previous quarter.

It was its subsidiary IDT BioLogica (IDT) that led to the improved performance. IDT, acquired by SK Bioscience in 2024, is engaged in a consignment development and production (CDMO) business of vaccines and biopharmaceuticals. Compared to the same period last year, IDT's third-quarter sales increased 21% to 113.1 billion won, and its operating profit increased 66% to 9.6 billion won. By the third quarter of this year, IDT's cumulative operating profit was 22.3 billion won, up 56% from the same period last year.

Expansion of its own chickenpox vaccine and global pharmaceutical company Sanofi's vaccine distribution business also contributed to sales growth. The chickenpox vaccine "SkyBarricella" led to an increase in sales as supply increased through the Pan American Health Organization (PAHO) such as Colombia. Sales of Sanofi's respiratory syncytial virus (RSV) prevention antibody injection 'Vaipotus' and a hexavalent mixed vaccine 'Hexasim' have also increased.

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SK Bioscience continues to grow with IDT and vaccines as its core axis, while also continuing to develop next-generation vaccines. The 21-valent pneumococcal vaccine 'GBP410', which is being developed in collaboration with Sanofi, is undergoing phase 3 global clinical trials and aims to announce interim results next year. It also plans to expand the development and production of Ebola and flu vaccines.

Fuente: Maeil Business. Disponible en https://n9.cl/vk2iub

The Politics of Pandemic Preparedness: Why South and Southeast Asia Need a Stronger Voice



Nov 6. When a pandemic strikes, sharing viral samples and genetic data is essential to develop vaccines, diagnostics, and treatments quickly. But how are the benefits of these scientific advancements distributed? This is the core question being debated at the World Health Organization (WHO).

Negotiators are currently meeting in Geneva to finalize the terms of the Pathogen Access and Benefit-Sharing (PABS) instrument, an annex to the WHO Pandemic Agreement (PA) adopted in May 2025. This round of negotiations runs from November 2 to 13 and marks the ninth meeting to discuss the terms of PABS.

PABS has been described as the heart of the equity bargain in pandemic response. It stems from the failure of global solidarity during the COVID-19 pandemic, when vaccine hoarding by high-income countries delayed roll-outs of vaccines and caused unprecedented socio-economic distress in developing countries. Without the PABS annex, the Pandemic Agreement cannot move forward to signature and ratification. Together, the PA and PABS aim to resolve the underlying ambiguity and inequities in global pandemic response through a legally binding instrument negotiated collectively at the WHO.

Even if PABS is successfully adopted, whether it will deliver on its intended objectives will only be tested in the next pandemic. Yet the way the rules are being written has profound implications for transforming dependency on concentrated supply chains, and for health sovereignty in South and Southeast Asia.

For South and Southeast Asia, this question is complicated by the tension between national priorities and ambitions to shape global rules.

Countries like Indonesia, Malaysia, the Philippines, Thailand, Bangladesh, and India had varying contributions through a cross-regional grouping, the “Group for Equity.” With a wide-based membership of countries across Latin America, Africa, and Asia, the group was held together by advocating the broad principle of “equity,” differentiating it from predominantly regional blocs such as the European Union, Caribbean Community, and the Africa Group.

Although the Equity Group shared this common principle, in reality, members’ priorities were split on different provisions, including PABS. This offered an opportunity for more vocal countries to take the lead on particular provisions. Indonesia, arguing on behalf of the Equity Group, recently stated within PABS

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negotiations, "PABS was never meant to be 'only' about equitable access to medical countermeasures. It should help developing countries build local production, strengthen technological capacity, and strengthen their overall capacity when the next crisis arrives."

Despite a history of technical cooperation on infectious diseases and pandemics, South and Southeast Asia have struggled to translate this cooperation into a regional negotiating position. There are three contributing factors. For Southeast Asia, its "ASEAN Way" of consensus enables stronger functional problem-solving through technical coordination (for instance through the ASEAN Center for Public Health Emergencies and Emerging Diseases and ASEAN BioDiaspora Virtual Center), but limits political consensus-building among its member-states.

In South Asia, SAARC's political deadlock has restricted broader engagement. However, health remains an important tool to facilitate continuity in cooperation. For instance, the SAARC Tuberculosis Center has had more success than other areas such as security and counterterrorism.

The third reason limiting a regional position is the composition of WHO regional offices, where many pre-negotiation consultations and initial consensus building take place. For instance, Pakistan and Afghanistan are grouped into the Eastern Mediterranean Region (EMRO); India, Bangladesh, Myanmar, Thailand in South-East Asia (SEARO); and Indonesia, Singapore, Philippines in Western Pacific (WPRO).

By design, forging a regional political consensus that will translate into shared negotiating positions is more complex for South and Southeast Asia, compared to other regions that present a stronger regional identity within global fora. However, global rules will directly impact regional pandemic preparedness, with major implications for health sovereignty. This reality necessitates strengthening political and diplomatic influence within negotiations.

For South and Southeast Asia, given the regions' varying institutional contexts, adding a layer of diplomatic capacity building to regional technical exchange can serve as a starting point. Countries with strong health diplomatic capacity such as Thailand have already begun regional trainings, for instance with Bhutan and Sri Lanka. These can be expanded further to region-wide efforts helping negotiators with skills of strategic framing and agenda building.

More so, habits of cooperation already exist beyond government-to-government engagement and are strengthened by a coalition of actors such as nongovernmental organizations, donors, scientific institutes, and technical bodies. The Asia Pathogen Genomics Initiative connects governments, scientific institutions, and other actors across South and Southeast Asia on the sensitive issue of genomic surveillance. The political imperative is to build on this cooperation around contentious provisions such as access and benefit sharing and create links between technical networks and negotiators.

Given the urgent need to arrive at an agreement on PABS, there is a small window of opportunity for countries to press on the non-negotiables for an effective instrument. South and Southeast Asia have directly experienced both the consequences of inequitable access and the value of technical cooperation. The next step is to connect existing technical capacity to the diplomacy that shapes who can access the tools to respond. Without this connection, countries may contribute pathogen samples and data to global pandemic preparedness without having equitable access to vaccines, diagnostics, and treatments developed from them.

Fuente: THE DIPLOMAT. Disponible en https://n9.cl/5icd97

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Moderna Advances Testing of Updated COVID-19 Vaccines as Investors Await Results

Nov 6. Moderna (MRNA) announced an update on their ongoing clinical study.

Study Overview: Moderna is testing updated COVID-19 vaccines in the Phase 3b/4 study titled "A Phase 3b/4, Open-label Study to Assess the Immunogenicity and Safety of mRNA COVID-19 Variant-containing Vaccine Formulations." The trial will assess immune response and safety in the current virus environment, helping guide future vaccine updates.

Intervention/Treatment: Participants will receive one injection of either mRNA-1273, also known as SPIKEVAX®, or mRNA-1283, known as mNEXSPIKE®. Both are Moderna vaccines designed to target current COVID-19 variants and support ongoing protection.

Study Design: This is a randomized Phase 4 study focused on prevention. Participants are assigned to parallel treatment groups, but neither the participants nor researchers are masked to which vaccine is given.

Study Timeline: The study was first submitted on October 2, 2026, while the registry does not list a start date. Primary and estimated completion dates are also not reported, and the latest update was submitted on November 2, 2026.

Market Implications: The recruiting status confirms that Moderna continues to develop updated COVID-19 products, but the update does not include results or evidence of improved protection. As a result, the near-term effect on MRNA shares may be limited, with investors likely focused on later safety, immune-response, and regulatory data.

Positive results could support Moderna's position in the seasonal COVID-19 vaccine market and strengthen confidence in its newer product, mNEXSPIKE®. However, competition from established vaccine providers and changing demand for COVID-19 boosters remain key risks for the broader vaccine industry.

The study is ongoing and has been updated on the ClinicalTrials.gov portal, where further details are available.

To learn more about MRNA's potential, visit the Moderna drug pipeline page.

Fuente: THE GLOBE AND MAIL. Disponible en https://n9.cl/uqk62

Pfizer Advances Phase 3 RSV Vaccine Study in High-Risk Children

Nov 7. Pfizer Inc (PFE) announced an update on their ongoing clinical study.

Pfizer's NCT07839871, titled "A Phase 3 Study to Evaluate the Safety, Tolerability, and Immunogenicity of a Respiratory Syncytial Virus Vaccine in Children at High Risk of RSV Disease," is testing RSVpreF in children ages 5 to under 18 who face a higher risk of RSV. The study could help expand protection for vulnerable pediatric patients, including those with weakened immune systems.

The intervention is RSVpreF, a biological vaccine designed to help prevent RSV disease. Some participants will receive one dose, while others will receive a second dose after 12 months; comparison groups will receive a placebo at one or both visits.

This is a Phase 3 prevention study with random assignment to treatment groups. It is double-blinded and

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placebo-controlled, meaning neither participants nor investigators know the assigned treatment, which supports a more reliable safety and immune-response assessment.

The registry lists the study as recruiting, with Pfizer as the lead sponsor. A start date, primary completion date, and estimated completion date were not provided, while the latest registry update was submitted on November 3, 2026; no study results have been posted.

For PFE investors, the update signals continued investment in pediatric RSV protection and could support Pfizer's broader vaccine pipeline if the study produces positive results. However, the near-term stock impact may be limited because enrollment is still ongoing and the RSV market includes competing vaccines and preventive products from other drugmakers.

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

To learn more about PFE's potential, visit the Pfizer Inc drug pipeline page.

Fuente: THE GLOBE AND MAIL. Disponible en https://n9.cl/shb86y

Brazil Integrates Qdenga Dengue Vaccine into Public Health System Amid Epidemic Challenges



Nov 8. Following regulatory approval from Brazil's National Health Surveillance Agency, Brazil became the first country to integrate the dengue vaccine Qdenga (TAK-003) into its public health system. A critical commentary in *Discover Viruses* examines the epidemiological, logistical, and economic factors driving this policy, which was a direct response to unprecedented arboviral transmission in the Americas.

In 2023, the region recorded over 4.2 million dengue cases, including more than 6,500 severe cases and 2,050 deaths—surpassing the previous 2019 record by over one million cases. Brazil accounted for the vast majority (2.9 million cases), followed by Peru and Mexico. The crisis escalated in early 2024, prompting nine Brazilian states to declare public health emergencies. The highest incidence was among adults aged 20–29, while severe complications were most common in those aged 80 and older.

Qdenga, approved for individuals aged 4 to 60, demonstrated 83.6% cumulative efficacy against hospitalization and 62.0% against symptomatic infection in Phase 3 trials. However, global manufacturing constraints forced Brazil to prioritize limited doses. Initial deliveries could cover only 3.2 million of the 13.6 million children aged 10–14, with 6.5 million doses projected for 2024 and 9 million for 2025.

To optimize allocation, the Ministry of Health established strict geographic and demographic criteria, focusing on large urban municipalities with high transmission rates and confirmed circulation of serotype 2. The rollout initially targeted children and adolescents aged 10–14 in 530 municipalities across 16 states and the Federal District.

Economic modeling showed that the total cost of full two-dose vaccination (371.28 Brazilian Reais) was approximately 92% lower than the costs of managing severe dengue through outpatient, inpatient, and intensive care—yielding a favorable cost-benefit balance.

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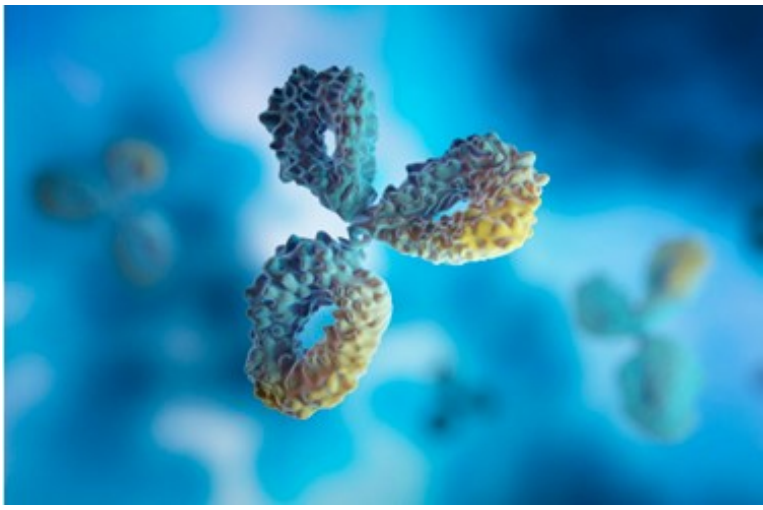
Clinically, the vaccine provides broad protection across all four serotypes in individuals with prior dengue infection. However, in dengue-naive individuals, it is effective only against serotypes 1 and 2, with limited protection against serotypes 3 and 4. As a live attenuated vaccine, it is contraindicated during pregnancy and in immunosuppressed individuals. Pre-vaccination testing is unnecessary, but those with recent confirmed infection should wait six months before vaccination.

By February 2025, the Ministry revised guidance to allow temporary reallocation of doses nearing expiration and expanded eligibility to ages 6–16. By late March 2025, national surveillance documented a 75% reduction in dengue notifications and an 83% reduction in related mortality compared to early 2024, with vaccine availability expanding to 1,921 municipalities.

Despite these improvements, significant challenges remain. Sustained vector control and genomic surveillance are critical, especially as serotype 3 accounted for over 40% of circulating cases in 2025 where vaccine coverage is limited. The Southeast region recorded 360,000 cases, with São Paulo reporting 285,000 probable cases and 168 of the 217 confirmed national fatalities. Because current approval excludes adults over 60—the group with the highest severity and mortality—further studies are needed. Meanwhile, local manufacturing partnerships and candidate vaccines, such as the Butantan vaccine anticipated for review in 2025, could support broader population coverage. More information in original article.

Fuente: Bioengineer.org. Disponible en https://n9.cl/611wac

Two Parallel Trials, A Potential New Option For Protection From COVID-19



Nov 10. As COVID-19 vaccine uptake remains low—largely due to side effect concerns—and immunocompromised individuals often struggle to mount a strong vaccine response, monoclonal antibodies (mAbs) offer an alternative route to protection. However, a key question arose: could a highly potent neutralizing antibody interfere with the vaccine response itself?

To answer this, the FDA asked Invivyd to run the LIBERTY Phase 3 trial alongside its pivotal DECLARATION study of VYD2311, an intramuscular mAb for COVID-19. LIBERTY compared three groups: mAb alone, mRNA vaccine alone, and both combined.

Key Findings from LIBERTY:

1. Tolerability and Side Effects:

- 91.4% of vaccine-only recipients experienced treatment-emergent adverse events (TEAEs), with ~68% reporting systemic events.
- The mAb-only group had a much lower rate (56%) with milder adverse events.
- Unexpectedly, the combination group showed a significant reduction in TEAEs and systemic events compared to the vaccine alone, both short-term and over the 56-day study period.

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2. Injection Site Reactions:

- Vaccine alone: ~90% injection site reaction rate.
- mAb alone: ~25%.
- Combination: ~75%.
- The mAb appeared to reduce the systemic inflammation associated with the vaccine.

3. Vaccine Response (The FDA's Core Question):

- There was no interference with the vaccine response when both were given together. Neutralizing antibody titers generated by the vaccine were identical whether the vaccine was given alone or with the mAb.
- The combination produced a much higher overall neutralizing titer than the vaccine alone.

Implications:

The combination was safe, did not blunt the vaccine response, and actually improved tolerability while boosting overall neutralizing titers. This opens the door for immunocompromised individuals to potentially receive both an mRNA vaccine and a mAb during COVID-19 waves. Since mAbs don't require a functioning immune system to provide protection, they act as a direct "gift" of neutralizing antibodies.

Trial Design Notes:

LIBERTY and DECLARATION ran in parallel with separate CROs. According to Michael Mina (Invivyd's CMO), this is reportedly the world's first Phase 3 study to directly compare two completely different immunizing modalities head-to-head. The FDA's push for this trial was unusual but highly valuable, revealing opportunities for partnerships with vaccine makers to reduce side effects while enhancing protective antibody levels.

Fuente: CLINICAL LEADER. Disponible en https://n9.cl/tb90bs

El millonario retorno de la vacuna de la COVID-19: hasta 732 euros de beneficio por cada euro invertido

10 nov. Una reciente investigación publicada en la revista *PLOS Medicine* revela que cada dólar invertido en el desarrollo y la distribución de la vacuna contra la COVID-19 generó un valor económico estimado de entre 59,70 (53,38 euros al cambio) y 809 dólares (732, 38 euros al cambio) durante el primer año de administración de las vacunas.

El estudio —el primer análisis global del retorno de la inversión de las vacunas contra la COVID-19— demuestra que las vacunas no solo evitaron enfermedades graves y salvaron vidas, sino que también fueron una inversión acertada.

"Nuestro estudio aporta pruebas de que las inversiones sin precedentes y rápidas realizadas en vacunas contra el COVID-19 al comienzo de la pandemia dieron excelentes resultados tanto en términos de salud como de beneficios económicos", afirmó el autor del estudio, Mark Jit , profesor de salud global en la Escuela de Salud Pública Global de la Universidad de Nueva York. "El desarrollo de vacunas, así como su distribución equitativa a nivel mundial, deben ser una prioridad antes y durante las crisis sanitarias mundiales", agregó.

Las vacunas desempeñaron un papel fundamental durante la pandemia de COVID-19, pero su desarrollo

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requirió un esfuerzo y un gasto extraordinarios por parte de gobiernos, compañías farmacéuticas y organizaciones sin fines de lucro. Las vacunas resultantes fueron altamente efectivas para prevenir enfermedades graves y muertes, y un estudio estimó que se evitaron entre 14 y 20 millones de muertes en el primer año en que las vacunas estuvieron disponibles.

A pesar de su impacto en la salud, el valor económico de estas vacunas no se ha analizado a escala global. Además, la mayoría de los análisis sobre la rentabilidad de la inmunización se centran en el coste de adquirir la vacuna directamente del fabricante, no en su desarrollo.

"Con otras vacunas, una empresa asume el riesgo invirtiendo su propio capital para desarrollarlas. Pero la vacuna contra la COVID-19 no fue una decisión exclusivamente del sector privado: Estados Unidos, la Unión Europea y otros países como China aportaron una financiación sustancial para reducir el riesgo de las compañías farmacéuticas", explicó Jit. "Queríamos comprender cómo se comparaban estos costes con los resultados sanitarios y económicos", añadió.

Para medir el impacto de esta inversión, los investigadores evaluaron el valor económico de las vacunas contra la COVID-19 durante el primer año en que estuvieron disponibles (del 8 de diciembre de 2020 al 8 de diciembre de 2021), cuando tuvieron el mayor impacto debido a que las personas tenían una inmunidad limitada al virus.

Indicadores y métodos de investigación

Utilizando datos de 173 países, los investigadores compararon los costes de desarrollo, fabricación y distribución de la vacuna con indicadores económicos y de salud relacionados con ella. Estos indicadores incluyeron años de vida ganados, mejoras en la calidad de vida derivadas de la prevención de hospitalizaciones y muertes, productividad laboral y ahorro en costes de atención médica.

Posteriormente, los investigadores emplearon dos métodos diferentes para cuantificar el valor de salvar vidas y mejorar la salud: un análisis de coste-beneficio, comúnmente utilizado en el sector público, y un análisis de coste-efectividad, empleado en el sector salud para cuantificar los ahorros en función de lo que se gastaría en atención médica para salvar una vida.



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En general, el desarrollo y la distribución de la vacuna contra la COVID-19 en todo el mundo costaron 79.400 millones de dólares (unos 71.000 millones de euros), pero los beneficios sanitarios y económicos de la vacunación se valoraron entre 6,43 billones y 64,3 billones de dólares (entre 5,75 billones y 57,49 billones de euros), lo que se traduce en un retorno de la inversión de entre 59,70 y 809 dólares (entre 53,38 y 723,33 euros) por cada dólar gastado.

"Si bien el desarrollo y la distribución de estas vacunas a una velocidad sin precedentes requirieron una inversión inicial sustancial, los beneficios para la salud y la economía superaron con creces los costes en tan solo un año", dijo Hallie Benjamin, autora principal del informe, quien trabajó en la investigación como estudiante de maestría en Salud Pública en la Escuela de Higiene y Medicina Tropical de Londres (LSHTM).

Disparidad en el retorno

Los investigadores hallaron importantes disparidades en el retorno de la inversión de la vacuna entre países, con mayores beneficios para los países de altos ingresos que para los de ingresos bajos y medios. Los países de altos ingresos obtuvieron los mayores beneficios económicos debido al acceso temprano, la mayor tasa de vacunación, la rápida implementación de las campañas y la presencia de poblaciones de mayor edad con mayor riesgo de sufrir complicaciones graves.

Por el contrario, muchos países de ingresos bajos y medios no tuvieron acceso generalizado a la vacuna hasta finales de 2021, cuando muchas personas ya se habían contagiado de COVID-19 y habían desarrollado cierta inmunidad. A pesar de ello, los países de bajos ingresos seguían registrando los mayores gastos evitados en atención médica y productividad en relación con sus propias economías y poblaciones.

"La lección es que debería haber una manera de hacer llegar esta vacuna a los países que la necesitan más rápidamente. Debido a las demoras, no fue tan útil para muchos de esos países como podría haber sido", dijo Jit.

Los autores señalan que el estudio no analiza el beneficio económico de las vacunas contra la COVID-19 más allá del primer año, cuando las tasas de infección eran menores y la mayoría de la población había desarrollado cierta inmunidad. Sin embargo, ante una nueva amenaza viral, los resultados demuestran que invertir rápidamente en el desarrollo de vacunas puede salvaguardar la salud pública y preservar la estabilidad económica.

"Al prevenir miles de millones de infecciones y millones de hospitalizaciones y muertes, las vacunas generaron un enorme valor para las sociedades y las economías de todo el mundo. Sin embargo, nuestra investigación también muestra que estos beneficios no se distribuyeron por igual entre los países de ingresos altos y bajos, lo que subraya la importancia de una distribución equitativa y oportuna de las vacunas. Al estudiar estas desigualdades, esperamos que nuestros hallazgos puedan orientar futuras investigaciones sobre cómo los programas de vacunación pueden mejorar los resultados sanitarios y económicos a nivel mundial", concluyó Benjamin.

Fuente: elEconomista.es. Disponible en https://n9.cl/lnau0

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AstraZeneca Acquires Omniose, Adding Bioconjugate Vaccine Platform

Nov 10. AstraZeneca has acquired Omniose, a preclinical biotechnology company, adding a bioconjugation platform for conjugate vaccines to its infectious disease portfolio, Omniose announced Nov. 10. Omniose becomes a wholly owned subsidiary and part of AstraZeneca's Infectious Disease Unit, following a three-year exclusive research collaboration between the two.

The transaction puts a manufacturing question at the center of vaccine strategy: whether assembling an antigen and its carrier protein inside one engineered cell can simplify a process that has traditionally relied on multiple chemical steps.

Benjamin Moutier, senior vice president, infectious disease at AstraZeneca, said: "Omniose's bioconjugation platform represents a differentiated approach to engineering conjugate vaccines and strengthens our ability to develop novel vaccines against serious bacterial infections. Building on the strong scientific collaboration between our teams, we look forward to advancing these programs and realizing the potential of this technology for patients."

What did AstraZeneca acquire in the Omniose deal?

Omniose is an early-stage company developing polysaccharide conjugate vaccines against serious bacterial threats. The transaction adds its proprietary bioconjugation platform and related expertise to AstraZeneca's preclinical vaccine programs.

The announcement did not disclose financial terms, target pathogens or development timelines.

What did the earlier AstraZeneca–Omniose collaboration cover?

The companies signed the exclusive agreement in January 2024, giving AstraZeneca rights to the platform for up to three years to research vaccines against bacterial pathogens in its early vaccines and immune therapies pipeline. At the time, Omniose said earlier bioconjugation enzymes could address only a limited range of bacterial targets and that its approach expands that scope.

That assessment comes from the company, and the acquisition announcement includes no supporting data. Christian Harding, chief scientific officer and co-founder of Omniose, said: "This milestone reflects the work of exceptional and complementary teams. AstraZeneca has been a trusted partner for several years, and this acquisition gives our platform the best chance to reach the patients it was built to serve."

How does bioconjugation differ from chemical conjugation?

Antibiotic-resistant bacterial infections are a growing public health threat, and glycoconjugate vaccines are among the most effective tools against bacterial disease, according to a 2019 review. These vaccines link a bacterial polysaccharide to a carrier protein, a pairing that supports durable immune memory.

Licensed products have historically covered a narrow set of pathogens, including Haemophilus influenzae type b, Neisseria meningitidis and some Streptococcus pneumoniae strains. Conventional manufacture requires purifying the polysaccharide from the pathogen, purifying and activating the carrier protein, chemically joining the two and purifying the product again.

Reviewers describe this multistep process as costly and prone to batch-to-batch variation. Omniose's approach instead has a single *E. coli* cell produce the polysaccharide antigen, an engineered carrier

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protein and a conjugating enzyme that links them.

Researchers in the field describe bioconjugation as a lower-cost, more flexible alternative to chemical conjugation, and several bioconjugate vaccines are in clinical trials.

What remains unresolved after the acquisition?

The programs involved are preclinical, so the announcement offers no clinical safety or immunogenicity data for candidates built on the platform. It also provides no yield, purity, or cost figures that would show whether in-cell conjugation delivers the manufacturing advantages attributed to the approach.

Omniose has said its platform can attach virtually any bacterial polysaccharide antigen to engineered carrier proteins, a claim the announcement does not support with published data. Technical constraints in the field are documented.

The 2019 review noted that the coupling enzyme most widely used in bioconjugation is incompatible with most pneumococcal capsular serotypes, and that expressing diverse polysaccharides in *E. coli* can place a metabolic burden on the host cell, though newer enzymes have broadened the range of glycans that can be transferred. A 2025 review describes the technology's promise of low-cost, custom-designed vaccines alongside its continued development.

Next steps will depend on disclosures AstraZeneca has not yet made: which pathogens the programs will prioritize, when candidates might approach clinical testing and whether the single-cell process holds up at manufacturing scale.

Fuente: BioPharm International. Disponible en https://n9.cl/qt7xl

Cambridge desarrolló con IA una vacuna contra la gripe aviar que protegería de múltiples cepas, incluidas las que aún no existen



11 nov. Un equipo de científicos de la Universidad de Cambridge desarrolló una vacuna contra la gripe aviar capaz de cubrir múltiples cepas del virus en una sola dosis, incluidas variantes que aún no existen. Los ensayos en animales arrojaron tasas de supervivencia muy superiores a las de los preparados de referencia actuales, lo que abre una nueva etapa en la preparación frente a pandemias.

Según informó *Euronews*, el estudio fue publicado en la revista científica *Cell Reports Medicine* y estuvo liderado por Jonathan Heeney, investigador del Laboratorio de Zoonosis Víricas de Cambridge. A diferencia de las fórmulas convencionales, que apuntan a una sola cepa conocida, este nuevo preparado fue concebido para anticiparse a la evolución del virus antes de que ocurra, en lugar de reaccionar cuando ya mutó.

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Vacuna con IA contra la gripe aviar

Científicos de Cambridge desarrollaron una dosis capaz de neutralizar múltiples variantes antes de que existan. En pruebas preclínicas, la fórmula duplicó la tasa de supervivencia frente a los preparados de referencia de la OMS.

CIFRA PROTAGÓNICA

100% Supervivencia animal frente al patógeno

Diseño predictivo con inteligencia artificial



Cinco antígenos sintéticos

Algoritmos evolutivos modelaron secuencias genéticas globales para crear componentes que impiden la evasión inmunitaria.



Anticipación al cambio viral

La fórmula cubre variantes inexistentes antes de que muten, superando el retraso de reservas tradicionales.

Eficacia superior en pruebas preclínicas



Supervivencia total en animales

El compuesto protegió al total de ratones y hurones expuestos a diversas cepas letales.



Próxima fase en humanos

Los investigadores preparan ensayos clínicos y proyectan aplicar esta tecnología a otras infecciones mutables.

infobae

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Las vacunas almacenadas protegen una sola cepa y quedan desactualizadas cuando el virus muta

El modelo vigente de respuesta sanitaria consiste en almacenar vacunas específicas contra cepas de virus ya identificadas. El problema central es que un patógeno puede transformarse antes de que esa reserva resulte útil. “Podemos estar preparados para responder de inmediato a epidemias y pandemias, en lugar del escenario actual, en el que siempre vamos a remolque”, afirmó Heeney en declaraciones recogidas por *Euronews*.

La gripe aviar pertenece a la familia de los virus de ARN, el mismo grupo que incluye al coronavirus causante de la COVID-19. Este tipo de agentes infecciosos mutan con rapidez, lo que les permite saltar entre especies, eludir la respuesta inmunitaria natural y sortear la cobertura de las vacunas existentes. Esa capacidad de cambio constante convierte a los métodos tradicionales de desarrollo de fórmulas en una carrera que siempre se corre desde atrás.

Algoritmos evolutivos e inteligencia artificial diseñaron cinco antígenos sintéticos

Para construir la vacuna, el equipo recopiló secuencias genéticas de virus de gripe aviar registradas en programas de vigilancia de todo el mundo, con muestras de fauna silvestre, ganado y personas infectadas. Con esa base, emplearon algoritmos computacionales y evolutivos junto con inteligencia artificial para crear cinco antígenos sintéticos que representan la diversidad global del patógeno.

Un antígeno es el componente activo de una vacuna: activa el sistema inmunitario para que genere defensas frente a futuros contagios. Los cinco antígenos desarrollados en Cambridge también fueron concebidos para dificultar que el virus eluda esa inmunidad. “El uso de la inteligencia artificial acelera enormemente el proceso de diseño de vacunas y luego podemos probar las candidatas en el laboratorio para asegurarnos de que sean sólidas y seguras”, explicó Heeney.

El trabajo fue impulsado por la universidad junto a su empresa DIOSynVax Ltd. A principios de 2026, el mismo equipo presentó la primera vacuna creada íntegramente con IA que llegó a ensayarse en humanos, con resultados positivos frente a virus como el Ébola y distintos miembros del grupo de los coronavirus.

En los ensayos, la nueva vacuna duplicó la supervivencia respecto al preparado de la OMS

Las pruebas se realizaron en ratones y hurones expuestos a distintas variantes genéticamente diferenciadas del virus, todas con antecedentes de infecciones humanas y potencial de desencadenar una emergencia sanitaria global. La vacuna protegió por completo a la totalidad de los animales del estudio, mientras que solo la mitad de los inmunizados con el preparado de referencia de la Organización Mundial de la Salud (OMS) sobrevivió a la exposición.

El estudio concluyó que la nueva fórmula ofrece una cobertura más amplia y mejores resultados de supervivencia frente a las vacunas candidatas estándar almacenadas actualmente como reserva. Los autores subrayaron que este tipo de preparados de nueva generación marca un punto de inflexión para la bioseguridad nacional y para sistemas de salud pública más resilientes ante amenazas emergentes.

El paso siguiente es someter la vacuna a ensayos clínicos en humanos para garantizar su disponibilidad ante un eventual brote. El equipo también proyecta ampliar este marco de desarrollo a vacunas contra la gripe estacional y otros agentes infecciosos con alta capacidad de mutación.

Fuente: INFOBAE. Disponible en https://n9.cl/itmac

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Patentes registradas en Patentscope

Estrategia de búqueda: *(Vaccine) AND DP:([01.11.2026 TO 11.11.2026]) as the publication date 15 records.*

1.WO/2026/227603ANTIGENIC EPITOPE PEPTIDE COMBINATION OF BROAD-SPECTRUM INFLUENZA VACCINE AND USE THEREOF
WO - 05.11.2026
Clasificación Internacional A61K 39/145 Nº de solicitud PCT/CN2025/111487 Solicitante INSTITUTE OF MEDICAL BIOLOGY, CHINESE ACADEMY OF MEDICAL SCIENCES Inventor/a LIU, Ye
Disclosed are an antigenic epitope peptide combination of a broad-spectrum influenza vaccine and use thereof. The antigenic epitope peptide combination comprises an H1N1 antigenic epitope peptide combination and an H5N1 antigenic epitope peptide combination. The H1N1 antigenic epitope peptide combination comprises antigenic epitopes recognized by 8 broad-spectrum neutralizing antibodies against influenza; the H5N1 antigenic epitope peptide combination comprises antigenic epitopes recognized by another 4 broad-spectrum neutralizing antibodies against influenza. The antigenic epitope peptide combination can be utilized to induce a broad-spectrum neutralizing antibody response in a host, thus being useful for preparing a broad-spectrum influenza vaccine. The results show that the viral load in mice using the prepared Ag3 + Ag4 influenza vaccine was reduced by 10-84 times compared with the blank control group and the trivalent influenza vaccine group.

2.WO/2026/227174CELLULAR-BASED ANTI-CANCER VACCINE
WO - 05.11.2026
Clasificación Internacional C12N 5/0775 Nº de solicitud PCT/CA2026/050634 Solicitante UNIVERSITÉ DE MONTRÉAL Inventor/a RAFEI, Moutih
It is provided an anti-cancer vaccine comprising epigenetically- reprogrammed MSCs, wherein the MSCs are expressing CTAs. The disclosed vaccine targets multiple cancer types, is a universal cellular vaccine and can be used prophylactically or therapeutically.

3.WO/2026/229915ENDOCYTOSIS PREVENTION MOTIFS AND RELATED USES
WO - 05.11.2026
Clasificación Internacional C07K 14/705 Nº de solicitud PCT/IB2026/054255 Solicitante VACCINE COMPANY, INC. Inventor/a WEIDENBACHER, Payton Anders-Benner
Disclosed herein are polynucleotides that encode endocytosis prevention motifs (EPMs) and polypeptides encoded by the same, and related compositions, methods of making, and methods of using. These EPMs may be useful in improving cell surface presentation of antigens and, when expressed with an antigen and an ESCRT-recruiting domain or ESCRT-independent enveloped virus-like particle inducing domain, may be useful for inducing assembly and budding of enveloped virus-like particles (eVLPs) expressing said antigen.

4.WO/2026/227135IMMUNOGENIC POLYPROTEIN COMPLEXES OF *LEPTOSPIRA* SPP., PROCESS FOR OBTAINING SAID COMPLEXES, IMMUNOGENIC COMPOSITION COMPRISING SAID COMPLEXES, EXPRESSION CASSETTE, VECTOR AND USE OF SAID COMPLEXES IN THE TREATMENT OR PROPHYLAXIS OF MEDICAL AND/OR VETERINARY CONDITIONS
WO - 05.11.2026
Clasificación Internacional A61K 39/02 Nº de solicitud PCT/BR2026/050166 Solicitante OURO FINO SAÚDE ANIMAL LTDA Inventor/a ANTÃO CAVALCANTI PIZANI, Mariana
The present invention relates to polyprotein complexes containing immunogenic regions derived from the LipL32, LigA and LigB antigens of *Leptospira* spp., which regions are fused to segments of the carrier proteins Rrp4, Rrp41 and Rrp42 of *Pyrococcus abyssi* (*P. abyssi*), here referred to as EXOLEP. The

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present invention further relates to: genes and/or gene constructs and/or expression cassettes encoding polyprotein complexes, said complexes being based on the exosome of *P. abyssi* which carries copies of vaccine antigens from *Leptospira* spp.; expression vectors comprising said genes and/or gene constructs and/or expression cassettes of the invention; antigenic compositions comprising the polyprotein complexes of the invention, optionally one or more adjuvants and/or additives, and a pharmacologically acceptable vehicle; a process for obtaining said polyprotein complexes; and, furthermore, uses of said complexes and said immunogenic compositions in the manufacture of a medicament and/or vaccine for the treatment and/or prevention of infections caused by *Leptospira* spp.

5.WO/2026/227557HUMAN IMMUNE ORGANOID SYSTEM FOR VACCINE IMMUNOGENICITY EVALUATION, AND PREPARATION METHOD THEREFOR
WO - 05.11.2026
Clasificación Internacional C12N 5/071 Nº de solicitud PCT/CN2025/100372 Solicitante AFFILIATED HOSPITAL OF NANTONG UNIVERSITY Inventor/a ZHU, Yujuan
Provided in the present invention are a human immune organoid system for vaccine immunogenicity evaluation and a preparation method therefor.

6.WO/2026/231810ONE-STEP RNA SYNTHESIS- AND RNA CAPPING-METHOD
WO - 05.11.2026
Clasificación Internacional C12P 19/34 Nº de solicitud PCT/US2026/025803 Solicitante CEVA SANTE ANIMALE SA Inventor/a KAMRUD, Kurt
A method for simultaneous in vitro synthesis and capping of RNA such as self-assembling RNA (saRNA) comprising: providing a linear DNA template from which RNA may be transcribed, transcribing RNA from the linear DNA template and simultaneously capping the transcribed RNA at a constant temperature to form a mixture of transcribed RNA and residual template DNA and optionally purifying the transcribed RNA. SaRNA and other RNA produced by this process. Methods for treating non-human subjects with the saRNA in form of a vaccine. Methods for large scale saRNA production that are uncomplicated and cost efficient.

7.WO/2026/229625INFLUENZA VACCINE
WO - 05.11.2026
Clasificación Internacional A61K 39/145 Nº de solicitud PCT/EP2026/062684 Solicitante ORTO BIO LIMITED Inventor/a GUPTA, Sunetra
The invention relates to polypeptides comprising a fragment of a haemagglutinin head domain. The invention further relates to multivalent proteins comprising said polypeptides. The invention also relates to fusion proteins, nucleic acids, vectors, delivery systems and oligomers comprising or encoding the polypeptides or multivalent protein of the invention. The invention further relates to methods of treating, reducing or preventing influenza infections and to immunogenic compositions comprising or encoding the polypeptides or multivalent protein of the invention for use in said methods.

8.4832919SYSTEME FÜR DEN NUKLEINSÄURETRANSFER
EP - 04.11.2026
Clasificación Internacional A61K 48/00 Nº de solicitud 24841657 Solicitante EMMUNE INC Inventor/a QUINLAN BRIAN D

The disclosure relates generally to systems and methods for nucleic acid transfer. RNA encoding a double membrane fusogen protein facilitates the transfer of a DNA of interest into the nucleus of a cell where it can be expressed. Nucleic acid transfer can be used in connection with gene therapy, vaccine administration, cell modification, and the like. The methods and systems of nucleic acid transfer can be used to transfect

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non-dividing cells, such as muscle cells. The disclosure further relates to promoters for muscle-specific expression of a gene of interest.

9.WO/2026/231772ENTEROVIRUS A VACCINE
WO - 05.11.2026
Clasificación Internacional A61K 35/76 Nº de solicitud PCT/US2026/025725 Solicitante THE CHILDREN'S MERCY HOSPITAL Inventor/a BRADLEY, Todd Christopher
The present disclosure concerns vaccines (immunogenic compositions) comprising a mixture of at least two different variants of enterovirus subtype A (HEV-A) viral polypeptides or nucleic acid sequences encoding for at least two different antigenic HEV-A viral polypeptides. The mixture comprises at least one mosaic HEV-A viral polypeptide or nucleic acid encoding for a mosaic HEV-A viral polypeptide, wherein the HEV-A viral polypeptide comprises a capsid protein. Methods of inducing broad immune responses against HEV-A and compositions and materials for the same.

10.WO/2026/232097ADJUVANTED INACTIVATED SPLIT VIRUS H5N1 VACCINE AND USES THEREOF
WO - 05.11.2026
Clasificación Internacional C07K 14/11 Nº de solicitud PCT/US2026/026315 Solicitante ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI Inventor/a KRAMMER, Florian
Provided herein is immunogenic compositions comprising an inactivated split influenza A virus described herein, a CpG oligonucleotide adjuvant described herein, and an aluminum salt, wherein the inactivated split influenza A virus comprises HA and NA of an influenza A virus H5N1 of clade 2.3.4.4b described herein. Also provided herein are methods of immunizing a subject against influenza virus disease (e.g., influenza virus disease caused by influenza A virus, such as, e.g., an influenza A virus H5N1) using an immunogenic composition described herein. Further, provided herein are methods of preventing influenza virus disease (e.g., influenza virus disease caused by influenza A virus, such as, e.g., an influenza A virus H5N1) in a subject using an immunogenic composition described herein.

11.WO/2026/231836PROTEIN-ONLY TOPICAL VACCINES AND METHODS OF USE
WO - 05.11.2026
Clasificación Internacional A61K 39/00 Nº de solicitud PCT/US2026/025843 Solicitante CZ BIOHUB SF, LLC Inventor/a FISCHBACH, Michael, A.
Disclosed herein are topical vaccine compositions that comprise a fusion protein, said fusion protein comprising a binder polypeptide that binds to an Antigen Presenting Cell (APC) surface protein on an Antigen Presenting Cell (APC), and an antigenic polypeptide.

12.WO/2026/227126BACTERIAL T CELL VACCINE
WO - 05.11.2026
Clasificación Internacional A61K 39/085 Nº de solicitud PCT/AU2026/050437 Solicitante THE UNIVERSITY OF MELBOURNE Inventor/a WAKIM, Linda Maree
The invention relates to peptides, proteins, immunogens, compositions comprising the same, and their methods of use in pharmaceutical compositions and vaccines for bacterial infections, for example in *Staphylococcus aureus* infections. In on aspect, the present invention relates to pharmaceutical composition comprising i. a peptide derived from a Hup protein, or fragment or variant thereof; and/or ii. a Hup protein; or iii. a polynucleotide encoding i. and/or ii.

13.20260015489PROTEÍNAS DE ORTOPOXVIRUS MANIPULADAS GENÉTICAMENTE Y MÉTODOS RELACIONADOS
CO - 09.11.2026

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Clasificación Internacional A61P 31/20 Nº de solicitud 20260015489 Solicitante VACCINE COMPANY, INC. Inventor/a Abigail E. POWELL
En la presente descripción se describen proteínas de ortopoxvirus manipuladas genéticamente y polinucleótidos que codifican a las mismas. También se describen composiciones de vacunas que comprenden cualquiera de las proteínas de ortopoxvirus manipuladas genéticamente y polinucleótidos que codifican las mismas. También se describen métodos para prevenir una infección por ortopoxvirus o una enfermedad asociada con una infección por ortopoxvirus en un sujeto que comprende administrar al sujeto una cantidad eficaz de una cualquiera de dichas proteínas de ortopoxvirus manipuladas genéticamente o polinucleótidos que codifican las mismas.

14.WO/2026/227609BACTERIAL FERRITIN AND PHARMACEUTICAL USE THEREOF
WO - 05.11.2026
Clasificación Internacional C07K 14/195 Nº de solicitud PCT/CN2025/113325 Solicitante LANZHOU UNIVERSITY Inventor/a LI, Hongyu
The present invention relates to the technical fields of medicine and biology. Disclosed are AFBfr-like ferritins present in Acidithiobacillus ferrooxidans. The AFBfr-like ferritins have significant targeting performance toward human transferrin receptor 1 (TfR1), higher stability, and greater loading capacity, have a simple preparation process, and can be applied to frontier fields such as drug carriers, vaccine carriers, medical imaging, environmental pollution control, new energy materials, green catalysis, smart fertilizers, pest and disease control, biomimetic material synthesis, functional coatings, artificial organelles, biological computing elements, and radiation protection materials.

15.WO/2026/229679INFLUENZA VACCINE
WO - 05.11.2026
Clasificación Internacional C07K 14/11 Nº de solicitud PCT/GB2025/050961 Solicitante ORTO BIO LIMITED Inventor/a GUPTA, Sunetra
The invention relates to polypeptides comprising a fragment of a haemagglutinin head domain. The invention also relates to fusion proteins, nucleic acids, vectors, delivery systems and oligomers comprising or encoding the polypeptides of the invention. The invention further relates to methods of treating, reducing or preventing influenza infections and to immunogenic compositions comprising or encoding the polypeptides of the invention for use in said methods.

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Estrategia de búqueda: *vaccine.ti. AND @PD>="20261101"<=20261111 24 records*

Document ID	Title	Inventor	Applicant Name
US 12788809 B2	Circular RNA vaccines and methods of use thereof	Wei; Wensheng et al.	Peking University
US 12788807 B2	Pentavalent vaccine against Neisseria meningitidis comprising a synthetic men a antigen	Adamo; Roberto et al.	GlaxoSmithKline Biologicals SA
US 12793825 B2	Intelligent vaccine nebulization system and method of use	Wang; Qixu et al.	Qingdao Future Medical Technology Co., Ltd.
US 12788808 B2	SARS-CoV-2 mRNA domain vaccines	Stewart-Jones; Guillaume et al.	ModernaTX, Inc.
US 20260345764 A1	Large-Scale Flaviviral Vaccine Production and Manufacture	Santangelo; David Joseph et al.	Takeda Vaccines, Inc.
US 20260345763 A1	Carbocyclic Derivatives and Conjugated Derivatives Thereof, And Their Use In Vaccines	ADAMO; Roberto et al.	GlaxoSmithKline Biologicals Sa
US 20260345856 A1	Peracetic Acid-Based Solution Associated with A Grinding Process, The Combination of Which Transforms Cultures and Strains of Biohazardous Infectious Waste Generated in The Production of Vaccines in Ovo into Raw Material for The Preparation of High-Protein Composts	Santos García; Arturo et al.	Centro De Retina Médica Y Quirúrgica, S.C.

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US 20260345767 A1	Vaccines Against Coronaviruses	Joyce; Michael Gordon et al.	The Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc., The Government of the United States, as represented by the Secretary of the Army, Sanofi Pasteur Inc., United States of America, as represented by the Secretary, Department of Health and Human Services
US 20260345754 A1	Vaccines And Methods of Using the Same to Treat Wnt-Related Cancer	Perales-Puchalt; Alfredo et al.	Geneos Therapeutics, Inc.
US 20260345768 A1	Nucleic Acid Based Vaccine	PETSCH; Benjamin et al.	Glaxosmithkline Biologicals SA
US 20260345757 A1	Th2 Vaccine-Based Prevention and Treatment of Inflammation In Obesity	Disis; Mary L. et al.	University Of Washington
US 20260345759 A1	Novel Chimeric Multi-Protein Based Recombinant Vaccine Antigens for Prevention of Lyme Disease in Animals and Humans	MARCONI; Richard T. et al.	Virginia Commonwealth University
US 20260345782 A1	T Cell Receptors Generated As A Result Of Hpv Vaccine Therapy And Methods Of Treating Patients With Same	BROUGH; Douglas E. et al.	Precigen, Inc.,The United States Of America As Represented By The Secretary, Department Of Health And Human
US 20260347413 A1	Humanized Monoclonal Antibody And Vaccines Against Measles Virus	POROTTO; Matteo et al.	The Trustees Of Columbia University In The City Of New York,International Center For Research In Infectiology,La Jolla Institute For Immunology
US 12779037 B2	Micro-RNA-155 enhances the efficacy of dendritic cell vaccine for cancer	Fan; Daping	University of South Carolina

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US 12779023 B2	Tumor cell vaccines	Ferraro; Bernadette et al.	Neuvogen, Inc.
US 12780878 B2	Chimeric hemagglutinin protein and a vaccine composition comprising the same	Chao; Yu-Chan et al.	Academia Sinica
US 12782338 B2	System and method for discovering validating and personalizing transposable element cancer vaccines	Pfeil; Jacob	The Regents Of The University Of California
US 12779026 B2	HIV immunogens, vaccines, and methods related thereto	Amara; Rama Rao et al.	Emory University
US 12778893 B2	Nucleic acid lipid particle vaccine encapsulating hpv mrna	Niwa; Takako et al.	Daiichi Sankyo Company, Limited, National Institutes Of Biomedical Innovation, Health And Nutrition
US 12779022 B2	Biocompatible nanocomposite hydrogel immunotherapy vaccines and methods of use thereof	Dastmalchi; Farhad et al.	University of Florida Research Foundation, Inc.
US 12780880 B2	SARS-CoV-2 protein-derived peptide and vaccine containing same	Hikichi; Tetsuro et al.	Oncotherapy Science, Inc., Cancer Precision Medicine, Inc.
US 12779033 B2	Epstein-barr virus MRNA vaccines	Chandramouli; Sumana et al.	ModernaTX, Inc.
US 12779029 B2	Recombinant RSV vaccine: methods of making and using the same	He; Biao et al.	Blue Lake Biotechnology, Inc.

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