



EN ESTE NÚMERO

VacCiencia es una publicación dirigida a investigadores y especialistas dedicados a la vacunología y temas afines, con el objetivo de serle útil. Usted puede realizar sugerencias sobre los contenidos y de esta forma crear una retroalimentación que nos permita acercarnos más a sus necesidades de información.

- Resumen de la información publicada por la OMS sobre los candidatos vacunales en desarrollo contra la COVID-19 a nivel mundial.
- Noticias más recientes en la Web sobre vacunas.
- Artículos científicos más recientes de Medline sobre vacunas contra la COVID-19.
- Patentes más recientes en Patentscope sobre vacunas.
- Patentes más recientes en USPTO sobre vacunas.

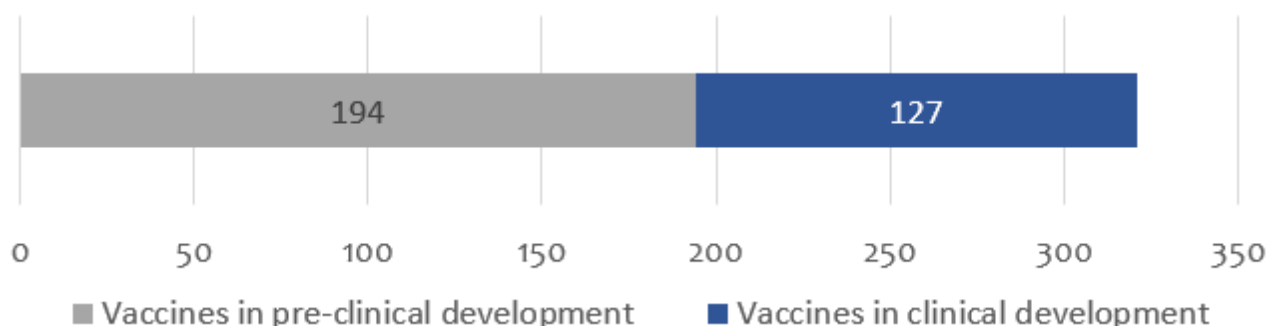
Resumen de la información publicada por la OMS sobre los candidatos vacunales contra la COVID-19 en desarrollo a nivel mundial

Última actualización por la OMS: 19 de octubre de 2021.

Fuente de información utilizada:



127 candidatos vacunales en evaluación clínica y 194 en evaluación preclínica.



Candidatos vacunales en evaluación clínica por plataforma

Platform		Candidate vaccines (no. and %)	
PS	Protein subunit	44	35%
VVnr	Viral Vector (non-replicating)	18	14%
DNA	DNA	14	11%
IV	Inactivated Virus	17	13%
RNA	RNA	21	17%
VVr	Viral Vector (replicating)	2	2%
VLP	Virus Like Particle	5	4%
VVr + APC	VVr + Antigen Presenting Cell	2	2%
LAV	Live Attenuated Virus	2	2%
VVnr + APC	VVnr + Antigen Presenting Cell	1	1%
BacAg-SpV	Bacterial antigen-spore expression vector	1	1%
		127	

Candidatos vacunales mucosales en evaluación clínica

Desarrollador de la vacuna/fabricante/país	Plataforma de la vacuna	Vía de administración	Fase
University of Oxford/Reino Unido	Vector viral no replicativo	Intranasal	1
Vaxart/Estados Unidos	Vector viral no replicativo	Oral	2
Univ. Hong Kong, Xiamen Univ./Beijing Wantai Biol. Pharm./China	Vector viral replicativo	Intranasal	3
Symvivo/Canadá	ADN	Oral	1
ImmunityBio, Inc./Estados Unidos	Vector viral no replicativo	Oral o SL	1/2
Codagenix/Serum Institute of India	Virus vivo atenuado	Intranasal	3
Center for Genetic Engineering and Biotechnology (CIGB)/Cuba	Subunidad proteica	Intranasal	1/2
Razi Vaccine and Serum Research Institute/India	Subunidad proteica	IM e IN	3
Bharat Biotech International Limited/India	Vector viral no replicativo	Intranasal	1
Meissa Vaccines, Inc./Estados Unidos	Virus vivo atenuado	Intranasal	1
Laboratorio Avi-Mex/México	Virus inactivado	IM o IN	1
USSF + VaxForm/Estados Unidos	Subunidad proteica	Oral	1
CyanVac LLC/Estados Unidos	Vector viral no replicativo	Intranasal	1
DreamTec Research Limited/Hong Kong	BacAg-SpV	Oral	NA

Candidatos vacunales más avanzados a nivel global

Desarrollador de la vacuna/fabricante/país	Plataforma vacuna	Fase
Sinovac/China	Virus Inactivado	4
Sinopharm/Wuhan Institute of Biological Products/China	Virus Inactivado	4
Sinopharm/Beijing Institute of Biological Products/China	Virus Inactivado	4
AstraZeneca + University of Oxford/Reino Unido	Vector viral no replicativo	4
CanSino Biological Inc./Beijing Institute Biotechnology/China	Vector viral no replicativo	4
Gamaleya Research Institute/Rusia	Vector viral no replicativo	3
Janssen Pharmaceutical Companies/Estados Unidos	Vector viral no replicativo	4
Novavax/Estados Unidos	Subunidad proteica	3
Moderna/NIAID/Estados Unidos	ARN	4
Pfizer/BioNTech + Fosun Pharma/Estados Unidos	ARN	4
Anhui Zhifei Longcom Biopharmac./Inst. Microbiol, Chin Acad Sci/China	Subunidad proteica	3
CureVac AG/Alemania	ARN	3
Institute of Medical Biology/Chinese Academy of Medical Sciences	Virus inactivado	3
Research Institute for Biological Safety Problems, Kazakhstan	Virus inactivado	3
Inovio Pharmaceut. + International Vacc. Inst. + Advaccine Biopharma-	ADN	3
Zydus Cadila Healthcare Ltd./India	ADN	3
Bharat Biotech/India	Virus Inactivado	3
Sanofi Pasteur + GSK/Francia/Gran Bretaña	Subunidad proteica	3
Shenzhen Kangtai Biological Products Co., Ltd./China	Virus Inactivado	3
Clover Biopharmaceuticals Inc./GSK/Dynavax/China/Reino Unido/EE.UU	Subunidad proteica	3
Vaxine Pty Ltd. + CinnaGen Co./Australia, Irán	Subunidad proteica	3
Medigen Vaccine Biol./Dynavax/NIAID/Taiwán/EE.UU	Subunidad proteica	3
Instituto Finlay de Vacunas/Cuba	Subunidad proteica	3
Federal Budget Res Inst State Res Cent Virol Biotechnol "Vector"/Rusia	Subunidad proteica	3
West China Hospital + Sichuan University/China	Subunidad proteica	3
Univ. Hong Kong + Xiamen Univ. + Beijing Wantai Biological Pharmacy	Vector viral replicativo	3
Acad Milit Sci (AMS) Walvax Biotechnol, Suzhou Abogen Biosci/China	ARN	3
Medicago Inc./Canadá	Partícula similar a virus	3
Codagenix/Serum Institute of India	Virus vivo atenuado	3
Center for Genetic Engineering and Biotechnology (CIGB)/Cuba	Subunidad proteica	3
Valneva, National Institute for Health Research, Reino Unido	Virus inactivado	3
Biological E. Limited	Subunidad proteica	3
Nanogen Pharmaceutical Biotechnology/Vietnam	Subunidad proteica	3
Erciyes University/Turquía	Virus inactivado	3
SK Bioscience Co., Ltd./CEPI/Corea del Sur/Noruega	Subunidad proteica	3
Razi Vaccine and Serum Research Institute	Subunidad proteica	3
Arcturus Therapeutics, Inc./ Estados Unidos	ARN	3

Noticias en la Web

COVID-19 en el mundo: Argentina comienza vacunación de niños de 3 a 11 años

12 oct. El Ministerio de Salud de Argentina inició este martes la vacunación contra el nuevo coronavirus de los menores de 3 a 11 años que tengan enfermedades preexistentes, a los que se les aplicará la vacuna del laboratorio chino Sinopharm.

“Es importante tener una herramienta preventiva en pediatría, no sólo por los niños de alto riesgo, sino porque también va a tener un efecto importante en disminuir la transmisión del virus sobre todo en los entornos intrafamiliares”, dijo la ministra de Salud, Carla Vizzotti, a Radio Urbana.



Vizzotti se disponía a viajar a la provincia de La Pampa, donde encabezará el lanzamiento simultáneo a nivel nacional de la vacunación para esa franja etaria. Primeramente serán inmunizados los menores que sufren enfermedades crónicas y luego se seguirá con el resto, reportó AP.

La vacuna de Sinopharm para menores de esa edad fue aprobada recientemente por la Administración Nacional de Medicamentos, Alimentos y Tecnología Médica, para lo cual se tuvieron en cuenta los estudios clínicos realizados en Emiratos Árabes. Hay nueve millones de dosis reservadas para garantizar la inmunización.

En Argentina la campaña de vacunación avanza con fluidez luego de sufrir contratiempos sobre todo en la primera parte del año. La inmunización de adolescentes de entre 12 y 17 años que no sufren problemas de salud se inició a fines de septiembre y a partir del martes tomará impulso con la distribución de 1,6 millones de dosis de la vacuna del laboratorio estadounidense Pfizer.

Con anterioridad, se llevó a cabo la inmunización de los adolescentes con comorbilidades como diabetes y enfermedades respiratorias.

La ministra también dijo que las autoridades sanitarias están evaluando un refuerzo con una tercera dosis para aquellos ciudadanos “que ya cumplieron un año” desde que recibieron la primera inoculación.

“Acordamos con los ministros y ministras en el Consejo de Salud arrancar con aquellos que tienen más riesgo, con comorbilidades, y después se puede escalar rapidísimo y de forma simultánea con el resto”, apuntó la funcionaria.

Los contagios por coronavirus disminuyen desde hace 19 semanas en Argentina gracias al avance de la vacunación. Según infectólogos, en la actualidad se detecta un leve aumento de la presencia de la variante Delta con transmisión comunitaria, aunque la mayoritaria sigue siendo la Gamma.

Unas 30,1 millones de personas han recibido la primera dosis de alguna vacuna y 23,9 millones las dos dosis de una población de unos 45 millones de habitantes.

Más de 5,2 millones de personas se han contagiado desde que comenzó la pandemia en marzo de 2020 y más de 115.000 han fallecido.

Fuente: Cubadebate. Disponible en <https://cutt.ly/ZRnMAVo>

Aplicarán en Cuba dosis de refuerzo anti-COVID-19 desde noviembre

12 oct. Con el propósito de lograr que el mayor porcentaje de la población cubana alcance o mantenga los niveles de anticuerpos requeridos para la protección frente al SARS-COV-2, está previsto, desde el próximo mes, el comienzo de la administración de dosis de refuerzo de vacunas cubanas contra la COVID-19, anunció, en conferencia de prensa celebrada este martes, el doctor Eduardo Martínez Díaz, presidente del Grupo Empresarial BioCubaFarma.

El directivo explicó que, como parte de la preparación de las evidencias técnicas para el refuerzo de vacunas, se han realizado estudios en un grupo de personas que ya cumplieron seis meses de vacunados, demostrándose que, pasado ese tiempo, aún mantienen altos niveles de anticuerpos específicos contra el virus.

Sin embargo –agregó–, ya se puede comenzar a aplicar una dosis de refuerzo en determinados grupos poblacionales vulnerables que, por alguna razón, no logran una alta respuesta, y son más propensos a infectarse con el virus y desarrollar formas graves de la enfermedad.

En tal sentido, explicó que desde noviembre se prevé empezar este proceso con el personal de la Salud y de la industria biofarmacéutica, extendiéndose posteriormente a la población en la medida de lo priorizado.

Para ello se emplearán las vacunas de producción nacional que se han obtenido por la ciencia cubana en estos meses, como son los inmunógenos Soberana Plus, Soberana 01, Abdala y Mambisa.

El doctor Martínez Díaz recordó que en nuestra estrategia de vacunación se diseñó, desde el principio, aplicar una tercera dosis previendo que la aparición de variantes más transmisoras del SARS-COV-2 disminuyeran los niveles de capacidad de neutralización de los anticuerpos. «Lo diseñamos así y eso nos ha dado resultado, porque después de seis meses todavía se mantienen altos títulos de anticuerpos», significó.

No obstante, con la dosis de refuerzo se van a incrementar aún más los niveles de protección, sobre todo ante la peligrosa variante Delta.



LA ESTRATEGIA CUBANA DE VACUNACIÓN ANTI-COVID-19 FUNCIONÓ

A solo meses de haber comenzado la vacunación masiva contra la COVID-19 en la población cubana se puede decir que la estrategia nacional de vacunación funcionó, destacó el Presidente de BioCubaFarma.

Dijo que, durante septiembre, además de completarse todas las dosis de vacunas necesarias para inmunizar a la población, la mayor parte de las personas vacunables recibieron una primera dosis e inició la campaña de vacunación en edades pediátricas de dos a 18 años, así como en los convalecientes y alérgicos al Tiomersal.

El doctor Martínez Díaz refirió también que, a partir del Autorizo de Uso en Emergencia otorgado por el Centro para el Control Estatal de Medicamentos, Equipos y Dispositivos Médicos a las vacunas Abdala y

Soberana, varios países de América, Asia, Europa y África se han acercado con interés de comercializar los inmunógenos cubanos.

Otras naciones como Venezuela, Vietnam y Nicaragua ya han recibido cargamentos de Abdala, mientras que a Irán se ha exportado Soberana 02 y Soberana Plus, como parte de un acuerdo conjunto con el Instituto Pasteur, que incluyó estudios clínicos de eficacia.

Por su parte, el doctor José Angel Portal Miranda, ministro de Salud Pública, al caracterizar el modelo cubano de enfrentamiento a la COVID-19, destacó que este ha sido el resultado de la unión de la gestión de la ciencia, la gestión epidemiológica y la gestión asistencial, a partir de la voluntad política del Gobierno y la premisa de que la salud de las personas es la prioridad.

Refirió cómo, desde la intensificación del proceso de vacunación, donde Cuba marcha a la cabeza en ese esfuerzo en América Latina, en la Isla ha ocurrido, durante las últimas semanas, un descenso de los casos positivos, activos confirmados, fallecidos y graves y críticos.

Sobre el avance de la estrategia de vacunación, expuso que hasta el cierre del 10 de octubre, el 86,1 % de la población cubana total había recibido la primera dosis, mientras que el 55,8 % ya tenía esquema completo.

Fuente: Granma. Disponible en <https://cutt.ly/HRn4B5g>

Presidente de México insta a OMS aprobar vacunas contra la Covid-19

13 oct. El presidente de México, Andrés Manuel López Obrador, exhortó este miércoles a la Organización Mundial de la Salud (OMS) a aprobar todas las vacunas contra la Covid-19 porque han demostrado ser eficaces.

"Vamos a pedirle a la OMS que termine de dar los certificados a las farmacéuticas de todo el mundo que han entregado vacunas, que han demostrado su eficacia y que no han generado ningún problema de salud", señaló el presidente López Obrador.

El mandatario mexicano sugirió al organismo internacional a acelerar el proceso de certificación de los fármacos contra la pandemia, al mismo tiempo refirió que la OMS lleva mucho tiempo en el trámite de aceptación de las vacunas.

"Ya ha pasado mucho tiempo y esto no tiene que ver con banderas políticas sino con la ciencia", acotó el presidente López Obrador, en un contexto donde, a pesar de esta realidad, vacunas como la Sputnik V y las cubanas Abdala y Soberana han demostrado su eficacia ante la enfermedad, pero no son reconocidas por el organismo.

"Son derechos humanos y la OMS tiene que actuar con imparcialidad; es que en todos lados hay burocracias, elefantes reumáticos qué hay que estar empujando", insistió el jefe de Estado.

Las vacunas Pfizer-BioNTech, Moderna, AstraZeneca, Sinopharm, Sinovac y Johnson & Johnson, se encuentran en la lista de reconocimiento por parte de la Organización Mundial de la Salud.

Fuente: teleSURtv.net. Disponible en <https://cutt.ly/wRn1cfg>

Los fabricantes de vacunas contra la COVID-19 de todo el mundo producen 1.500 millones de dosis al mes

14 oct. Farmaindustria ha desarrollado un documento a base de preguntas y respuestas sobre el papel de la industria farmacéutica en la fabricación y distribución de vacunas contra la COVID-19. Esta información la ha elaborado con recursos de la Organización Mundial de la Salud (OMS), la consultora Airfinity, la Universidad de Duke, Unicef y la Federación Internacional de la Industria Farmacéutica (Ifpma). Los datos obtenidos reflejan todo lo que se ha logrado hasta el momento y las previsiones futuras.



Fabricación

Así, entre los datos que proporciona, se especifica que los fabricantes de vacunas de todo el mundo están produciendo 1.500 millones de dosis al mes, y se espera que esta capacidad continúe creciendo. Los primeros 1.000 millones de dosis tardaron en administrarse 140 días, mientras que los últimos 1.000 millones se han tardado en proporcionar en tan solo 26 días.

La producción de la vacuna COVID-19 comenzó a mediados de diciembre de 2020, y a finales del mes de septiembre de 2021, la producción superó la marca de 7.500 millones de dosis. Una cifra que se ha logrado en tan solo nueve meses.

Las sustancias necesarias para la fabricación de las vacunas contra la COVID-19 se están produciendo en la actualidad en 83 plantas de producción situadas en 70 países.

En cuanto a España, cabe destacar su excelente contribución. Ha sido el primer país de Europa y el cuarto del mundo en número de ensayos clínicos contra el coronavirus. Todo ello, en línea con su papel de referencia internacional en investigación clínica de medicamentos. Además, hasta cuatro compañías españolas están participando, en colaboración con empresas desarrolladoras, en la producción de vacunas.

Vacunación actual y futura

Según los datos que maneja Unicef, unos 208 países o territorios en el mundo han administrado ya más de 6.500 millones de dosis de la vacuna contra la COVID-19. Actualmente, el 46% de toda la población mundial ha recibido al menos una dosis de la vacuna.

Las estimaciones de entidades como la consultora internacional Airfinity, la organización Unicef o la Universidad de Duke, en Estados Unidos, apuntan a una producción prevista de unos 12.000 millones de dosis a finales de 2021, suficientes para vacunar a la población adulta mundial. Además, se estima que para junio de 2022 la producción total de vacunas alcanzará los 24.000 millones, momento en el cual los suministros de vacunas probablemente superarán la demanda mundial.

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Distribución responsable

La industria farmacéutica sigue pidiendo que se compartan las dosis distribuidas y renueva su compromiso de trabajar con los gobiernos para apoyar medidas que lo hagan posible. Según la FPMA, con la distribución de vacunas realizada hasta ahora, los países del G7 tienen reservas suficientes de dosis para vacunar a sus adultos y adolescentes y poner en marcha programas de refuerzo para proteger a los grupos de mayor

riesgo, y disponen además de un número de dosis importante para distribuir a los países del tercer mundo. Desde las propias compañías se pide intensificar la distribución responsable de dosis a los países de renta más baja a través del mecanismo Covax, la iniciativa liderada por la Organización Mundial de la Salud para hacer llegar las vacunas de COVID-19 a las poblaciones con menos recursos, y que cuenta desde el inicio con el apoyo de la industria farmacéutica y de más de 190 países de todo el mundo, entre ellos España. El objetivo del proyecto es la entrega de 2.000 millones de dosis en 2021 a los 100 países con ingresos más bajos del mundo.

Vacunas y tratamientos en investigación

Por el momento, existen ocho vacunas contra la COVID-19 aprobadas en todo el mundo, cuatro de ellas de uso en Europa al contar con el visto bueno de la Agencia Europea del Medicamento. Las investigaciones sobre nuevas vacunas continúan y actualmente hay otras 114 en ensayos clínicos, de las que 23 están ya en la última fase de investigación.

Desde el inicio de la pandemia se pusieron en marcha ensayos con medicamentos existentes para otras patologías con potencialidad para combatir la COVID-19. Actualmente, según los registros de la OMS, se están llevando a cabo 1.612 ensayos clínicos con pacientes en todo el mundo. Los tratamientos con anticuerpos monoclonales se muestran prometedores para el tratamiento ambulatorio, al igual que los nuevos antivirales.

Fuente: PHARMA MARKET. Disponible en <https://cutt.ly/8Rn9otD>

C's pide la permanencia de COVAX para el acceso equitativo a vacunas cuando acabe la pandemia

14 oct. COVAX, el Fondo de Acceso Global para Vacunas COVID-19, está siendo “uno de los pilares fundamentales del sistema de distribución de vacunas para prevenir la infección por SARS-CoV-2 y el desarrollo de cuadros clínicos graves de la enfermedad COVID-19 en todo el mundo”. Así lo afirman desde el Grupo Parlamentario Ciudadanos, quienes consideran que este mecanismo debería permanecer una vez acabe la pandemia.

C's apunta que el objetivo de COVAX ha sido asegurar un acceso equitativo a las vacunas una vez estuvieron disponibles en el mercado “gracias al impulso innovador de las empresas del sector farmacéutico y al apoyo de las instituciones públicas”. Por ello, la formación naranja ha impulsado en el Congreso de los Diputados una Proposición no de Ley (PNL) para la permanencia de COVAX para el acceso equitativo a vacunas en todo el mundo.

Otras enfermedades infecciosas

A través de esta iniciativa, C's defiende, en el seno de las Naciones Unidas, la necesidad de que este mecanismo se mantenga para asegurar el acceso igualitario a las vacunas de todo tipo de enfermedades infecciosas para la población de los países menos desarrollados.

Y es que, pese al éxito de esta iniciativa, COVAX no tiene aspiración de permanencia más allá de la COVID-19. Sin embargo, los problemas en el acceso equitativo a vacunas no son característicos únicamente de esta enfermedad, sino que afectan a otras tantas enfermedades infecciosas mortales, especialmente en países en desarrollo.

Por ejemplo, apunta C's, la malaria, la tuberculosis y el VIH/SIDA siguen “entre las 10 principales causas de

muerte en el mundo en desarrollo”. Precisamente, la Organización Mundial de la Salud (OMS) ha aprobado recientemente la primera vacuna contra la malaria, que “de hacerse accesible a toda la población podría salvar la vida de medio millón de personas en todo el mundo, de los cuales más de la mitad serían menores de edad”.

Donación de vacunas

La PNL también pretende impulsar, dentro de las instituciones de la Unión Europea, una renovación del compromiso de los Estados miembro con la donación de vacunas COVID-19 al mecanismo COVAX. Y propone aumentar la contribución europea a esta iniciativa hasta los 750 millones de euros y los 500 millones de dosis.

“Según las cifras proporcionadas por la iniciativa GAVI a fecha de 8 de octubre de 2021, COVAX ha enviado más de 341 millones de vacunas contra el COVID-19 a 144 países participantes”, ha destacado C's.

La formación asegura que han apoyado a COVAX en su objetivo de hacer llegar las vacunas a todos los rincones del mundo. En concreto, señala, C's ha solicitado al Gobierno desde septiembre de 2020, cuando las primeras vacunas comenzaron a avanzar en las fases para su aprobación definitiva, que tuviera en cuenta la necesidad de garantizar un acceso equitativo a las dosis en todo el mundo mediante mecanismos de colaboración con el sector privado y con instituciones sin ánimo de lucro, como COVAX.

De hecho, la Comisión de Asuntos Exteriores del Congreso de los Diputados aprobó el 24 de septiembre de 2020 una PNL de Ciudadanos en este sentido.

Contribución española a COVAX

Asimismo, la formación naranja también pide aumentar la contribución española al mecanismo, tanto en términos de financiación comprometida para que pueda desarrollar sus funciones de almacenamiento y distribución como en términos de dosis donadas por nuestro país.

Además, instan al Gobierno a elaborar un informe de resultados que detalle el impacto generado por los recursos y vacunas donados por España a COVAX durante los años 2020 y 2021, para presentarlo ante las Cortes Generales en los primeros tres meses del próximo año 2022.

Fuente: GACETA MÉDICA. Disponible en <https://cutt.ly/FRn4DJU>

Valneva Reports Positive Phase 3 Results for Inactivated, Adjuvanted COVID-19 Vaccine Candidate VLA2001

Oct 18. Valneva SE (Nasdaq: VALN; Euronext Paris: VLA), a specialty vaccine company, today announced positive topline results from the Phase 3 pivotal trial Cov-Compare of its inactivated, adjuvanted COVID-19 vaccine candidate, VLA2001. Valneva's Chief Executive Officer, Thomas Lingelbach, and the trial's Chief Investigator, Adam Finn, Professor of Paediatrics at the University of Bristol, will comment on the results in a live webcast beginning at 3 p.m. CET today. Please refer to this link: <https://edge.media-server.com/mmc/p/3zmb7nnp>.

The pivotal Phase 3, Cov-Compare trial recruited a total of 4,012 participants aged 18 years and older across 26 trial sites in the United Kingdom. The trial met its co-primary endpoints: VLA2001 demonstrated superiority against AZD1222 (ChAdOx1-S), in terms of geometric mean titer for neutralization antibodies (GMT ratio=1.39, $p<0.0001$), (VLA2001 GMT 803.5 (95% CI: 748.48, 862.59)), (AZD1222(ChAdOx1-S) GMT 576.6 (95% CI 543.6, 611.7)), as well as non-inferiority in terms of seroconversion rates (SCR above 95% in both

treatment groups) at two weeks after the second vaccination (i.e. Day 43) in adults aged 30 years and older. T-cell responses analyzed in a sub-set of participants showed that VLA2001 induced broad antigen-specific IFN-gamma producing T-cells reactive against the S- (74.3%), N- (45.9%) and M- (20.3%) protein.

VLA2001 was generally well tolerated. The tolerability profile of VLA2001 was significantly more favorable compared to the active comparator vaccine. Participants 30 years and older reported significantly fewer solicited adverse events up to seven days after vaccination, both with regards to injection site reactions (73.2% VLA2001 vs. 91.1% AZD1222 (ChAdOx1-S), $p < 0.0001$) and systemic reactions (70.2% VLA2001 vs. 91.1% AZD1222 (ChAdOx1-S), $p < 0.0001$). No unsolicited treatment-related serious adverse events (SAE) have been reported. Less than 1% reported an adverse event of special interest in both treatment groups. Participants in the younger age group vaccinated with VLA2001 showed an overall safety profile comparable to the older age group.

The occurrence of COVID-19 cases (exploratory endpoint) was similar between treatment groups. The complete absence of any severe COVID-19 cases may suggest that both vaccines used in the study prevented severe COVID-19 caused by the circulating variant(s) (predominantly Delta).

Adam Finn, Professor of Paediatrics, University of Bristol, Trial Chief Investigator, said: "The low levels of reactogenicity and high functional antibody responses alongside broad T-cell responses seen with this adjuvanted inactivated whole virus vaccine are both impressive and extremely encouraging. This is a much more traditional approach to vaccine manufacture than the vaccines so far deployed in the UK, Europe and North America and these results suggest this vaccine candidate is on track to play an important role in overcoming the pandemic."

Thomas Lingelbach, Chief Executive Officer of Valneva, said: "These results confirm the advantages often associated with inactivated whole virus vaccines. We are committed to bringing our differentiated vaccine candidate to licensure as quickly as possible and continue to believe that we will be able to make an important contribution to the global fight against the COVID-19 pandemic. We are keen to propose an alternative vaccine solution for people who have not yet been vaccinated."

Juan Carlos Jaramillo, M.D., Chief Medical Officer of Valneva, commented: "I would like to thank the trial investigators as well as all trial participants and collaborators, especially the National Institute for Health Research and the clinical teams within the NHS Research Centres as well as Public Health England. This outcome shows the value of the collaboration that we started in September 2020 and we could not have achieved this milestone without them. We'll continue to work very closely with the MHRA to complete our rolling submission for approval."

Valneva commenced rolling submission for initial approval with the UK's Medicines and Healthcare products Regulatory Agency (MHRA) and is preparing to commence rolling submission for conditional approval with the European Medicines Agency. A final assay validation required by the MHRA to verify the integrity of the VLA2001-301 data remains ongoing and is a prerequisite for final submission of the clinical study report.

As part of the product development strategy, Valneva has completed recruitment of 306 volunteers aged 56 years and older in New Zealand[1] into its VLA2001-304 trial and expects topline data in early 2022. Valneva has also announced the start of recruitment of adolescents as an expansion of the Cov-Compare trial[2].

The Company is preparing for trials in children (5-12 years of age) and a Valneva sponsored booster trial to evaluate VLA2001's booster performance for people in need of a booster.

About Phase 3 Trial Cov-Compare (VLA2001-301)

Cov-Compare (VLA2001-301) is a randomized, observer-blind, controlled, comparative immunogenicity trial in 4,012 adults and 660 adolescents. Co-Primary immunogenicity endpoints are superiority of GMT ratio of VLA2001 compared to AZD1222 (ChAdOx1-S) as well as non-inferiority of seroconversion rates of neutralizing antibodies administered in a two-dose immunization schedule four weeks apart, measured at two weeks after the second vaccination (i.e. Day 43) in adults aged 30 years and older. It also evaluates the safety and tolerability of VLA2001 at two weeks after the second vaccination in adults and adolescents aged 12 years and older. The trial is being conducted at 26 sites across the U.K. 2,972 participants 30 years of age and older were randomized in a 2:1 ratio to receive two intramuscular doses of either VLA2001 (n=1,977) or AZD1222 (ChAdOx1-S) (n=995) at the recommended dose level, 28 days apart, on Days 1 and 29. For immunogenicity analyses, samples from 990 participants (492 vaccinated with VLA2001, 498 vaccinated with AZD1222 (ChAdOx1-S)) who tested sero-negative for SARS-CoV-2 at screening were analyzed. 1,040 participants that are under 30 years of age were recruited in a non-randomized treatment group and received VLA2001 28 days apart. Safety data on those participants 18-29 years of age are analyzed in parallel to the adults 30 years of age and above. Recently, the trial commenced enrolling the first adolescent participants.

About VLA2001

VLA2001 is currently the only whole virus, inactivated, adjuvanted vaccine candidate against COVID-19 in clinical trials in Europe. It is intended for active immunization of at-risk populations to prevent carriage and symptomatic infection with COVID-19 during the ongoing pandemic and potentially later for routine vaccination including addressing new variants. VLA2001 may also be suited for boosting, as repeat booster vaccinations have been shown to work well with whole virus inactivated vaccines. VLA2001 is produced on Valneva's established Vero-cell platform, leveraging the manufacturing technology for Valneva's licensed Japanese encephalitis vaccine, IXIARO®. VLA2001 consists of inactivated whole virus particles of SARS-CoV-2 with high S-protein density, in combination with two adjuvants, alum and CpG 1018. This adjuvant combination has consistently induced higher antibody levels in preclinical experiments than alum-only formulations and shown a shift of the immune response towards Th1. CpG 1018 adjuvant, supplied by Dynavax Technologies Corporation (Nasdaq: DVAX), is a component of the US FDA- and EMA-approved HEPLISAV-B® vaccine. The manufacturing process for VLA2001, which has already been upscaled to final industrial scale, includes chemical inactivation to preserve the native structure of the S-protein. VLA2001 is expected to conform with standard cold chain requirements (2 degrees to 8 degrees Celsius).

About Valneva SE

Valneva is a specialty vaccine company focused on the development and commercialization of prophylactic vaccines for infectious diseases with significant unmet medical need. The Company takes a highly specialized and targeted approach to vaccine development and then applies its deep understanding of vaccine science to develop prophylactic vaccines addressing these diseases. Valneva has leveraged its expertise and capabilities both to successfully commercialize two vaccines and to rapidly advance a broad range of vaccine candidates into and through the clinic, including candidates against Lyme disease, the chikungunya virus and COVID-19.

Fuente: Valneva website. Disponible en <https://cutt.ly/7Rn5vP2>

Vacunas COVID-19. India, Egipto y Cuba, entre los países que desarrollan su propia cosecha

18 oct. Los países en desarrollo están recurriendo cada vez más a las vacunas COVID-19 de cosecha propia a medida que el programa Covax respaldado por la ONU se queda atrás.

Mientras que los países occidentales implementan inyecciones de refuerzo en sus propias poblaciones, Covax, que fue establecido por agencias de la ONU, gobiernos y donantes para garantizar un acceso justo a las vacunas Covid-19 para los países de ingresos bajos y medianos, ha dicho que no alcanzará su objetivo. distribuir 2.000 millones de dosis en todo el mundo a finales de este año.



Según el último pronóstico de suministro, el 8 de septiembre, el programa ahora espera proporcionar 1.400 millones de dosis de vacunas durante 2021, un déficit de casi un tercio.

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La escasez se debe en gran medida a las limitaciones de las exportaciones y la fabricación y al aumento de la demanda de los países productores de vacunas. India, un productor clave, solo entregó 28 millones de las dosis prometidas de 40 millones en marzo, cuando las infecciones aumentaron a medida que la variante Delta se extendía por todo el país.

Los países en desarrollo han respondido produciendo nuevas vacunas locales. Entre ellos se encuentra Egipto, que ha lanzado ensayos en humanos para su vacuna casera Covi Vax, después de exitosas pruebas de laboratorio.

"La Autoridad de Medicamentos de Egipto dio su aprobación para fabricar el primer lote de dosis de vacuna con el nombre de Covi Vax para su uso en ensayos clínicos", dijo Mohamed Ahmed Ali, profesor de virología en el Centro Nacional de Investigación y jefe del equipo de investigación para la producción de la vacuna.

A principios de este año, investigadores de Arabia Saudita anunciaron el inicio de ensayos en humanos en etapa temprana de una vacuna desarrollada por investigadores de la Universidad Imam Abdulrahman bin Faisal.

Cuba busca la aprobación de la OMS para sus propias vacunas, ya que busca alcanzar la inmunización completa, incluidos niños de tan solo dos años, para fines de 2021.

Varios institutos de investigación brasileños también están apostando por el desarrollo de vacunas de cosecha propia contra Covid-19.

El Instituto Butantan, un centro de investigación público en São Paulo, está llevando a cabo ensayos en

humanos de etapa inicial de ButanVac. La vacuna del vector viral, desarrollada por la Escuela de Medicina Icahn en Nueva York y un consorcio internacional, se puede producir íntegramente en Brasil en el futuro.

Cristiano Gonçalves, gerente de innovación de Butantan, dijo: "El consorcio y los partidarios de ButanVac están preocupados por los países de ingresos bajos y medios que están siendo desatendidos en este momento. La idea es que ButanVac sirva al mercado interno y que Butantan reserve parte de su producción para la exportación".

El gobierno de la India también planea lanzar ZyCoV-D, la primera vacuna de ADN del mundo, que está siendo producida por Zydus Cadila, una empresa privada, en asociación con el departamento de biotecnología del Ministerio de Ciencia y Tecnología de la India. Esto permitirá la expansión del programa de vacunación existente para incluir a niños pequeños y adolescentes.

En Singapur, tres vacunas de ARNm desarrolladas por la empresa estadounidense Arcturus Therapeutics se están sometiendo a ensayos en humanos en etapa intermedia para comprobar su eficacia.

La producción de vacunas de cosecha propia sigue una serie de acuerdos en los que los países en desarrollo han comenzado a asumir la fabricación de vacunas desarrolladas en Europa, Estados Unidos o China.

En Brasil, alrededor de dos tercios de la población han recibido al menos una dosis de vacuna, muchas de las cuales fueron resultado de acuerdos de transferencia de tecnología entre laboratorios brasileños y compañías farmacéuticas internacionales.

En julio de 2020, el Instituto Butantan respaldó ensayos en humanos a gran escala de CoronaVac, la vacuna fabricada por la empresa china Sinovac Biotech. A cambio, Sinovac se comprometió a transferir tecnología al instituto brasileño.

Butantan está importando las materias primas de China y empaquetando la vacuna en Brasil. Para la siguiente fase del acuerdo de transferencia de tecnología, se está preparando una fábrica para comenzar a producir dosis.

La Fundación Oswaldo Cruz, un centro de investigación en Río de Janeiro vinculado al Ministerio de Salud, inició negociaciones con AstraZeneca en el primer semestre del año pasado.

Como resultado, la vacuna Covishield de la farmacéutica anglo-sueca también se sometió a pruebas en humanos a gran escala en Brasil, y ahora se está produciendo en el país con materias primas importadas del exterior. En el futuro, la vacuna se producirá íntegramente en Brasil.

Fuente: ALERTA El Diario de Cantabria. Disponible en <https://cutt.ly/zRQG3fT>

Coronavirus España, hoy | La EMA evalúa cuatro posibles nuevas vacunas y ocho tratamientos contra la COVID

20 oct. La incidencia acumulada del coronavirus en España vuelve a bajar y se sitúa en 41,9 casos por cada 100.000 habitantes, según el último informe ofrecido por el Ministerio de Sanidad, que contabiliza 1.889 casos nuevos y 21 muertes por COVID-19 en las últimas 24 horas.

Las comunidades siguen suavizando sus restricciones para controlar la pandemia y recuperan aforos máximos, mientras ya han administrado más de 71 millones de dosis de las vacunas de Pfizer, Moderna,

AstraZeneca/Oxford y Janssen desde el arranque de la campaña hace casi nueve meses, aunque el ritmo diario se está ralentizando.

Más de 37 millones de personas tienen la pauta completa para combatir el coronavirus (78,2 % de la población), más de 37,9 millones han recibido al menos una dosis (79,9 %) y más de 393.000 ya han recibido la tercera dosis.



El certificado COVID obligatorio se abre paso en todo el mundo, tras la exigencia de Francia a los trabajadores sanitarios y de Italia a todos los empleados para acceder a su puesto de trabajo, la ciudad de Nueva York se suma y lo exigirá a todos los empleados públicos. Rusia plantea una alternativa para frenar la pandemia, una semana de vacaciones retribuidas. Será del 30 de octubre al 7 de noviembre, según ha anunciado su presidente Vladimir Putin.

La Unión Europea se ha comprometido a donar 500 millones de dosis de la vacuna del coronavirus "en los próximos meses" para el programa COVAX de la ONU, mientras la Agencia Europea del Medicamento (EMA) sigue analizando cuatro posibles vacunas para su autorización, entre ellas la rusa Sputnik V y la china Sinovac.

Actualidad sobre la pandemia de coronavirus

El Gobierno británico descarta aplicar por ahora su llamado "Plan B" -que contemplaría la obligatoriedad de llevar mascarillas y el uso de pasaportes de vacunas- para afrontar el alza de contagios diarios en el Reino Unido cara al invierno, ha aclarado este miércoles un portavoz de Downing Street. Continuarán supervisando las últimas cifras actualizadas por el Ministerio británico de Sanidad, que desde hace días no bajan de los 40.000 positivos.

Por otro lado, el Gobierno de Estados Unidos ha anunciado su plan para distribuir vacunas contra la COVID-19 a los niños de entre 5 y 11 años en cuanto las autoridades competentes lo autoricen. El objetivo es que la inmunización de los menores sea más eficiente que la de los adultos, cuyo comienzo hace diez meses estuvo marcado por la escasez de dosis que hizo que muchos tuvieran que esperar para vacunarse.

Los ocho tratamientos contra el coronavirus que está analizando la EMA

1. El fármaco de anticuerpos monoclonales bamlanivimab y etesemivab, desarrollado por la estadounidense Eli Lilly
2. Evusheld, combinación de anticuerpos tixagevimab y cilgavimab desarrollado por AstraZeneca AB.
3. Sotrovimab, un anticuerpo monoclonal desarrollado por las farmacéuticas británica GlaxoSmithKline y estadounidense Vir Biotechnology.
4. El inmunosupresor Kineret (anakinra), ya autorizado para tratar enfermedades inflamatorias.
5. Olumiant (baricitinib), un fármaco para la artritis reumatoide.
6. Regkirona (regdanvimab), un tratamiento con anticuerpos monoclonales.
7. El antiinflamatorio tocilizumab (RoActemra), también usado para tratar artritis reumatoide.
8. Ronapreve, un cóctel de anticuerpos monoclonales de las firmas Regeneron y Roche.

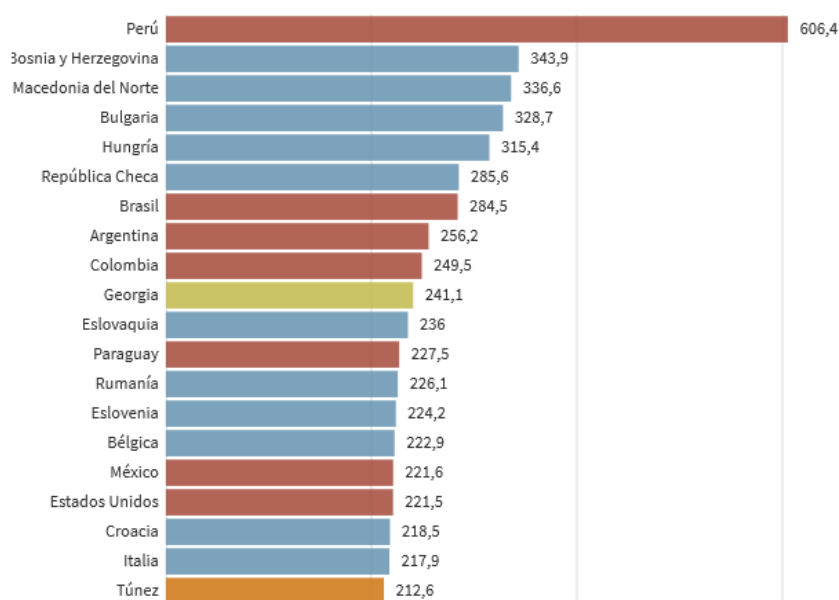
Una fuente de la EMA ha explicado que “cuatro vacunas contra la COVID-19 permanecen en revisión continua hasta que se disponga de pruebas suficientes para que la compañía presente una solicitud formal de autorización de comercialización”, un paso solo posible cuando haya información suficiente que respalde su seguridad, calidad y eficacia. Entre las vacunas pendientes de autorización están la china Sinovac y la rusa Sputnik V. (EFE)

Casos y muertos con coronavirus por continentes



FUENTES: Elaboración propia, [JHU CSSE](#)

Países con más muertes con coronavirus por 100.000 habitantes



Fuente: Elaboración propia, [Universidad John Hopkins](#), [Banco Mundial](#)

Fuente: rtve CORONAVIRUS. Disponible en <https://cutt.ly/qRQ3aPq>

Concluye en Cienfuegos vacunación del ensayo clínico Soberana Plus Pediatría

20 oct. El proyecto del ensayo clínico Fase II Soberana Plus Pediatría para convalecientes de la COVID-19 en el Hospital Pediátrico Paquito González Cueto, de Cienfuegos, finalizó, luego de vacunarse a 240 niños y adolescentes, de entre dos y 18 años.

El proyecto diseñado por el Instituto Finlay de Vacunas, se lleva a cabo de conjunto con el Hospital Juan Manuel Márquez, de La Habana.

La coordinadora por la provincia de Cienfuegos, Doctora Mercedes Fonseca Hernández, manifestó al periódico local 5 de Septiembre el honor de los cienfuegueros por haber sido escogidos para el ensayo.

«Todos querían vacunar a sus niños, dice, y la asistencia de los voluntarios con sus padres u otros familiares fue del ciento por ciento. Les hicimos un seguimiento hasta las 24 horas a la totalidad de los inmunizados, desde el pasado lunes hasta el sábado.

«A partir de esta semana estamos siguiendo a los pacientes, al séptimo día de vacunados. No hemos encontrado eventos adversos importantes o graves, ni en la primera hora, ni a los siete días posteriores.

«Los eventos adversos fueron los esperados, sobre todo en el sitio de vacunación, dolor que no limita la actividad del niño y en ocasiones ligero aumento del volumen, como puede suceder en cualquier tipo de vacuna».

Considera la Doctora Mercedes que «de esta manera esperamos terminar la evaluación del séptimo día, y con una toma de muestra de sangre, el día 14 para el primer grupo, y el 28 para el segundo grupo.

«Quiero felicitar al pueblo cienfueguero porque ha participado de forma muy entusiasta, con sus hijos en este ensayo clínico, lo cual nos satisface grandemente».

Cienfuegos tiene experiencias en proyectos de vacunación anteriores, por ejemplo, en el Neumococo y Soberana Centro.



Fuente: Granma. Disponible en <https://cutt.ly/JRQ4eF7>

50.000 casos en un día: por qué Reino Unido tiene el número más alto de casos de covid-19 en Europa

20 oct. El número de casos de COVID-19 en Reino Unido es más alto ahora que en esta época del año pasado cuando partes de Inglaterra estaban bajo confinamiento.

Sin embargo, gracias a la vacuna hay menos casos de enfermedades graves y menos internamientos en hospitales.

Pero las crecientes infecciones siguen siendo motivo de preocupación.



Según advierten los científicos, cuanto más virus circule, más posibilidades habrá de que rompa las defensas de las vacunas, que infecte a las personas vulnerables y que sobrecargue los servicios de salud.

¿Qué muestran las cifras?

En los últimos días el número de personas que dieron positivo por COVID-19 en Reino Unido ha ido aumentando, registrándose casi 50.000 casos en las últimas 24 horas.

Las cifras de infección en el país son actualmente mucho más altas que en otros países de Europa occidental.

Desde que se registró el primer caso de COVID-19 en Europa en enero de 2020, Reino Unido ha confirmado más de 8,2 millones de casos, la cifra más alta de toda la región.

Te explicamos qué está impulsando el aumento de casos en este país.

¿Menos mascarillas?

Los residentes de Reino Unido son más proclives a decir que ya no usan mascarilla ni se cubren la cara en comparación con las poblaciones de Alemania, Francia, España e Italia.

Los casos de covid son más altos en Reino Unido que en cualquiera de esos países, pero no podemos decir necesariamente que un factor sea la causa del otro.

Estudio tras estudio ha demostrado que las mascarillas pueden ayudar a evitar que el virus se transmita entre las personas.

Sin embargo, cuando se trata de medir la cantidad de mascarillas que logran reducir un brote, es mucho más difícil de precisar.

Esto se debe a que es difícil distinguir entre todas las otras cosas que ocurren al mismo tiempo, como la cantidad de personas que eligen mezclarse con los demás.

Las personas en Suecia y los Países Bajos, por ejemplo, son más propensas que las de Reino Unido a decir que nunca usaron mascarilla, según una encuesta del Imperial College de Londres.

Pero estos países tienen menos casos confirmados de COVID-19 que Reino Unido.

En Reino Unido, las regulaciones escocesas todavía recomiendan usar mascarilla en la mayoría de los lugares en interior, mientras que las inglesas no lo hacen.

Y según una encuesta de la Oficina de Estadísticas Nacionales, las personas en Escocia se inclinan más a decir que se han cubierto la cara en los siete días anteriores.

Aun así, esa nación también experimentó un aumento en las admisiones hospitalarias en las últimas semanas.

¿Reglas más flexibles, más socialización?

Reino Unido relajó muchas restricciones antes que la mayor parte del resto de Europa occidental.

Los ciudadanos de Inglaterra, Gales y Escocia han podido ir a clubes nocturnos y asistir a reuniones con un número ilimitado de personas desde el verano boreal, a diferencia de muchos otros países.

Los datos de la encuesta del Imperial College sugieren que las personas en Reino Unido son algo más proclives que algunos de sus vecinos europeos más cercanos a usar el transporte público y menos propensos a no salir.

La última encuesta de contactos y socialización en Reino Unido encontró que ha habido relativamente pocos cambios en las últimas semanas, con tasas de contacto entre niños similares a las del inicio del trimestre.

Ha habido un aumento gradual en el número de empleados que van a su lugar de trabajo, aunque todavía es bastante bajo, con solo aproximadamente la mitad de los empleados en los lugares de trabajo que están abiertos.



GETTY IMAGES | No es obligatorio el uso de mascarilla en el transporte en Londres.

¿Inmunidad menguante?

Reino Unido se adelantó en el lanzamiento de la vacuna.

Sin duda, esto ha salvado muchas vidas al prevenir casos severos de COVID-19, pero este progreso temprano podría dar una pista de por qué el país enfrenta más casos ahora.

Un estudio de los resultados de las pruebas de COVID-19 de personas vacunadas que registraron sus síntomas en una aplicación sugirió que la protección de la vacuna contra la infección disminuye significativamente después de cinco o seis meses de su inoculación.

En Israel, que originalmente lideró el mundo en términos de población vacunada, los científicos que analizaron los datos dijeron que un aumento en los casos se debió a la reducción de la protección que

brinda la vacuna.

Y los casos se estabilizaron una vez que se administró una dosis de refuerzo a suficientes personas mayores.

Lo que nos muestra Israel sobre cómo salir de la COVID-19

Ahora, en Reino Unido se están administrando dosis de refuerzo a las personas mayores: hasta el 17 de octubre se habían administrado 3,7 millones de dosis en Inglaterra.

Es importante destacar que la protección contra la enfermedad grave parece mantenerse alta seis meses después de la vacunación.

Es cierto que cuantos más contagios hay, mayor es el riesgo de que algunas personas terminen gravemente enfermas, incluso cuando la mayoría ha sido vacunada.

Probablemente esa sea la razón por la que las admisiones hospitalarias en Reino Unido son más altas ahora que a principios del verano boreal, cuando había menos casos.

Pero cuando observamos las cifras generales, vemos muchos menos ingresos hospitalarios ahora que la última vez que hubo tantos casos y la mayoría de las personas no estaban vacunadas.

¿Un programa de vacunación estancado?

El rápido lanzamiento de Reino Unido de su programa de vacunación se ha estancado en los últimos meses.

La tasa de personas totalmente vacunadas en ese país ya no está en la lista de las primeras 10 naciones con una población de al menos un millón.

En las dos primeras semanas de octubre, la proporción del público británico de 12 años o más que ha recibido al menos una dosis de la vacuna apenas se movió.

Un portavoz del gobierno dijo que "el programa de vacunación ha debilitado significativamente el vínculo entre los casos, las hospitalizaciones y las muertes, y seguirá siendo la primera línea de defensa contra COVID-19".

"Alentamos a aquellos que pueden recibir una vacuna de refuerzo a que se presenten para asegurarse de tener esta protección adicional vital a medida que nos acercamos al invierno [boreal]".

Vacunación de niños: cómo se compara Reino Unido

La tasa de vacunación de Reino Unido está ligeramente sesgada por la baja administración de dosis entre los niños.

La vacunación para niños de 12 a 15 años en el país comenzó el pasado 20 de septiembre.

Hasta ahora, un 15% de los jóvenes de 12 a 15 años en Inglaterra han recibido una sola dosis.

En Israel, más de la mitad de los jóvenes de 12 a 15 años han tenido al menos una dosis.

La mayoría de los otros países europeos están vacunando a los mayores de 12 años, incluido Francia, que comenzó a implementarla en junio.



GETTY IMAGES

Las vacunaciones para niños de 12 a 15 años en el país comenzaron el 20 de septiembre.

Fuente: BBC News. Disponible en <https://cutt.ly/pRWqHFo>



VacciMonitor es una revista dedicada a la vacunología y temas afines como Inmunología, Adyuvantes, Infectología, Microbiología, Epidemiología, Validación, Aspectos regulatorios, entre otros. Arbitrada, de acceso abierto y bajo la Licencia *Creative Commons* está indexada en:



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Estrategia de búsqueda: *Vaccine in the title or abstract AND 20211012:20211020 as the publication date*
44 records.

1. [WO/2021/203236](#) BAT-DERIVED CORONAVIRUS VACCINE FOR PREVENTION OF COVID-19
WO - 14.10.2021

Clasificación Internacional [A61K 39/215](#) N° de solicitud PCT/CN2020/083487 Solicitante SICHUAN CHENGYU BIOLOGICAL PRODUCTS INC. Inventor/a YU, Li

A bat-derived coronavirus vaccine for prevention of COVID-19, which uses bat-derived coronavirus Bat/CovRaTG13 to produce a vaccine to control and prevent the ongoing COVID-19 pandemic and future epidemics of the disease. Bat/CovRaTG13 has the closest genetic fingerprint to the 2019 novel coronavirus (SARS-CoV-2). Homology of full amino acid sequences determines not only relatedness of amino acids, but also the similarity of biological properties of the amino acids, with antigenicity being one of the main factors determining vaccine specificity and effectiveness. The vaccine strain is derived from a Bat/CovRaTG13 family member and has sequence homology. The bat-derived coronavirus vaccine can be prepared, by means of corresponding construction and manufacturing method procedures, into three types of vaccines: a live vaccine, an inactivated vaccine and/or a recombinant vaccine to prevent a COVID-19 pandemic.

2. [WO/2021/204204](#) ANTIGEN GENE TRANSFECTION CELL VACCINE AND RELATED IMMUNE CELL
WO - 14.10.2021

Clasificación Internacional [C12N 5/10](#) N° de solicitud PCT/CN2021/085973 Solicitante CHINEO MEDICAL TECHNOLOGY CO., LTD. Inventor/a GU, Weiyue

Provided are a cell vaccine for an infection by a pathogenic micro-organism and an illness related to the infection, said vaccine can be prepared by means of in vitro transfection of autologous or allogeneic antigen-presenting cells with a pathogenic micro-organism antigen, and as such the antigen-presenting cells loaded with the pathogenic micro-organism antigen serve as a prophylactic or therapeutic vaccine. Further provided are an immune cell, comprising a T cell or an NK cell, which can be activated by the antigen-loaded vaccine of the present invention, or can be directly activated by a pathogenic micro-organism. Further provided is a composition simultaneously including the cell vaccine and immune cells, said composition being used for preventing or treating an infection caused by the pathogenic micro-organism and an illness related thereto.

3. [WO/2021/206581](#) GENETIC CONSTRUCT-BASED VACCINE AGAINST CORONAVIRUS INFECTION
WO - 14.10.2021

Clasificación Internacional [A61K 39/215](#) N° de solicitud PCT/RU2020/000257 Solicitante DUKHOVLINOV, Ilya Vladimirovich Inventor/a DUKHOVLINOV, Ilya Vladimirovich

The invention relates to molecular biology, biotechnology, medicine and can be used to prevent and treat corona virus infection, mainly caused by 2019-nCoV. A vaccine is proposed based on a genetic construct encoding a fusion protein, including fragments of M, S, N, E new coronavirus proteins. The speed and simplicity of preparation (from 2-3 hours to 4-5 days), safety are the advantages of the developed vaccine, due to the nature of the molecule- of the active substance, as well as to the lack of an ACE2 binding site in the fusion protein synthesized from the genetic construct, and the lack of its homology with proteins of the organism, induction of the immune response profile, to a large extent represented by the cytotoxic immune response, in addition to the humoral one. The vaccine can be administered as standard or by electroporation.

4. [WO/2021/206103](#) VACCINE FOR SUBCUTANEOUS ADMINISTRATION

WO - 14.10.2021

Clasificación Internacional [A61K 39/00](#) N° de solicitud PCT/JP2021/014677 Solicitante APPLIED MEDICAL ENZYME RESEARCH INSTITUTE CORPORATION Inventor/a KIDO, Hiroshi

Provided is vaccine for subcutaneous administration that uses an antigen protein in a smaller amount than in conventional vaccines, that has the superior effect of inducing antigen-specific blood IgG antibody, and that is free of problems such as formation of a painful lump at the site of administration. Vaccine for subcutaneous administration was produced, the vaccine containing an antigen protein, a synthetic peptide comprising an amino acid sequence of KnLm, a phospholipid-containing liquid, and a carboxy vinyl polymer.

5. [3890774](#) IMPFSTOFF ZUR VORBEUGUNG UND BEHANDLUNG VON INFEKTIONEN MIT C. DIFFICILE UND SEINE VERWENDUNG

EP - 13.10.2021

Clasificación Internacional [A61K 39/08](#) N° de solicitud 19829681 Solicitante INST IMMUNOLOGII I TERAPII DOSWIADCZALNEJ IM LUDWIKA HIRSZFELDA POLSKIEJ AKADEMII NAUK Inventor/a MYC ANDRZEJ

The present invention relates to a veterinary vaccine containing nanoadjuvants in the form of emulsion and *Clostridium difficile* antigens, as well as the use of the vaccine in the preventions and treatment of a *C. difficile* infection, especially in birds and mammals. The object of the invention is also the use of this vaccine to produce *C. difficile*-specific antibodies.

6. [WO/2021/205017](#) IMPROVEMENTS IN VACCINE FORMULATIONS FOR MEDICAL USE

WO - 14.10.2021

Clasificación Internacional [A61K 39/00](#) N° de solicitud PCT/EP2021/059333 Solicitante VALNEVA AUSTRIA GMBH Inventor/a SCHLEGL, Robert

The present invention relates to an aluminum composition for use as an adjuvant or for use in a method of vaccination, the use of an alum-adjuvanted vaccine composition comprising less than 1.25 ppb copper for increasing bioavailability of an antigen in the vaccine, wherein the antigen is a protein, particularly an OspA protein or a *Clostridium difficile* toxin A and toxin B fusion protein or a SARS-CoV-2 protein or an hMPV protein, in an aluminum-containing vaccine composition and the use of a radical quenching compound such as L- methionine for increasing bioavailability of a protein antigen in a copper- and aluminum-containing vaccine composition.10

7. [WO/2021/205027](#) INDIVIDUALIZED THERAPEUTIC ANTICANCER VACCINE

WO - 14.10.2021

Clasificación Internacional [A61K 39/00](#) N° de solicitud PCT/EP2021/059353 Solicitante VACCIBODY AS Inventor/a FREDRIKSEN, Agnete, Brunsvik

The present invention relates to an individualized therapeutic anticancer vaccine, methods of treatment of cancer wherein such an anticancer vaccine is used as well as methods for producing the vaccine.

8. [WO/2021/206587](#) SARS-COV-2 DNA VACCINE BASED ON GENE THERAPY DNA VECTOR GDTT1.8NAS12

WO - 14.10.2021

Clasificación Internacional [A61K 39/215](#) N° de solicitud PCT/RU2021/000148 Solicitante GENETIC DIAGNOSTICS AND THERAPY 21 LTD Inventor/a GAMOLSKI, Anton

The invention refers to genetic engineering and can be used in biotechnology, medicine as a DNA vaccine for human vaccination against SARS-CoV-2 virus. A DNA vaccine as a composition of gene therapy DNA vectors GDTT1.8NAS12-S, GDTT1.8NAS12-M, and GDTT1.8NAS12-N based on gene therapy DNA vector GDTT1.8NAS12 encoding immunogenic epitopes of S, M, and N proteins of SARS-CoV-2 virus was constructed. Each of the constructed gene therapy DNA vectors included in the DNA

vaccine has the ability to efficiently penetrate human and animal cells and express the therapeutic S protein of SARS-CoV-2 cloned to it, therapeutic M protein of SARS-CoV-2 cloned to it and therapeutic N protein of SARS-CoV-2 cloned to it due to the limited size of GDTT1.8NAS12 vector part not exceeding 2600 bp. As part of each of the constructed gene therapy DNA vectors uses nucleotide sequences that are not antibiotic resistance genes or regulatory elements of viral genomes are used as the structural elements, which ensures its safe use for gene therapy and human vaccination.

9. [20210315988](#) VACCINATION AGAINST CORONAVIRUS WITH POLIOMYELITIS VACCINE

US - 14.10.2021

Clasificación Internacional [A61K 39/13](#) N° de solicitud 17155953 Solicitante E-MO Biology Inc. Inventor/a Qiyi Xie

Provided herein is a method for preventing a person from an infection by a Coronaviridae virus with a poliomyelitis vaccine. Also provided herein is a method of inducing a protective immune response against a Coronaviridae virus with a poliomyelitis vaccine.

10. [WO/2021/207420](#) AN INNOVATIVE DNA VACCINE FOR SARS-COV, SARS-COV-2, AND MERS-COV

WO - 14.10.2021

Clasificación Internacional [A61K 39/215](#) N° de solicitud PCT/US2021/026268 Solicitante THE JOHNS HOPKINS UNIVERSITY Inventor/a WU, T.C.

Provided herein are DNA vaccine constructs comprising linking polynucleotides encoding human albumin to polynucleotides comprising one or more of the receptor binding domains (RBD) of the spike protein of SARS-CoV-2 and/or MERS-CoV and/or SARS-CoV. Methods for making the vaccine constructs and their use in prophylaxis and treatment of SARS coronavirus infections are also provided.

11. [WO/2021/203608](#) VEGFR2-TARGETED METASTATIC CANCER VACCINE

WO - 14.10.2021

Clasificación Internacional [C07K 19/00](#) N° de solicitud PCT/CN2020/109970 Solicitante NEWISH TECHNOLOGY (BEIJING) CO., LTD. Inventor/a QI, Hailong

Provided is a VEGFR2 (KDR)-targeted metastatic cancer vaccine. By means of fusion expression of VEGFR2 protein promoting generation of tumor angiogenesis with a DC cell ligand XCL1, the efficiency of cytophagy, processing and presentation of the VEGFR2 protein by DC cells is improved, and the effect of inhibiting tumor growth is improved. Experiments prove that the protein for nucleic acid vaccine expression can effectively bind the DC cells, induce specific T-cell reaction of VEGFR2 and significantly inhibit growth of tumor highly expressing VEGFR2 in various models.

12. [WO/2021/204998](#) NATURAL ANTIBODIES IN PROPHYLAXIS AND THERAPY

WO - 14.10.2021

Clasificación Internacional [A61K 39/04](#) N° de solicitud PCT/EP2021/059294 Solicitante HEIDELBERG IMMUNOTHERAPEUTICS GMBH Inventor/a ÜBELHART, Rudolf

Described is a human or humanized natural IgM and/or IgA antibody recognizing oxidized phospholipids and/or oxidation-specific epitopes for use in a method of treating or preventing a disorder or a disease associated with/related to/caused by a natural IgM/IgA antibody deficiency (NAD) in a subject. Moreover, described is a vaccine comprising a compound that induces the generation of natural IgM and/or IgA antibodies for use in a method of reducing or preventing the clinical signs or disease associated with/related to/caused by natural IgM/IgA antibody deficiency (NAD) in a subject, wherein said vaccine comprises a pharmaceutically acceptable carrier or excipient. Further, described is such a vaccine for use in a method of reducing or preventing the clinical signs or disease associated with/related to/caused by natural IgM/IgA antibody deficiency (NAD) in a subject, wherein said compound induces human natural IgM and/or IgA antibody recognizing oxidized phospholipids and/or oxidation-specific epitopes.

13. [WO/2021/206783](#) VACCINATION AGAINST CORONAVIRUS WITH POLIOMYELITIS VACCINE
WO - 14.10.2021

Clasificación Internacional [A61K 39/13](#) N° de solicitud PCT/US2021/014253 Solicitante XIE, Qiyi
Inventor/a XIE, Qiyi

Provided herein is a poliomyelitis vaccine for use in preventing a person from an infection by a Coronaviridae virus. Also provided herein is a poliomyelitis vaccine for use in inducing a protective immune response in a person against a Coronaviridae virus.

14. [WO/2021/206638](#) VACCINE AND/OR ANTIBODY FOR VIRAL INFECTION
WO - 14.10.2021

Clasificación Internacional [C07K 14/165](#) N° de solicitud PCT/SG2021/050197 Solicitante INTRA-IMMUSG PRIVATE LIMITED Inventor/a ZENG, Qi

The present invention relates to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) N-protein and/or an immunogenic fragment thereof and uses thereof. The invention also includes a nucleic acid molecule encoding the SARS-CoV-2 N-protein and/or an immunogenic fragment thereof; and uses thereof. The SARS-CoV-2 N protein and/or immunogenic fragment thereof may be produced by recombinant DNA technology or may be chemically synthesised. In particular, the SARS-CoV-2 N-protein and/or an immunogenic fragment thereof and/or nucleic acid molecule encoding the SARS-CoV-2 N-protein and immunogenic may be for use as a vaccine. The invention further includes an antibody capable of binding to the SARS-CoV-2 N-protein or antigen-binding fragment thereof and uses thereof.

15. [20210319847](#) PEPTIDE-BASED VACCINE GENERATION SYSTEM
US - 14.10.2021

Clasificación Internacional [G16B 15/30](#) N° de solicitud 17197166 Solicitante NEC Laboratories America, Inc. Inventor/a Renqiang Min

A method is provided for peptide-based vaccine generation. The method receives a dataset of positive and negative binding peptide sequences. The method pre-trains a set of peptide binding property predictors on the dataset to generate training data. The method trains a Wasserstein Generative Adversarial Network (WGAN) only on the positive binding peptide sequences, in which a discriminator of the WGAN is updated to distinguish generated peptide sequences from sampled positive peptide sequences from the training data, and a generator of the WGAN is updated to fool the discriminator. The method trains the WGAN only on the positive binding peptide sequences while simultaneously updating the generator to minimize a kernel Maximum Mean Discrepancy (MMD) loss between the generated peptide sequences and the sampled peptide sequences and maximize prediction accuracies of a set of pre-trained peptide binding property predictors with parameters of the set of pre-trained peptide binding property predictors being fixed.

16. [3892295](#) INDIVIDUALISIERTE IMPFSTOFFE GEGEN KREBS
EP - 13.10.2021

Clasificación Internacional [A61K 39/00](#) N° de solicitud 21168360 Solicitante BIONTECH SE Inventor/a SAHIN UGUR

The present invention relates to the provision of vaccines which are specific for a patient's tumor and are potentially useful for immunotherapy of the primary tumor as well as tumor metastases. In one aspect, the present invention relates to a method for providing an individualized cancer vaccine comprising the steps: (a) identifying cancer specific somatic mutations in a tumor specimen of a cancer patient to provide a cancer mutation signature of the patient; and (b) providing a vaccine featuring the cancer mutation signature obtained in step (a). In a further aspect, the present invention relates to vaccines which are obtainable by said method.

17. [WO/2021/205079](#) NOVEL VACCINE COMPOSITIONS

WO - 14.10.2021

Clasificación Internacional [A61K 9/51](#) N° de solicitud PCT/FI2021/050261 Solicitante FINNCURE OY
Inventor/a NIEMELÄ, Erik

The present technology provides vaccine compositions and a method for selecting immunogenic epitopes from novel coronaviruses such as SARS-CoV-2. The identified epitopes derived from SARS-CoV-2 have high affinity towards specific MHC molecules in humans that are known to elicit an effective T cell response in vitro. The carrier comprises biocompatible particles having a maximum size in at least one dimension in the nanometer or micrometer range, forming a core, and further having a functionalized surface or loaded with the said immunogenic epitopes or nucleotides encoding for said polypeptides capable of eliciting a cell specific protection against the said virus. A temporary or prolonged protection against novel coronaviruses is achieved by stimulating the immune system for efficiently identifying viral-infected cells.

18.[3892633](#) SELEKTIVE ANTIKÖRPER FÜR N-TERMINAL TRUNKIERTE AMYLOID-BETA-PROTOFIBRILLEN/OLIGOMERE

EP - 13.10.2021

Clasificación Internacional [C07K 16/18](#) N° de solicitud 21153326 Solicitante BIOARCTIC AB Inventor/a GELLERFORS PÄR

A vaccine for delaying onset of or for treatment of Alzheimer's disease or an Alzheimer-related disorder in an individual comprises a therapeutically effective amount of a physiologically acceptable protofibril/oligomer comprising N-terminal truncated A β . An antibody for delaying an onset of or for treatment of Alzheimer's disease or an Alzheimer-related disorder in an individual binds one or more truncated A β protofibrils/oligomers, but exhibits no or substantially no cross-reactivity with full length A β monomers, and optionally said antibody shows cross-reactivity to N-terminal truncated A β monomers .. Methods for delaying an onset of or for treatment of Alzheimer's disease or an Alzheimer-related disorder employ the vaccine or antibody. Methods of detecting soluble N-terminal truncated amyloid-beta (A β) protofibrils/oligomers and N-terminal truncated A β monomers employ the antibody.

19.[3890770](#) PERTUSSIS-AUFFRISCHUNGSMPFSTOFF

EP - 13.10.2021

Clasificación Internacional [A61K 38/17](#) N° de solicitud 19893265 Solicitante SANOFI PASTEUR INC
Inventor/a BURDIN NICOLAS

The present disclosure is directed to a modified acellular pertussis booster vaccine comprising a TLR agonist and methods of using the same for inducing an immune response.

20.[WO/2021/207249](#) VACCINE PLATFORM FOR THE INDUCTION OF SYSTEMIC IMMUNE RESPONSES

WO - 14.10.2021

Clasificación Internacional [A61K 38/17](#) N° de solicitud PCT/US2021/026022 Solicitante THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY Inventor/a CHERPES, Thomas L.
Compositions and methods are provided relating to vaccine formulations comprising (i) an agent that specifically binds to CD244; (ii) an effective dose of an antigen; and (iii) an adjuvant, which adjuvant can be, without limitation, an activator of innate-like T cells.

21.[20210315503](#) SYSTEM AND METHOD FOR A HEALTH STATUS DISPLAY BASED ON DETECTED MAGNETIC NANOPARTICLES

US - 14.10.2021

Clasificación Internacional [A61B 5/256](#) N° de solicitud 17358499 Solicitante Blue Storm Media, Inc.
Inventor/a Gareth John Llewelyn Methods are disclosed for displaying a health status on a user-worn or carried device comprising of disposing a magnet within a housing of the user-worn or carried device,

configured to detect a magnetic field supercutaneously, wherein the field is generated by an interaction of the magnet with magnetic nanoparticles of a delivery agent delivering a therapeutic or vaccine intravenously, converting the detected magnetic field into a field-specific electrical signal and outputting at least one of a pre-defined color, symbol, or audio-coded display on a display portion of the user-worn or carried device signaling the user health status based on the converted field-specific electrical signal.

22. [20210319096](#) SECURITY SYSTEM AND METHOD FOR SOFTWARE TO BE INPUT TO A CLOSED INTERNAL NETWORK

US - 14.10.2021

Clasificación Internacional [G06F 21/55](#) N° de solicitud 17205560 Solicitante SOFTCAMP CO., LTD.

Inventor/a Hwan-Kuk BAE

A security system for software to be input to a closed internal network includes: a kiosk including a registration module configured to read the stored software of a connected portable storage medium, a vaccine module configured to detect malicious code in the software, and an authentication module configured to set inspection authentication for the portable storage medium whose software has been inspected for malicious code; and a client including a check module configured to check the portable storage medium for inspection authentication and authorize the execution of the stored software.

23. [726578](#) RECOMBINANT LISTERIA VACCINE STRAINS AND METHODS OF PRODUCING THE SAME

NZ - 15.10.2021

Clasificación Internacional [C12N 1/21](#) N° de solicitud 726578 Solicitante ADVAXIS, INC. Inventor/a

WALLECHA, Anu

The present invention provides methods of treating, protecting against and inducing an immune response against a tumor or cancer, comprising the step of administering to a subject a recombinant Listeria strain. In one embodiment the present invention relates to a recombinant Listeria strain, said recombinant Listeria strain comprising a recombinant nucleic acid, said nucleic acid comprising a first open reading frame encoding a recombinant polypeptide comprising a first N-terminal fragment of an LLO protein fused to a heterologous antigen or fragment thereof, and wherein said recombinant nucleic acid further comprises a second open reading frame encoding a mutant PrfA protein.

24. [3891170](#) IMMUNOGENE FÜR HIV-IMPfstoff

EP - 13.10.2021

Clasificación Internacional [C07K 14/005](#) N° de solicitud 19893005 Solicitante UNIV ROCKEFELLER

Inventor/a NUSSENZWEIG MICHEL

This disclosure provides HIV immunogens and use thereof for generating an immune response in a subject. Also disclosed is a method of isolating anti-HIV antibodies and use thereof. This disclosure further provides a method for treating or preventing a human immunodeficiency type 1 (HIV-1) infection in a subject using the disclosed HIV immunogens and/or antibodies.

25. [3892296](#) IMMUNOGENE ZUSAMMENSETZUNG MIT EINEM ANTIGENEN ANTEIL UND EINER LIPOSOMALEN FORMULIERUNG, VERFAHREN ZUR HERSTELLUNG DER ZUSAMMENSETZUNG, DIE ZUSAMMENSETZUNG ZUR VERWENDUNG ALS ARZNEIMITTEL, INSBESONDERE ZUR VERWENDUNG ALS IMPfstoff

EP - 13.10.2021

Clasificación Internacional [A61K 39/12](#) N° de solicitud 20168554 Solicitante INNOMEDICA HOLDING AG

Inventor/a HALBHERR STÉFAN JONATHAN

The present invention concerns an immunogenic composition comprising (a) an antigenic moiety, preferably an antigenic moiety being or comprising an amino acid sequence corresponding to a surface protein domain of SARS-CoV-2 virus; and (b) a liposomal formulation as an adjuvant. More specifically,

the antigenic moiety preferably is either the receptor binding domain RBD of Spike protein S of SARS-CoV-2 virus, or the HR domain of S₂ subunit of spike protein S of SARS-CoV-2 virus; or an immunogenic fragment thereof.

26. [WO/2021/205022](#) IMPROVED METHODS OF PRODUCING A LIPIDATED PROTEIN

WO - 14.10.2021

Clasificación Internacional [C12P 21/02](#) N° de solicitud PCT/EP2021/059342 Solicitante VALNEVA

AUSTRIA GMBH Inventor/a SCHLEGL, Robert

The present invention relates to method of producing a lipidated protein, a pharmaceutical composition comprising the protein of any of SEQ ID NOs: 1, 2, and/or 3 and/or the lipidated form of a protein comprising the protein of SEQ ID NO: 7 (C-TAB.G5) and/or SEQ ID NO: 8 (C-TAB.G5.1), especially the protein of SEQ ID NO: 12 (Lip-C- TAB.G5.1), and/or a lipidated form of a protein comprising the protein of SEQ ID NO: 15 (Spike protein of SARS-CoV-2) and/or a lipidated form of a protein comprising the any of the proteins of SEQ ID NOs: 16-22 (hMPV F protein), and the pharmaceutical composition for use as a medicament, particularly a vaccine and/or for use in a method for eliciting an immune response in a human against Lyme disease, a disease caused by *Clostridium difficile* or hMPV and/or of SARS-CoV-2 (COVID-19).

27. [WO/2021/204873](#) IMMUNOGENIC COMPOSITION COMPRISING AN ANTIGENIC MOIETY AND A LIPOSOMAL FORMULATION, METHOD OF PRODUCING THE COMPOSITION, THE COMPOSITION FOR USE AS A MEDICAMENT, IN PARTICULAR FOR USE AS A VACCINE

WO - 14.10.2021

Clasificación Internacional [A61K 39/12](#) N° de solicitud PCT/EP2021/059055 Solicitante INNOMEDICA

HOLDING AG Inventor/a HALBHERR, Stéfan Jonathan

The present invention concerns an immunogenic composition comprising (a) an antigenic moiety, preferably an antigenic moiety being or comprising an amino acid sequence corresponding to a surface protein domain of SARS-CoV-2 virus; and (b) a liposomal formulation as an adjuvant. More specifically, the antigenic moiety preferably is either the receptor binding domain RBD of Spike protein S of SARS-CoV-2 virus, or the HR domain of S₂ subunit of spike protein S of SARS-CoV-2 virus; or an immunogenic fragment thereof. The invention further relates to a method of producing an immunogenic composition and the use of such composition as a medicament.

28. [3892729](#) REKOMBINANTES SCHWEINEPARVOVIRUS-ANTIGENPROTEIN UND VERWENDUNG DAVON

EP - 13.10.2021

Clasificación Internacional [C12N 15/82](#) N° de solicitud 19892393 Solicitante REPUBLIC KOREA ANIMAL & PLANT QUARANTINE AGENCY Inventor/a SONG JAE-YOUNG

The present invention provides: a recombinant expression vector comprising a gene encoding a porcine parvovirus VP2 protein; a recombinant plant or a recombinant insect cell transformed with the vector; and a vaccine composition for a porcine parvovirus and a composition for diagnosing porcine parvovirus, both of which contain a porcine parvovirus VP2 protein obtained from the recombinant plant or the recombinant insect cell. When the recombinant plant or recombinant insect cell of the present invention is used, the porcine parvovirus antigenic protein can be produced with high efficiency, and the porcine parvovirus antigenic protein production method using the recombinant plant or recombinant insect cell has excellent safety and stability compared with other antigen production methods. The composition for diagnosis of porcine parvovirus of the present disclosure uses a recombinant antigenic protein, and thus is safe due to the absence of the possibility of contamination caused by handling of live viruses and enables a prompt diagnosis of the infection with porcine parvovirus from a large amount of samples.

29. [WO/2021/207615](#) COMPOSITIONS COMPRISING THREE OSP A FUSION PROTEINS FOR MEDICAL USE

WO - 14.10.2021

Clasificación Internacional [C07K 14/20](#) N° de solicitud PCT/US2021/026599 Solicitante VALNEVA AUSTRIA GMBH Inventor/a BÉZAY, Nicole

The present invention relates to a composition comprising the OspA fusion protein of SEQ ID NO: 1 (LipSID1-S2DI), the OspA fusion protein of SEQ ID NO: 2 (Lip-S4D1-SShybD1) and the OspA fusion protein of SEQ ID NO: 3 (Lip-S5D1-S6D1) for use in a vaccine or for use in a method for eliciting an immune response in a human against Lyme disease.

30. [WO/2021/204825](#) INACTIVATED SARS-CoV-2 VIRUS VACCINE

WO - 14.10.2021

Clasificación Internacional [A61K 39/12](#) N° de solicitud PCT/EP2021/058974 Solicitante VALNEVA AUSTRIA GMBH Inventor/a MEINKE, Andreas

Described herein are SARS-CoV-2 vaccines and compositions and methods of producing and administering said vaccines to subjects in need thereof.

31. [3892731](#) ENZYMATISCHES VERFAHREN ZUR HERSTELLUNG VON CMP-NEU5AC

EP - 13.10.2021

Clasificación Internacional [C12P 19/26](#) N° de solicitud 20168848 Solicitante MAX PLANCK GESELLSCHAFT Inventor/a REXER THOMAS F T

The present invention relates to a method for producing cytidine 5'-monophospho-N-acetyl-neuraminic acid (CMP-Neu5Ac, 1) from low-cost substrates N-acetyl-D-glucosamine (GlcNAc), pyruvate, cytidine and polyphosphate in a single reaction mixture with a set of optionally immobilized or optionally co-immobilized enzymes comprising N-acylglucoamine 2-epimerase (AGE), an N-acetylneuraminate lyase (NAL), an N-acylneuraminate cytidyltransferase (CSS), a uridine kinase (UDK), a uridine monophosphate kinase and a polyphosphate kinase 3 (PPK3). Further, said process may be adapted to produce Neu5Acylated i.e. sialylated biomolecules and biomolecules including a saccharide, a peptide, a protein, a glycopeptide, a glycoprotein, a glycolipid, a glycan, an antibody, and a glycoconjugate, in particular, an antibody drug conjugate, and a carbohydrate conjugate vaccine, or a flavonoid.

32. [WO/2021/204898](#) ENZYMATIC METHOD FOR PREPARATION OF CMP-NEU5AC

WO - 14.10.2021

Clasificación Internacional [C12P 19/26](#) N° de solicitud PCT/EP2021/059101 Solicitante MAX-PLANCK-GESELLSCHAFT ZUR FÖRDERUNG DER WISSENSCHAFTEN E.V. Inventor/a REXER, Thomas, F., T.,

The present invention relates to a method for producing cytidine 5'-monophospho-N-acetyl-neuraminic acid (CMP-Neu5Ac, 1) from low-cost substrates N-acetyl-D-glucosamine (GlcNAc), pyruvate, cytidine and polyphosphate in a single reaction mixture with a set of optionally immobilized or optionally co-immobilized enzymes comprising N-acylglucoamine 2-epimerase (AGE), an N-acetylneuraminate lyase (NAL), an N-acylneuraminate cytidyltransferase (CSS), a uridine kinase (UDK), a uridine monophosphate kinase and a polyphosphate kinase 3 (PPK3). Further, said process may be adapted to produce Neu5Acylated i.e. sialylated biomolecules and biomolecules including a saccharide, a peptide, a protein, a glycopeptide, a glycoprotein, a glycolipid, a glycan, an antibody, and a glycoconjugate, in particular, an antibody drug conjugate, and a carbohydrate conjugate vaccine, or a flavonoid.

33. [WO/2021/207306](#) RECOMBINANT BACTERIA FOR USE AS A VACCINE TO PREVENT COVID19 INFECTION

WO - 14.10.2021

Clasificación Internacional [A61K 39/12](#) N° de solicitud PCT/US2021/026106 Solicitante SYNLOGIC OPERATING COMPANY, INC. Inventor/a GAO, Jian-Rong

Modified microorganisms, pharmaceutical compositions thereof, and methods of preventing and treating the coronavirus disease 2019 (COVID-19) are disclosed.

34. [3892298](#) EPITOPE MIT SEQUENZHOMOLOGIE ZUR CORONAVIRUS-SPIKE-PROTEIN-UNTEREINHEIT UND DEREN VERWENDUNGEN

EP - 13.10.2021

Clasificación Internacional [A61K 39/215](#) N° de solicitud 20169101 Solicitante PREVIPHARMA CONSULTING GMBH Inventor/a KIESSIG STEPHAN T

The present invention relates to polypeptides comprising epitopes having a sequence homology to a sequence section of subunit S1 and/or subunit S2 of coronavirus spike protein from severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Moreover, the present invention refers to a vaccine comprising such polypeptide. The invention further relates to an antibody binding to subunit S1 and/or subunit S2 and to methods for isolating and detecting such antibody and to uses of the polypeptides and antibodies.

35. [3890766](#) VERFAHREN UND ZUSAMMENSETZUNGEN MIT EINEN NFkB-INHIBITOR UND EINEM ADJUVANS

EP - 13.10.2021

Clasificación Internacional [A61K 38/08](#) N° de solicitud 19892608 Solicitante UNIV CHICAGO Inventor/a ESSER-KAHN AARON

The current disclosure describes the use of NFkB inhibitors as immune potentiators in vaccine compositions comprising adjuvants. Accordingly, aspects of the disclosure relate to a method for vaccinating a subject comprising administering a NFkB inhibitor and an adjuvant (or a composition of the disclosure comprising NFkB and an adjuvant) to the subject. Further aspects relate to a method for inhibiting an inflammatory reaction associated with an adjuvant in a subject, the method comprising co-administering a NFkB inhibitor and an adjuvant (or a composition of the disclosure comprising NFkB and an adjuvant) to the subject. Yet further aspects relate to a pharmaceutical composition comprising a NFkB inhibitor and an adjuvant.

36. [3890776](#) REKOMBINANTE HIV-ENV-POLYPEPTIDE UND IHRE VERWENDUNGEN

EP - 13.10.2021

Clasificación Internacional [A61K 39/21](#) N° de solicitud 19892591 Solicitante INT AIDS VACCINE INITIATIVE Inventor/a BURTON DENNIS R

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

37. [WO/2021/207040](#) SYSTEMS AND METHODS FOR PRE-FILLED MEDICAL DELIVERY DEVICES
WO - 14.10.2021

Clasificación Internacional [A61M 5/28](#) N° de solicitud PCT/US2021/025683 Solicitante KOSKA FAMILY LIMITED Inventor/a WALKER, Jay, S.

A pre-filled medical delivery assembly assembled and configured to allow delivery of a single dose of a therapeutic agent (e.g., vaccine, drug, medicament, etc.) from a Blow-Fill-Seal (BFS) vial to a patient. The delivery assembly generally includes a modular design consisting of separately constructed components cooperatively arranged and coupled to one another.

38. [20210317123](#) CBP/CATENIN SIGNALING PATHWAY INHIBITORS AND USES THEREOF
US - 14.10.2021

Clasificación Internacional [C07D 487/04](#) N° de solicitud 17199304 Solicitante 3+2 Pharma Inventor/a Fuqiang Ruan Provided are compounds of formula (Ia), (Ib) and (IIa), and pharmaceutically acceptable

salts thereof. Additionally provided are compositions and pharmaceutical compositions comprising the compounds, therapeutic methods using same for modulating (e.g., inhibiting) CREB binding protein (CBP)/ β -catenin mediated signaling in treating a condition, disease or disorder (e.g., fibrosis, cancer, neurological conditions, metabolic disorders (e.g., diabetes, etc.), and skin conditions (dermatitis, psoriasis, scarring, alopecia, etc.) mediated by aberrant CBP/ β -catenin signaling, and cosmetic methods for treating skin conditions (e.g., aging, etc.). Additionally, provided are methods for enhancing vaccine efficacy using the compounds and compositions. Further provided are methods for efficiently synthesizing a clinical grade drug, comprising use, in a penultimate, or last reaction step under GMP conditions, of an intermediate 2-propynyl-compound to form a clinical grade isoxazole derivative (e.g., via 3+2 cycloaddition).

39. [20210315986](#) PSMA AND STEAP1 VACCINES AND THEIR USES

US - 14.10.2021

Clasificación Internacional [A61K 39/00](#) N° de solicitud 17228871 Solicitante Janssen Biotech, Inc.

Inventor/a Marco Gottardis

Disclosed herein are PSMA and/or STEAP1 polynucleotides, polypeptides, vectors, viruses, vaccines, and vaccine combinations, and their uses.

40. [WO/2021/207599](#) ANTIGEN SPECIFIC IMMUNOTHERAPY FOR COVID-19 FUSION PROTEINS AND METHODS OF USE

WO - 14.10.2021

Clasificación Internacional [C07K 14/005](#) N° de solicitud PCT/US2021/026577 Solicitante AKSTON BIOSCIENCES CORPORATION Inventor/a ZION, Todd C.

The present disclosure provides recombinantly manufactured fusion proteins comprising a SARS-CoV-2 Receptor Binding Domain (SARS-CoV-2-RBD) fragment or an analog thereof linked to a human Fc fragment for use in relation to the 2019 Novel Coronavirus (COVID-19). Embodiments include the administration of the fusion proteins to patients that have recovered from COVID-19 as a booster vaccination, to antibody naive patients to produce antibodies to the SARS-CoV-2 virus to enable the patients to become convalescent plasma donors, to patients who have been infected by the SARS-CoV-2 virus and have contracted COVID-19 in order to limit the scope of the infection and ameliorate the disease, and as a prophylactic COVID-19 vaccine. Exemplary Fc fusion proteins and pharmaceutical formulations of exemplary Fc fusion proteins are provided, in addition to methods of use and preparation.

41. [20210317175](#) NOVEL PEPTIDES AND COMBINATION OF PEPTIDES AND SCAFFOLDS THEREOF FOR USE IN IMMUNOTHERAPY AGAINST COLORECTAL CARCINOMA (CRC) AND OTHER CANCERS

US - 14.10.2021

Clasificación Internacional [C07K 14/47](#) N° de solicitud 17351341 Solicitante Immatics Biotechnologies GmbH Inventor/a Oliver SCHOOR

The present invention relates to peptides, proteins, nucleic acids and cells for use in immunotherapeutic methods. In particular, the present invention relates to the immunotherapy of cancer. The present invention furthermore relates to tumor-associated T-cell peptide epitopes, alone or in combination with other tumor-associated peptides that can for example serve as active pharmaceutical ingredients of vaccine compositions that stimulate anti-tumor immune responses, or to stimulate T-cells ex vivo and transfer into patients. Peptides bound to molecules of the major histocompatibility complex (MHC), or peptides as such, can also be targets of antibodies, soluble T-cell receptors, and other binding molecules.

42. [WO/2021/207592](#) USE OF VIRAL VECTORS FOR CORONAVIRUS VACCINE PRODUCTION

WO - 14.10.2021

Clasificación Internacional [A61K 39/12](#) N° de solicitud PCT/US2021/026566 Solicitante 4MVAC LLC
Inventor/a BRIDGES, Charles R.

Provided herein are compositions that includes AAVs and AAV vectors that include a sequence encoding a SARS-CoV-2 polypeptide or a fragment thereof. Also provided herein are methods and materials for making and using AAVs and AAV vectors to generate immunity to a coronavirus in a subject.

43. [3892297](#) PEPTIDE UND KOMBINATIONEN VON PEPTIDEN ZUR VERWENDUNG IN DER IMMUNOTHERAPIE GEGEN EINE INFEKTION DURCH SARS-COV-2 (COVID-19)

EP - 13.10.2021

Clasificación Internacional [A61K 39/215](#) N° de solicitud 20169047 Solicitante UNIV TUEBINGEN
MEDIZINISCHE FAKULTAET Inventor/a WALZ JULIANE

The present invention relates to peptides, proteins, nucleic acids and cells for use in immunotherapeutic methods. In particular, the present invention relates to the immunotherapy of an infection by SARS-CoV-2 (COVID-19). The present invention furthermore relates to SARS-CoV2-associated T-cell peptide epitopes that can for example serve as active pharmaceutical ingredients of vaccine compositions that stimulate anti-SARS-CoV2 immune responses, or to stimulate T cells ex vivo and transfer into patients. Peptides bound to molecules of the major histocompatibility complex (MHC), or peptides as such, can also be targets of antibodies, soluble T-cell receptors, and other binding molecules.

44. [WO/2021/204969](#) PEPTIDES AND COMBINATIONS OF PEPTIDES FOR USE IN IMMUNOTHERAPY AGAINST AN INFECTION BY SARS-COV-2 (COVID-19)

WO - 14.10.2021

Clasificación Internacional [A61K 39/215](#) N° de solicitud PCT/EP2021/059232 Solicitante EBERHARD
KARLS UNIVERSITAET TUEBINGEN MEDIZINISCHE FAKULTAET Inventor/a WALZ, Juliane

The present invention relates to peptides, proteins, nucleic acids and cells for use in immunotherapeutic methods. In particular, the present invention relates to the immunotherapy of an infection by SARS-CoV-2 (COVID-19). The present invention furthermore relates to SARS-CoV2-associated T-cell peptide epitopes that can for example serve as active pharmaceutical ingredients of vaccine compositions that stimulate anti-SARS-CoV2 immune responses, or to stimulate T cells ex vivo and transfer into patients. Peptides bound to molecules of the major histocompatibility complex (MHC), or peptides as such, can also be targets of antibodies, soluble T-cell receptors, and other binding molecules.

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

Results Search in US Patent Collection db for: (ABST/vaccine AND ISD/20211012->20211020), 14 records.

PAT. NO.	Title
1 11,149,278	Artificial nucleic acid molecules for improved protein expression
2 11,149,255	Compositions and methods for generating reversion free attenuated and/or replication incompetent vaccine vectors
3 11,147,869	Herpes simplex virus nanoemulsion vaccine
4 11,147,863	Multivalent pneumococcal conjugate vaccine

- 5 [11,147,839](#) [Peptides and combination of peptides of non-canonical origin for use in immunotherapy against different types of cancers](#)
- 6 [11,147,838](#) [Peptides and combination of peptides of non-canonical origin for use in immunotherapy against different types of cancers](#)
- 7 [11,142,556](#) [Immunotherapy with A*01 restricted peptides and combination of peptides against cancers and related methods](#)
- 8 [11,142,547](#) [Polypeptide and use thereof](#)
- 9 [11,141,545](#) [Sprayer technology](#)
- 10 [11,141,476](#) [MERS coronavirus vaccine](#)
- 11 [11,141,475](#) [Inactivating pathogens and producing highly immunogenic inactivated vaccines using a dual oxidation process](#)
- 12 [11,141,474](#) [Artificial nucleic acid molecules encoding a norovirus antigen and uses thereof](#)
- 13 [11,141,437](#) [Peptides and combination of peptides of non- canonical origin for use in immunotherapy against different types of cancers](#)
- 14 [11,141,377](#) [Nanostructured lipid carriers and stable emulsions and uses thereof](#)

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