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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.
- Patentes más recientes en Patentscope sobre vacunas.
- Patentes más recientes en USPTO sobre vacunas.

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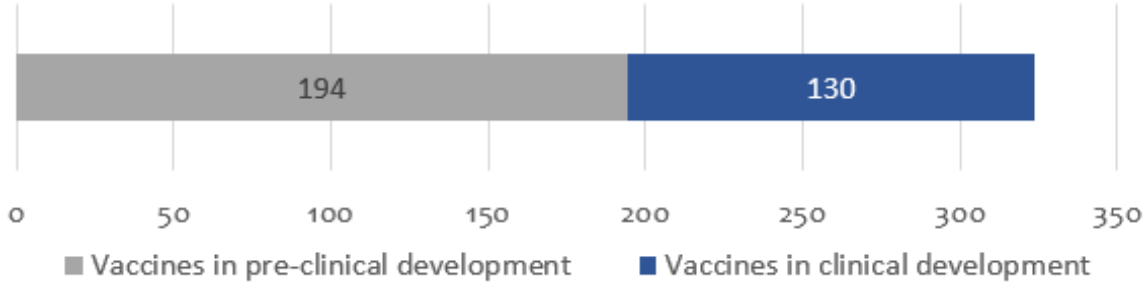
CUBA

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: 9 de noviembre de 2021

Fuente de información utilizada: World Health Organization | R&DBlueprint Powering research to prevent epidemics

130 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	45	35%
VVnr	Viral Vector (non-replicating)	19	15%
DNA	DNA	15	12%
IV	Inactivated Virus	17	13%
RNA	RNA	21	16%
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%
		130	

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./Beiging 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

Noticias en la Web

El mapa COVID que refleja la desigualdad entre territorios

1 nov. La diferencia entre los países ricos y los que cuentan con menos recursos sigue incrementándose, a pesar de la insistencia de la OMS para un reparto justo.

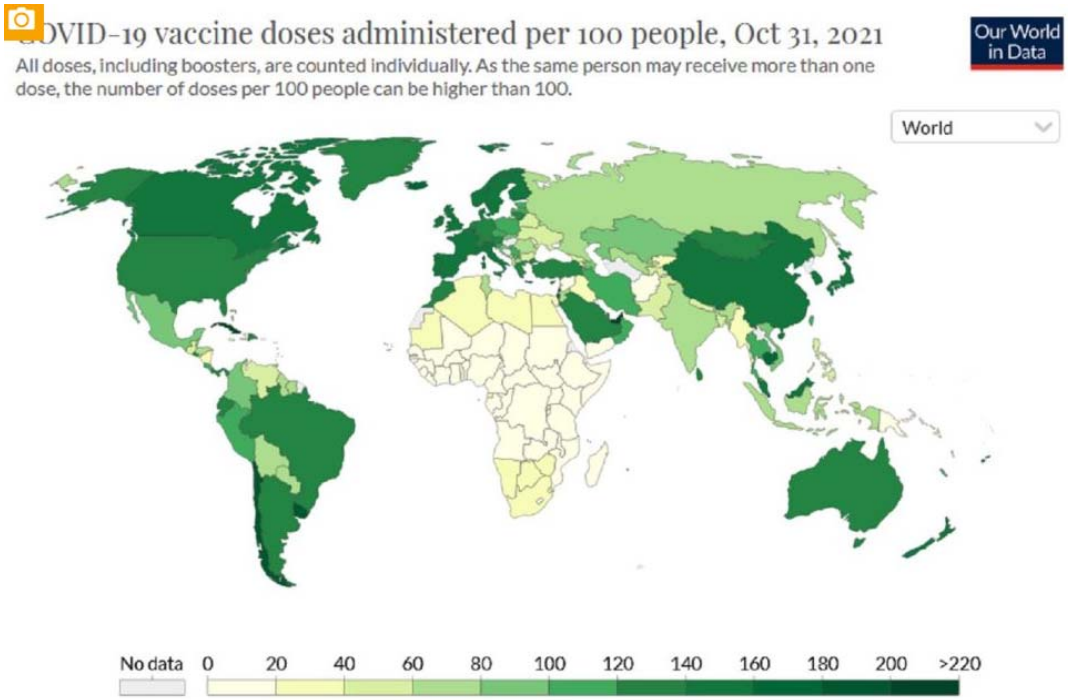
La Organización Mundial de la Salud (OMS) ha insistido en varias ocasiones en la necesidad de que se produzca un reparto equitativo de las vacunas para poder poner fin a la pandemia del coronavirus. La desigualdad en el acceso a los fármacos entre los países con mayor capacidad económica y los de menos recursos continúa agrandándose y lograr las metas fijadas por el organismo de las Naciones Unidas cada vez parece más complicado.

Con este fin, el director general de la OMS, Tedros Adhanom Ghebreyesus, lanzó un llamamiento el pasado fin de semana a las naciones que conforman el G-20, ya que de ellos depende "alcanzar el objetivo de vacunar al 40% de todos los países a finales de 2021 y al 70% a mediados del próximo año".

Las preocupantes cifras de África

En esta carrera por reducir el impacto de la COVID-19 se encuentra muy rezagada África, como recogen los datos del sitio web especializado Statista. Y es que en esta región sólo el 8,3% de sus habitantes ha recibido al menos una dosis de la vacuna, un porcentaje que contrasta sobremanera con los de Norteamérica (68%), Latinoamérica (62%), Europa (59%), Asia-Pacífico (58%) y Oriente Medio (42%).

Esta situación también queda claramente reflejada en el mapa de *Our World in Data* que muestra las dosis administradas en el mundo. En África únicamente hay un país que supere las 100 dosis administradas por cada 100 habitantes, Marruecos (126,26), una cifra de la que se encuentran muy alejadas todas las demás naciones del continente excepto Túnez (76,91). Especialmente llamativo es el caso de la República Democrática del Congo, que con 0,16 dosis por 100 habitantes presenta las cifras más bajas de todas las recogidas por esta web.



Source: Official data collated by Our World in Data—Last updated 1 November 2021, 11:20 (London Time) OurWorldinData.org/coronoavirus·CC BY

Los datos de Our World in data revelan asimismo que el porcentaje total de dosis administradas en el continente africano es del 2,71%, un porcentaje que, no obstante, es superior al total de Oceanía (0,64%). Este ranking está liderado por Asia (67,58%), seguido de Europa (12,14%), Norteamérica (9,74%) y Sudamérica (7,2%).

El complicado objetivo de alcanzar el 40%

El objetivo de contar con un 40% de la población vacunada con al menos una dosis para finales de 2021 por el momento se presenta inalcanzable para la totalidad de África, exceptuando Marruecos y Túnez, así como para territorios de otros continentes como Guatemala, Nicaragua, Siria, Irak, Yemen, Afganistán, Tayikistán, Kirguistán, Bangladesh o Filipinas, según los datos de Our World in data. En esta lista también aparecen países europeos como Bulgaria, Bosnia-Herzegovina y Georgia.

Fuente: as Actualidad. Disponible en https://cutt.ly/FTfTc4C

Publican resultados finales del ensayo clínico fase III de Soberana 02

1 nov. El Instituto Finlay de Vacunas (IFV) publicó este lunes en su cuenta en Twitter los resultados finales del ensayo ensayo clínico fase III de Soberana02.

De acuerdo con el blog del IFV, el artículo de acceso para la comunidad científica internacional está en *pre-print* en Medrxiv y pendiente a revisión por pares en una revista de alto impacto.

Según el estudio, Soberana02, solo con dos dosis, obtuvo una eficacia de 71.0 %, ante las cepas circulantes beta y delta.

Además, se probó que la tercera dosis de Soberana Plus aumentó la eficacia hasta un 92,4%.

Los resultados indican que Soberana02 es una vacuna prometedora que puede usarse en un régimen de dos dosis o en una combinación heteróloga de tres dosis con Soberana Plus.

Fuente: Cubadebate. Disponible en https://cutt.ly/MTfIqPC

El país del mundo que ha detectado su primer caso de coronavirus

2 nov. El Reino de Tonga, formado por un conjunto de islas situados en el Pacífico Sur y con una población de poco más de cien mil habitantes, detectó su primer caso por COVID-19 desde que comenzase la pandemia en 2020.

La nación oceánica no había registrado ningún caso por coronavirus, pero el pasado viernes registró el primer contagio después de que una persona con la pauta completa de vacunación y que procedía de Nueva Zelanda, diese positivo en una prueba de diagnóstico. Según informaron las autoridades gubernamentales, el viajero llegó al país el pasado miércoles desde la ciudad neozelandesa de Christchurch.

Confinamiento hasta el lunes 8 de noviembre

El primer caso por COVID-19 en el país obligó al Ejecutivo a decretar un confinamiento que durará hasta el lunes 8 de noviembre a las 23:59 horas. Por otra parte, los habitantes de Tonga acudieron a los centros de vacunación para que les fuese administrada la dosis de la vacuna contra el coronavirus.

La Ministra de Salud, Amelia Tu'ipulotu, resaltó el aumento del porcentaje de vacunación en declaraciones recogidas por el medio 'Matangi Tonga'. "Hay más personas que se han presentado para vacunarse, tenemos una cobertura de la primera dosis de un 86% mientras que apróximadamente el 62% cuenta con la pauta de vacunación completa".

Estado de emergencia y cierre de fronteras desde 2020

Por otra parte, el citado medio desveló que el próximo viernes 5 de noviembre el viajero infectado se someterá a una nueva prueba diagnóstico. Este confinamiento se suma a la declaración del estado de emergencia y cierre de sus fronteras internacionales para los extranjeros desde el año pasado.

Se trata del primer caso positivo localizado en este país de la Polinesia, y que era uno de los lugares del mundo que no había registrado ningún caso. Desde el inicio de la pandemia, se han registrado más de 200 millones de casos por COVID-19.

Fuente: as Actualidad. Disponible en https://cutt.ly/VTfOlUK

El G20 prometió al mundo el acceso equitativo a las vacunas contra la COVID-19. Un año después, ¿qué ha hecho que lo demuestre?

3 nov. Hace un año, la COVID-19 obligó a los líderes y lideresas de las 20 mayores economías del mundo a celebrar online su cumbre anual del G20. Presidida por Arabia Saudí, la reunión, virtual y reducida, fue un símbolo de las alteraciones causadas por la peor pandemia en un siglo. Dominaron los dos días de la cumbre los debates sobre cómo afrontar la pandemia y garantizar que las vacunas contra la COVID-19, que se preveía iban a llegar de forma inminente al mercado, estuvieran disponibles en todo el mundo.

Al término de sus deliberaciones, los líderes y lideresas del G20 emitieron un comunicado final en el que anunciaban que habían movilizado recursos para apoyar la investigación, el desarrollo, la fabricación y la distribución de pruebas diagnósticas, terapias y vacunas contra la COVID-19 seguras y efectivas. "No escatimaremos esfuerzos para garantizar el acceso asequible y equitativo para todas las personas", proseguía el comunicado.

Los líderes y lideresas del G20 se comprometieron también a proteger vidas. Sin embargo, no ofrecieron un plan concreto para hacer todo esto. Sus promesas se parecían a los "pensamientos y oraciones" de las declaraciones que hacen los dirigentes tras un tiroteo masivo cuando lo que hace falta en realidad son nuevas políticas sobre la violencia con armas de fuego.

Mientras la tasa media de vacunación en los países del G20 es de alrededor del 52%, sólo se ha podido vacunar al 10% de la población de los países de ingresos bajos y medianos bajos. Quizá sea aún más preocupante el hecho de que, a pesar del despliegue de vacunas, las muertes a causa de la COVID-19 hayan aumentado, pasando de 1,3 millones hace un año a casi 5 millones hoy. Suficientes personas para llenar el Coliseo, el monumento más emblemático de Roma, cien veces.

La injusticia manifiesta del despliegue de la vacuna no ha hecho sino contribuir a la agonía y el sufrimiento de los países especialmente afectados, cuyos sistemas sanitarios están al borde del colapso por las sucesivas olas del virus mientras sus gobiernos no pueden obtener dosis suficientes para la población.

Nepal, por ejemplo, alcanzó el punto de inflexión en junio, cuando el país se quedó sin vacunas, lo que ha hecho que 1,4 millones de personas de alto riesgo tengan que esperar meses para recibir la segunda dosis. En aquel momento, los hospitales rechazaban a la gente que necesitaba atención desesperadamente cuando sólo el 2,4% de la población nepalí estaba inmunizada del todo. Hoy, cinco meses después, Nepal ha recibido dosis excedentes de Bután, Japón y Reino Unido... pero, aunque ha podido inmunizar con la pauta completa al 25% de su población, eso no es suficiente.

Entonces, ¿qué hay detrás de este catastrófico fracaso? Sencillamente, un grado de codicia y egoísmo que excede toda lógica. En 2020, muchos países del G20 hicieron pedidos y compraron la inmensa mayoría de las vacunas contra la COVID-19 antes de que éstas hubieran sido aprobadas siquiera. Numerosos países acumularon dosis suficientes para poder vacunar varias veces a toda su población. En 2021, siguen acaparando excedentes de dosis, prefiriendo guardarlas antes que compartirlas con quienes más las necesitan. Se calcula que los países ricos tienen en estos momentos 500 millones de dosis almacenadas, cantidad que, según personas expertas, podría salvar más de un millón de vidas.

Igual de impresionantes son los informes según los cuales la Unión Europea y los países del G7 tendrán, en total, mil millones de vacunas más de las que necesitan al terminar 2021, el 10% de las cuales caducará al final de este año, fecha para la que quedan menos de 75 días. A menos que se redistribuyan inmediatamente, lo más probable es que sean irrecuperables porque la mayoría de los países necesitan al menos dos meses para preparar un plan de vacunación adecuado. Y casi un tercio de estas vacunas están en Estados Unidos, que ya ha desechado hasta 15 millones de dosis él solo desde marzo de este año, según informaciones publicadas en los medios de comunicación.

"Hay informes según los cuales la Unión Europea y los países del G7 tendrán, en total, mil millones de vacunas más de las que necesitan al terminar 2021, el 10% de las cuales caducará al final de este año"

El 22 de septiembre, Amnistía Internacional inició una campaña global para exigir que se cumpla antes de final de año el objetivo de la Organización Mundial de la Salud de garantizar que se ha vacunado al 40% de la población de los países de ingresos bajos y medianos bajos. La campaña Cuenta atrás de 100 días: ¡2.000 millones de vacunas contra la COVID-19 ya! pide a los gobiernos con excedentes que redistribuyan estas dosis a otros países antes de que finalice el año. Sólo nos quedan 64 días en 2021 para alcanzar este objetivo.

Aunque algunos países se han comprometido a redistribuir vacunas, algo similar a lo que prometió el G20 del año pasado, muchos siguen sin haber presentado un calendario claro para hacerlo. Algunos países sólo se han comprometido a hacerlo antes del próximo mes de septiembre, casi dentro de un año. La cuenta atrás ha comenzado y es inadmisible que esperen mientras cada semana mueren decenas de miles de personas.

El año pasado, el rey de Arabia Saudí Salman bin Abdulaziz dijo en su discurso de inauguración de la cumbre del G20 que los líderes y lideresas del G20 tenían el deber de "transmitir un mensaje enérgico de esperanza y tranquilidad" a la población. Este año, mi esperanza es que todos los mensajes de "pensamientos y oraciones" vayan seguidos de una acción real.

Mientras Europa, Estados Unidos y algunos países más salían del confinamiento en los últimos meses, partes de África, Asia y América Latina se sumían en nuevas crisis y seguimos viendo cada mes decenas de miles de muertes evitables.

Las palabras de ánimo son bonitas, pero no pueden estar a la altura de un plan de acción adecuado para garantizar que todos los habitantes del planeta reciben una inyección de la vacuna contra la COVID-19, algo especialmente urgente cuando la pandemia empieza a estar en segundo plano para algunas de las economías más poderosas, dejando que el resto del mundo soporte sus peores efectos.

Fuente: Amnistía Internacional. Disponible en https://cutt.ly/VTfAlai

Más del 65% de la población cubana ha completado su esquema de inmunización

3 nov. El Ministerio de Salud Pública informó que al cierre del 1ro de noviembre se acumulan en el país 25 869 765 dosis administradas con las vacunas cubanas Soberana 02, Soberana Plus y Abdala.

Hasta la fecha, han recibido al menos una dosis de una de los inmunógenos cubanos mencionados, 9 963 447 personas, dentro de las que se incluyen las vacunadas con Soberana Plus como dosis única. De ellas ya tienen segunda dosis 8 956 486 personas y tercera dosis 6 949 832 personas.

Tienen esquema de vacunación completo 7 326 707 personas, que representa el 65,5% de la población cubana.

Cuba desarrolla una intensa campaña de vacunación masiva que incluye la población pediátrica de dos a 18 años, y que busca completar el 90 % de cobertura de inmunización anticovid para finales de noviembre.

No obstante, el control de la epidemia requiere disciplina en el acatamiento de las orientaciones sanitarias. El Ministro de Salud Pública, doctor José Angel Portal Miranda, dijo este lunes en el grupo temporal de trabajo que en algunos lugares se empiezan a ver personas que no usan el nasobuco y es una medida básica que no podemos ignorar.

"El control de la enfermedad no se puede dejar solo a las vacunas; nadie puede confiarse, es imprescindible seguir insistiendo en las medidas básicas de protección personal: no es solo exigirlas, sino también lograr que se cumplan".

Fuente: Cubadebate. Disponible en https://cutt.ly/lTfHbvP

Revista The Lancet sobre vacuna rusa Sputnik Light: Tiene un alto perfil de seguridad y genera una fuerte respuesta inmune

3 nov. La prestigiosa revista médica The Lancet publicó este miércoles un estudio que confirma que la vacuna monodosis rusa Sputnik Light tiene un alto perfil de seguridad y genera una fuerte respuesta inmune "celular y humoral" contra el coronavirus.

La investigación del Centro Nacional de Investigación de Epidemiología y Microbiología Gamaleya de Moscú detalla que el fármaco desencadenó una respuesta inmune en personas que no tenían anticuerpos (seronegativas) y en aquellas que se recuperaron de la enfermedad (seropositivas).

En la publicación también se destaca que la mayoría de efectos secundarios que se observaron durante el estudio "fueron leves o moderados" y no se detectó "ningún tipo de evento adverso grave" .

Al respecto, desde el Fondo Ruso de Inversión Directa (RDIF), que se encarga de la distribución y venta del fármaco, indicaron que Sputnik Light "es una vacuna muy eficaz" cuando se utiliza tanto de forma independiente como cuando se aplica como refuerzo.

A mediados de octubre, el RDIF y el Centro Nacional de Investigación de Epidemiología y Microbiología Gamaleya indicaron que la aplicación de la vacuna Sputnik Light demostró una eficacia de un 70 % contra la variante Delta del coronavirus en los tres meses posteriores a la vacunación.

Hasta el momento, el uso de la vacuna monodosis fue autorizado en más de 15 países, mientras en otros 30 Estados se está llevando a cabo el proceso de registro.

Fuente: Cubadebate. Disponible en https://cutt.ly/yTfBkf2

OMS autoriza uso de emergencia de la vacuna india Covaxin contra el COVID-19

3 nov. La OMS dijo que halló una efectividad de aproximadamente el 78% en la prevención del COVID-19 severo y era "extremadamente útil" para los países pobres por sus condiciones más simples de almacenamiento.

La Organización Mundial de la Salud (OMS) autorizó el uso de emergencia a la vacuna Covaxin contra el COVID-19 desarrollada en India, lo que avala a un fármaco que los reguladores del país autorizaron mucho antes de completar las pruebas avanzadas de inocuidad y eficiencia.

La agencia de salud de la ONU dijo en un comunicado que autorizaba el uso de Covaxin, desarrollada por el laboratorio indio Bharat Biotech. Eso convierte a Covaxin en la octava vacuna contra el COVID-19 en ser aprobada por la OMS.

"El anuncio de este uso de emergencia expande la disponibilidad de las vacunas, las herramientas médicas más efectivas para acabar con la pandemia", dijo la doctora Mariângela Simão, asistente del director general de la OMS para acceso a medicamentos y productos de salud.

Covaxin fue desarrollada por Bharat Biotech en sociedad con el Consejo de Investigación Médica de India, el organismo de investigación del gobierno. La vacuna se fabrica con un coronavirus muerto para provocar una respuesta inmune y se administra en dos dosis.

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Un grupo de expertos convocado por la OMS indicó que no había suficientes datos sobre la inocuidad y eficiencia de la vacuna en embarazadas. Se planean estudios para abordar esas cuestiones.

El regulador de medicamentos de India aprobó en enero el uso de Covaxin, meses antes de completarse extensas pruebas en personas, lo que generó preocupaciones de expertos en salud de que la vacuna fue aprobada prematuramente.

Bharat Biotech publicó resultados en julio que demostraban que la vacuna tenía una efectividad del 93% para prevenir casos severos de COVID-19 y aproximadamente 65% con la más contagiosa variante delta.

En marzo, el primer ministro Narendra Modi recibió la primera de las dos dosis de la vacuna. Para mediados de octubre, más de 110 millones de dosis habían sido administradas, lo que convirtió a Covaxin en la segunda vacuna contra el COVID-19 más usada en India después de la de AstraZeneca.

Fuente: GESTIÓN MUNDO. Disponible en https://cutt.ly/0TfMXGA

Molnupiravir: cómo funciona la pastilla para tratar la COVID-19 aprobada en Reino Unido

4 nov. La Agencia Reguladora de Medicamentos de Reino Unido (MHRA, por sus siglas en inglés) aprobó este jueves el primer medicamento oral diseñado para tratar la COVID-19 sintomática.

La pastilla, molnupiravir, podrá administrarse dos veces al día a pacientes que han dado positivo en un test y que presentan al menos un factor de riesgo para desarrollar la enfermedad grave.

Desarrollada originalmente para tratar la gripe, redujo el riesgo de hospitalizaciones y muertes a la mitad durante los ensayos clínicos.

El ministro de Salud británico, Sajid Javid, dijo que el tratamiento es "revolucionario" para los más vulnerables e inmunodeprimidos.

Primer tratamiento oral

Molnupiravir fue diseñado por las farmacéuticas estadounidenses Merck, Sharp y Dohme y Ridgeback Biotherapeutics.

Se trata del primer medicamento antiviral oral para la COVID-19.

La píldora ataca la enzima que utiliza el virus para replicarse, e introduce así errores en su código genético.

Esta acción prevendría su multiplicación, manteniendo baja la carga viral y reduciendo la gravedad de la enfermedad.

Merck dijo que este mecanismo debería hacer que el tratamiento sea igual de efectivo ante las nuevas variantes del virus que puedan surgir.

La MHRA anunció que la tableta fue autorizada para usarse en personas con sintomatología leve a moderada y con al menos un factor de riesgo asociado a mayor gravedad del síndrome, como la obesidad, edad avanzada, diabetes y padecimiento coronario.

La directora ejecutiva del organismo, la doctora June Raine, lo describió como "otra terapia a añadir a nuestra armadura contra la COVID-19".

"Es el primer antiviral en el mundo que se aprueba para esta enfermedad y que puede tomarse oralmente en lugar de administrarse por vía intravenosa", añadió.

Podrá así tomarse en casa o fuera del hospital, antes que la enfermedad evolucione a un estado más grave.

Ensayos clínicos

Durante los ensayos clínicos se administró molnupiravir a 775 pacientes que se habían contagiado recientemente de COVID-19 y se observó que:

7,3% de los que tomaron la pastilla fueron hospitalizados, frente a un 14,1% de aquellos a los que se les dio placebo

No hubo muertes entre los que tomaron molnupiravir, mientras que en el grupo de los que tomaron el placebo fallecieron ocho por la enfermedad

Los datos fueron publicados en un comunicado de prensa y aún no han sido revisados por pares.

Los resultados del ensayo sugieren que el molnupiravir debe tomarse poco después de que se desarrollen los síntomas para que surta efecto.

Un estudio anterior en pacientes que ya habían sido hospitalizados por COVID-19 grave se detuvo porque sus resultados habían sido decepcionantes.

Merck es la primera empresa en informar de los resultados de un ensayo de una pastilla para tratar la COVID-19, pero otras empresas están trabajando en tratamientos similares.

La estadounidense Pfizer ha comenzado las pruebas de dos tabletas antivirales, mientras que la suiza Roche está trabajando en un medicamento parecido.

Fuente: BBC NEWS. Disponible en https://cutt.ly/hTf91Vz

COVID-19: ¿por qué Europa es nuevamente epicentro de la pandemia según la OMS?

5 nov. Europa es de nuevo "el epicentro" de la pandemia de COVID-19, según advirtió el jueves la Organización Mundial de la Salud (OMS) tras observar un aumento constante de casos en todo el continente.

En una conferencia de prensa, el director de la OMS para Europa, Hans Kluge, afirmó que la región podría registrar medio millón de muertes más en los próximos tres meses.

El representante de la organización dijo que la poca aceptación de las vacunas ha contribuido al aumento de casos.

"En primer lugar, debemos cambiar nuestra táctica y pasar de reaccionar ante las oleadas de COVID-19 a evitar que se produzcan", instó.

Niveles bajos de vacunación y relajación de medidas

Lo cierto es que en los últimos meses el ritmo de vacunación ha disminuido en todo el continente. En España, el 80% de las personas están completamente vacunadas -con dos dosis-, mientras que en Francia y Alemania, la inoculación alcanza un 68 y 66% de la población, respectivamente.

Fuente: BBC NEWS. Disponible en https://cutt.ly/BTf0AH7

COVID-19: Costa Rica se convierte en el primer país que hace obligatoria la vacuna para niños

6 nov. Costa Rica se convirtió este viernes en el primer país del mundo que obliga a los niños a vacunarse contra la COVID-19.

La inyección se unirá a la larga lista de vacunas básicas de la infancia que se requieren por ley, anunciaron las autoridades sanitarias.

El gobierno del país centroamericano firmó un acuerdo con Pfizer para adquirir dosis para empezar la vacunación de todos los menores de 12 años a partir de marzo de 2022.

Esta misma semana, los órganos reguladores de Estados Unidos aprobaron la vacuna de Pfizer-BioNTech para los niños de entre 5 y 11 años.

La mayoría de los niños son poco propensos a enfermar seriamente si contraen la COVID-19, pero aun así pueden ser contagiosos, aunque no tengan síntomas.

La vacuna puede evitar que propaguen el virus a otras personas.

El acuerdo de Costa Rica con Pfizer contempla que el país reciba 3,5 millones de dosis, de las cuales 1,5 millón se reservarán para los menores de 5 a 11 años.

Las otras vacunas se destinarán a terceras dosis para personal sanitario, los mayores y aquellos con inmunodeficiencias.

Hasta la fecha, cerca del 55% de las personas elegibles han recibido la pauta complete, según cifras de Our World in Data.

Más del 70% de aquellos entre 12 y 19 años han recibido al menos una dosis de la vacuna, de acuerdo a los datos que tienen las autoridades.

La decisión de EE.UU. de aprobar la vacuna de Pfizer-BioNTech para menores de 5 a 11 años despejó el camino para que 28 millones de jóvenes estadounidenses se vacunaran. Reciben una inyección con un tercio de la dosis que se administra a los adultos.

Funcionarios de la Administración de Alimentos y Medicamentos de Estados Unidos (FDA, por sus siglas en inglés) determinaron que la vacuna tiene alrededor del 91% de efectividad para evitar la covid-19 en niños pequeños y que su respuesta inmune es comparable a la que se ve en personas de 16 a 25 años.

Los investigadores no hallaron efectos secundarios de importancia. Se espera que más países sigan el ejemplo.

Fuente: BBC NEWS. Disponible en https://cutt.ly/ATf3Men

Mandatory COVID vaccines: A controversy across Europe

Nov 6. German Health Minister Jens Spahn has said the national "epidemic situation" will elapse at the end of November, referring to the expiry on November 25 of emergency legislation granting the federal government additional powers. And yet, there is no end in sight to the measures put in place to prevent COVID-19 from spreading.

Right now, much attention is being paid to long-term care homes, which are seeing rising numbers of cases, including breakthrough infections, even though the vaccination rate there is higher than the national average.

The health minister is now spearheading a drive for all those who are over 70 to get booster shots, but he continues to reject compulsory vaccination for care workers. Instead, there will be compulsory rapid tests for visitors and staff, including those who are vaccinated, in order to curtail transmission in care homes. His proposals have divided opinion in Germany.

All over Europe, people are similarly divided as to how to reduce the risk of infection in hospitals and care homes. DW took a look:

Italy: The Italian government was one of the first to introduce compulsory vaccination. Since May 25, health-care employees have to be vaccinated or face suspension. According to Italy's FNOMCeO medical association, over 2,000 doctors had been suspended by the end of October but some 500 of them were reinstated after getting the vaccine.

Since September, all employed people have to show a "Green Pass" that testifies that they recently recovered from the virus, are vaccinated or have tested negative in the previous 48 hours. The state only covers the test costs for those who cannot be vaccinated for health reasons.

Greece: Compulsory vaccination for people working in health-care has also been in place in Greece since September 1. Now, all employees in Greece who are not vaccinated have to provide a negative test twice a week to go to the office. They also have to cover the costs of the rapid antigen test (no more than €10) themselves.

France: Compulsory vaccination has been in place in France since mid-September. Not only do health-care personnel have to be vaccinated, but so do professions such as police and fire workers. As in Greece and Italy, employers cannot fire people who do not have the vaccine but it is possible to suspend them without pay.

Britain: At the beginning of November, British Health Minister Sajid Javid announced that compulsory vaccination would come into effect in state hospitals and care homes from April 2022. By setting a date that is quite far off, he effectively acknowledged that he is aware that many members of staff will resist the requirement to be vaccinated and the National Health System (NHS) could face even greater personnel shortages in the middle of winter if the measure is implemented earlier. The requirement will apply only to England and there are no similar measures planned in Scotland, Wales, or Northern Ireland.

Spain: Spain is also debating whether to implement compulsory vaccination for all employees, not only those in the health sector. The Spanish employer's association is in favor, Health Minister Carolina Darias is not.

Some autonomous regions have proposed draft laws to introduce mandatory vaccination, but these have not come into effect. The Xunta de Galicia wanted to introduce a green pass scheme similar to that of Italy but withdrew its proposal after the central government in Madrid asked the Spanish Constitutional Court to review it this summer.

Fuente: BBC NEWS. Disponible en https://cutt.ly/ATf3Men

Inicia hoy vacunación de refuerzo contra la COVID-19 en Cuba

7 nov. Para finales de este mes, se prevé empezar a reforzar a la población en general, con Abdala, partiendo por los primeros municipios en sumarse a la inmunización: Guanabacoa, San Miguel del Padrón, Habana del Este y Regla; y luego en Boyeros, Cotorro y Arroyo Naranjo.

Hoy comienza en la capital la vacunación de refuerzo contra la COVID-19 en trabajadores de la Salud y de BioCubaFarma, lo cual se extenderá de manera escalonada, según el sitio del Minsap.

La doctora Ileana Morales Suárez, directora nacional de Ciencia e Investigación Tecnológica del Minsap, precisó que la vacunación empezará en los hospitales Manuel Fajardo, Joaquín Albarrán, Salvador Allende y Miguel Enríquez. Se aplicará Soberana Plus, y en la semana se incorporarán a la vacunación otros trabajadores de esa esfera del resto del país.

Se espera por la aprobación de un estudio con el candidato Soberana 01, tras lo cual se empleará en otras instituciones de La Habana y en Cienfuegos.

Dagmar García Rivera, directora de Investigaciones del IFV, añadió que las evidencias demuestran una favorable duración de la respuesta en vacunados con ambos inmunógenos, y que son positivos los resultados del refuerzo, así como el refuerzo de Soberana 01 para inmunizados con la vacuna Pfizer.

Para finales de este mes, se prevé empezar a reforzar a la población en general, con Abdala, partiendo por los primeros municipios en sumarse a la inmunización: Guanabacoa, San Miguel del Padrón, Habana del Este y Regla; y luego en Boyeros, Cotorro y Arroyo Naranjo. Al mismo tiempo podrá vacunarse en los territorios de alto riesgo.

La doctora Miladys Limonta Fernández, coordinadora de Proyectos de desarrollo de candidatos vacunales anti-COVID-19 del CIGB, resaltó la idoneidad de Abdala como dosis de refuerzo. Señaló que ha demostrado esa capacidad en individuos convalecientes, en sujetos vacunados con otras formulaciones, como Sputnik y Sinopharm, y en aquellos que han sido inmunizados cinco meses antes con el esquema completo de Soberana 02 más Plus, así como con Abdala. Además, el empleo de Abdala para la administración de dosis de refuerzo es efectivo en mayores y menores de 60 años de edad.

Luego de varios encuentros técnicos se prevé efectuar, igualmente en este mes, la primera reunión oficial con la OMS para incluir a las vacunas cubanas contra la COVID-19 en el listado de uso en emergencia de esta organización.

Fuente: Granma. Disponible en https://cutt.ly/qTguUsn

En noviembre, reunión oficial con la OMS sobre vacunas cubanas

8 nov. Durante el encuentro con la prensa en el CIGB-Mariel, el presidente de BioCubaFarma anunció que en noviembre se celebrará la primera reunión oficial con la OMS para la inclusión de las vacunas anticovid cubanas en la lista de uso en emergencias de esa organización.

“Con la OMS ya hemos tenido varios encuentros técnicos, videoconferencias, donde hemos brindado la información que tenemos y aclarado dudas. Vamos a iniciar en este mes de noviembre el proceso oficial que pasa por el envío de una comunicación oficial y celebrar una reunión, un *pre-submission meeting*.

“El proceso continúa luego con el envío del dossier de la vacuna, información que será evaluada por un grupo internacional de expertos, y la OMS, según nos ha informado, realizará visitas in situ a las instalaciones de fabricación. Por lo tanto, visitará esta planta.

“Nosotros tenemos experiencia de trabajo con la OMS, pues contamos con varias vacunas precalificadas. Conocemos el proceso. Tenemos muy buenas relaciones de intercambio con la representación OPS-OMS en Cuba”, dijo, y añadió que la agencia sanitaria de la ONU ya ha nombrado al grupo de expertos que intervendrán en la evaluación de las vacunas cubanas.

Fuente: Infomed Temas de Salud. Disponible en https://cutt.ly/DTgoKOu

Pacientes vacunados están muriendo de COVID-19 debido a la disminución de efectividad de la vacuna

8 nov. Las personas vulnerables y de edad avanzada vacunadas con doble dosis están muriendo de COVID-19 debido a que la eficacia de la vacuna está disminuyendo, según declaró una asesora experta.

Se sabe que los efectos de las vacunas contra el coronavirus disminuyen unos cinco o seis meses después de la segunda dosis, como se descubrió en múltiples estudios durante la pandemia.

La noticia llega en el momento en que el gobierno lanza una campaña para fomentar la aplicación de las vacunas de refuerzo este otoño.

Aunque la mayoría de las personas que mueren por el virus COVID-19 no están vacunadas, la semana pasada se informó de que el Ministerio de Salud estaba preocupado por el aumento de los ingresos hospitalarios y las muertes entre las personas doblemente vacunadas debido a la disminución de la inmunidad.

La doctora Susan Hopkins, asesora médica jefe de la Agencia de Seguridad Sanitaria del Reino Unido, declaró en el programa de la BBC Andrew Marr que las muertes entre los ancianos se deben a que alrededor del 5 por ciento sigue sin vacunarse.

Añadió: "Seguimos viendo muertes principalmente en la población no vacunada... pero cada vez más, debido a los efectos de la disminución de la inmunidad, también hay muertes en el grupo vacunado".

Añadió que la mayoría de las muertes se producen en los grupos de edad más avanzada, en particular los mayores de 70 años, y también entre las personas clínica y/o extremadamente vulnerables y las que padecen enfermedades subyacentes.

Y continuó: "Como hemos mencionado, los efectos inmunitarios disminuyen y lo que vemos es que, especialmente en los grupos de mayor edad o vulnerables, esas son las personas cuya inmunidad disminuirá más".

"Así que, si eres una persona sana de 30 años, dos dosis te protegerán durante más tiempo. Por eso esas personas deben acudir a recibir su tercera dosis lo antes posible."

Los pacientes mayores de 50 años y los que corren más riesgo de contraer covid-19 pueden recibir una dosis de refuerzo seis meses después de la segunda.

Más de siete de cada diez personas de 80 años o más se han vacunado, mientras que casi tres de cada cinco personas de 50 años o más también se han vacunado, según las cifras del NHS del domingo,

A partir del lunes, las vacunas de refuerzo podrán reservarse un mes antes de lo permitido anteriormente.

Según las normas anteriores, los ciudadanos solo podían reservar su refuerzo seis meses después de recibir su segunda dosis. Ahora, podrán concertar una cita a los cinco meses y acudir a ella en cuanto se cumpla el plazo de seis meses.

La medida pretende acelerar el programa y facilitar la reserva de la vacuna.

El Dr. Hopkins dijo que, aunque la aceptación de las vacunas de refuerzo ha sido "bastante buena", también ha sido más lenta que con las dosis anteriores.

"Creo que eso puede deberse a que la gente piensa que ya está protegida, y por eso estamos dando muchos mensajes de salud pública sobre por qué es tan importante que acudan a recibir esa tercera dosis."

Y añadió: "Sabemos que el virus está circulando a niveles muy altos en nuestra comunidad. Así que, a menos que la gente se vacune, tendremos un invierno largo y difícil".

Fuente: INDEPENDENT en español. Disponible en https://cutt.ly/NTgacg9

El elogio de la OMS a España: este es el motivo

8 nov. Los datos de vacunación en España reflejan un incremento del porcentaje de vacunados en nuestro país. Según el Ministerio de Sanidad, el 88,7% de la población diana cuenta con la pauta de vacunación completa.

Un dato que, a juicio de diferentes países y expertos, supone un éxito en la gestión de la vacunación en nuestro país. El primer país en elogiar la gestión de la pandemia por parte de nuestro país fue Francia, que consideró a España "el alumno más aventajado". Más tarde, en Alemania, el reputado virólogo alemán Christian Drosten elogió a nuestro país tanto por "estar más cerca de la inmunidad de rebaño" como por el confinamiento decretado.

"En España, la gente confía en la vacuna"

La OMS ha sido el último organismo en felicitar a España tanto por su gestión de la pandemia como por el éxito que ha supuesto la vacunación contra el coronavirus a lo largo del 2021. Así lo expresó el director de la OMS en Europa, Hans Kluge.

"En España, la gente confía en la vacuna, en el Sistema de Atención Primaria y en su fortaleza, que es muy importante" expresó Kluge, después de comprobar los datos de vacunación alcanzados en nuestro país, que alcanzan las más de 72 millones de dosis administradas (un 94,6% de las dosis recibidas) y las más de 38 millones de personas que tienen una dosis administrada.

"España, ejemplo para el resto de países del mundo"

Además, puso a España como ejemplo para el resto de países. "Como a todos los países, nos queda alcanzar la meta final y vacunar a los más jóvenes y el resto de grupos. Hemos acordado con la ministra (Darias) documentar estas buenas prácticas en España como un ejemplo para el resto de la región y el resto del mundo" sentenció.

Tampoco es la primera alabanza al sistema sanitario español. El medio germano 'DW' también elogió a España, entre otras cosas, por su sanidad pública y al acierto en las decisiones trascendentales relacionadas al confinamiento y diferentes tipos de restricciones para controlar la Incidencia Acumulada.

Este elogio a España llega en un momento en el que la vacuna española más avanzada contra la COVID-19, Hipra, busca voluntarios mayores de edad vacunados hace seis meses con Pfizer, para el próximo estudio de la vacuna. Barcelona y Valencia serían las ciudades dónde se realizarán las pruebas correspondientes.

Fuente: as Actualidad. Disponible en https://cutt.ly/mTgsmvA

Eurodiputado español inmunizado en Cuba contra la COVID-19

9 nov. El eurodiputado español Manuel (Manu) Pineda informó en su cuenta en Twitter que se inoculó hoy, en esta capital, la vacuna Soberana Plus, y completó así el esquema de tres dosis de ese fármaco nacional contra la COVID-19.

En su cuenta en Twitter, el vicepresidente del Grupo de Amistad con Cuba de la Eurocámara destacó la efectividad del 92.4 por ciento del inmunógeno desarrollado por el Instituto Finlay de Vacunas (IFV).

Es difícil de entender cómo está pequeña isla de dignidad, asediada desde hace más de 60 años por el matón de la clase, y a la que (el presidente de Estados Unidos) Joe Biden ha insultado públicamente calificándola como Estado fallido, ha sido capaz de ser el único país del mundo en desarrollar cinco vacunas, escribió.

Destacó, asimismo, que tres de ellas se encuentran en uso y otras dos lo estarán próximamente.

Pineda afirmó que el secreto de Cuba podría ser privilegiar la inversión en salud en lugar de gastar recursos en armamentos.

Quiero trasladarle mi más sincero agradecimiento al Servicio Nacional de Salud de la República de Cuba, al Centro de Ingeniería Genética y Biotecnología (CIGB), a todos los trabajadores que laboran día a día para que su pueblo y los otros pueblos del mundo vivan mejor y más seguros, apuntó.

El eurodiputado visitó esta jornada el Ministerio de Salud Pública, donde conoció detalles sobre el proceso de vacunación contra la enfermedad causada por el coronavirus SARS-CoV-2 y la cooperación internacional.

También recorrió el CIGB, otra de las instituciones científicas de la isla donde se desarrollan estos fármacos.

La víspera, Pineda sostuvo un encuentro con el presidente de la Asamblea Nacional del Poder Popular de Cuba, Esteban Lazo, a quien ratificó la solidaridad hacia el territorio caribeño y dijo que está en contra de todo intento de injerencia.

Asimismo, conversó con representantes de organizaciones juveniles cubanas y denunció los planes de subversión promovidos desde el exterior, la tergiversación de la realidad y el uso de noticias e imágenes falsas luego de los disturbios del pasado 11 de julio en ciudades de la isla caribeña.

Fuente: Prensa Latina. Disponible en https://cutt.ly/wTggNDj

COVID-19: “Nuevas píldoras no sustituyen a la vacunación”

9 nov. Mientras Alemania registraba recientemente un nuevo récord de infecciones por COVID-19, la farmacéutica Pfizer anunció que un ensayo clínico sobre su píldora obtuvo una alta efectividad. El medicamento, denominado paxlovid, logró reducir en un 89 por ciento el riesgo de hospitalización y muerte entre pacientes adultos con COVID-19 que tenían un alto riesgo de desarrollar una enfermedad severa, según el laboratorio.

Un día antes, el Reino Unido había autorizado -siendo el primero a nivel mundial- el uso del molnupiravir, un fármaco contra el nuevo coronavirus elaborado por el laboratorio Merck. Este tratamiento es para personas que sufren COVID-19 ligero o moderado y presentan al menos un factor de riesgo de desarrollar un cuadro severo. Según el ensayo clínico, el molnupiravir reduce en un 50 por ciento las probabilidades de hospitalización. Sobre estos nuevos medicamentos, DW conversó con el virólogo Felix Drexler, de la Clínica Universitaria Charité de Berlín:

DW: Dr. Drexler, ¿qué han demostrado esta vez los resultados preliminares de la píldora paxlovid, de Pfizer?

Felix Drexler: Pfizer ha reportado una alta eficacia, de un 87 por ciento, en un grupo de más de 700 voluntarios que iniciaron el tratamiento tres días después de haber desarrollado síntomas de COVID-19. Cuando se incluyó a personas que empezaron el tratamiento al cuarto o quinto día, se reportó un riesgo de hospitalización del 85 por ciento. Por ese motivo, es probable que solo sea eficaz en las primeras etapas de la infección.

Pero esto no quiere decir que la eficacia del molnupiravir, de 50 por ciento, no sea buena. No se puede hacer una comparación, porque los grupos eran distintos y los tiempos también. El laboratorio Merck, que contó con 385 voluntarios, reportó esa eficacia cinco días después del inicio de síntomas de COVID-19. En ambos casos, la terapia por vía oral está prevista cada doce horas durante cinco días.

¿Qué otras características en común tienen el paxlovid y molnupiravir?

Además de la duración de la terapia, ambas tienen un costo similar y funcionan, sobre todo, cuando se suministran temprano. Porque cuando la COVID-19 avanza y se transforma en una enfermedad grave, el virus deja de replicarse. Todo tratamiento antiviral, sea con anticuerpos o sea una píldora, funciona de esa manera. En general, estas son noticias muy positivas, pero eso no quiere decir que se debe dejar de vacunar. Hay que advertir que estas nuevas píldoras no sustituyen a la vacunación.

La vacunación avanza en América Latina: en Cuba (foto), Chile o Uruguay ya se ha vacunado a alrededor del 80 por ciento de la población.

¿Me puede explicar en qué se diferencian básicamente ambos medicamentos?

Hay tres principales diferencias. El paxlovid se administra junto con el medicamento antiviral ritonavir, utilizado habitualmente para tratar el VIH, que ayuda a que el paxlovid se mantenga más tiempo en el organismo del paciente. El molnupiravir, de Merck, se administra solo. En segundo lugar, el molnupiravir es una droga que fue desarrollada para combatir la influenza y encefalitis equina. En cambio, el paxlovid es específicamente para la COVID-19.

El paxlovid, de Pfizer, ya había sido desarrollado para el primer SARS hace 20 años. Pero desde marzo de 2020, Pfizer comenzó a adecuarlo para la COVID-19. La tercera diferencia está en el mecanismo de acción que tienen: mientras el molnupiravir induce mutaciones en el genoma viral, el paxlovid se conoce como un "inhibidor de proteasa", una proteína que corta proteínas del virus para crear unidades funcionales. Sobre efectos secundarios, no se ha encontrado una mayor incidencia. Solo alrededor del uno por ciento presentó un evento adverso en ambos casos. Pero se seguriá investigando.

¿Cuál será el costo de los tratamientos y cuándo podría estar disponible en otras regiones, como América Latina?

Los laboratorios Pfizer y Merck han informado que el precio por un tratamiento con 10 píldoras costará alrededor de 700 dólares. Eso me preocupa porque no sé qué tan accesible será para los sistemas de salud pública de América Latina. El Reino Unido ya aprobó el molnupiravir y es probable que en semanas o pocos meses otros países europeos permitirán su uso de emergencia.

Sobre el suministro de estos medicamentos, tenemos que hacernos dos preguntas en términos de salud global: ¿qué tan factible será para los países más pobres pagar ese precio? ¿O pasará lo mismo que vimos, desgraciadamente, con las vacunas, es decir, que los países ricos van a concentrar al inicio una gran parte de estos productos?

¿Qué diferencias hay con otros tratamientos anticovid?

Tanto el molnupiravir como el paxlovid no se inyectan, como en el caso del remdesivir. Los anticuerpos monoclonales, que se administran mediante infusión intravenosa, han reportado una menor tasa de hospitalización o muerte: su eficacia es de un 70 por ciento en pacientes con alto riesgo de COVID-19. Por lo general, estos tratamientos intravenosos se realizan en un hospital o una clínica, mientras que las pastillas permiten tratar al paciente en su casa.

Además, los tratamientos de anticuerpos monoclonales cuestan casi el doble que estos dos nuevos medicamentos. La gran diferencia es que es más fácil iniciar temprano un tratamiento con una píldora que con una droga que se tiene que aplicar en la vena.

En medio de esta nueva ola en Alemania, ¿cree usted que ocurra algo parecido en América Latina a principios de 2022?

En Alemania se hubiese podido evitar esto, pero solo un 67 por ciento de la población está vacunada. El problema es que hay todavía mucho escepticismo hacia las vacunas, y eso es lamentable. Los políticos no han podido llegar a ciertas personas, pero hay que tomar alguna acción para proteger nuestro sistema de salud las semanas que están por venir. En América Latina, seguramente aumentarán los casos, pero tal vez no tenga tanto impacto en el sistema sanitario debido a la gran cobertura de vacunación actual y al gran número de infecciones que ha tenido.

Fuente: DW. Disponible en https://cutt.ly/yTgjhZD

La Comisión Europea cierra el acuerdo de compra de una nueva vacuna COVID-19 con Valneva

10 nov. La Comisión Europea ha aprobado este miércoles el octavo contrato con una farmacéutica, en este caso Valneva, para la compra de casi 27 millones de dosis de su potencial vacuna frente a la COVID-19 en 2022. «El contrato permite adaptar la vacuna a las nuevas variantes», ha apuntado la presidenta de la Comisión Europea, Ursula von der Leyen. Además, los estados miembros tienen la posibilidad de encargar hasta 33 millones de vacunas adicionales en 2023.

El contrato con Valneva incluye la adaptación de vacuna de la COVID-19 a nuevas variantes del SARS-CoV-2.

Valneva es una empresa biotecnológica europea que desarrolla una vacuna de virus inactivado, fabricada a partir del virus vivo a través de la inactivación química. Es una tecnología bien conocida que se utiliza desde hace más de 60 años. De hecho, la mayoría de las vacunas contra la gripe y muchas vacunas infantiles se basan en esta tecnología. Actualmente, es la única vacuna candidata de virus inactivado contra la COVID-19 en fase de ensayos clínicos en Europa.

«La vacuna de Valneva añade otra opción a nuestra extensa cartera, una vez que la Agencia Europea de Medicamentos demuestre que es segura y eficaz», ha declarado Stella Kyriakides, comisaria de Salud y Seguridad Alimentaria. «Continuamos apoyando a los estados miembros en sus esfuerzos de vacunación. El mensaje sigue siendo el mismo: confiar en la ciencia y vacunarse, vacunarse y vacunarse».

La vacuna de la COVID-19 que desarrolla Valneva se basa en un virus vivo inactivado, es la única candidata con esta tecnología en ensayos clínicos en Europa.

El contrato con Valneva se suma a la cartera de vacunas que se producirán en Europa. Después de los acuerdos con AstraZeneca, Sanofi-GSK, Janssen Pharmaceutica NV, BioNtech-Pfizer, CureVac, Moderna y Novavax, se suma el rubricado este mismo miércoles. Además sigue negociando nuevos acuerdos con empresas que ya forman parte de la cartera de vacunas para comprar rápidamente vacunas adaptadas a nuevas variantes del SARS-CoV-2. La Comisión Europea destaca que esta cartera diversificada de vacunas garantizará que Europa esté bien preparada para la vacunación.

Fuente: iSanidad. Disponible en https://cutt.ly/VTgkP1x

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Patentes registradas en Patentscope

Estrategia de búqueda: *Vaccine in the title or abstract AND 20211101:20211110 as the publication date 46 records.*

1.20210338803DUAL-MOLECULAR DNA VACCINE COMPOSED OF A VIRAL ANTIGEN AND AN IMMUNE COSTIMULATOR
US - 04.11.2021
Clasificación Internacional A61K 39/215 Nº de solicitud 16874431 Solicitante SICHUAN CHENGYU BIOLOGICAL PRODUCTS INC. Inventor/a Li YU
The present invention discloses a dual-molecular DNA vaccine composed of viral antigen and immunization coactivator, which relates to the technical field of biomedicine. The said vector is a DNA plasmid; the viral antigen is any viral immunogenic (antigen) molecule; the immunological activator is a kind of T cell costimulators. The vaccine disclosed in the present invention is that two gene fragments expressing the T cell costimulator and the viral antigen molecule are constructed into one plasmid DNA and will be co-expressed in a cell at the same time to activate the systemic immune response through the two signalings. The dual-molecular DNA vaccine also is a novel platform of vaccine technology, using for development of multiple vaccines to prevention from various infectious diseases. Especially, a dual-molecular DNA vaccine with the SARS-CoV-2 S antigen and T cell costimulator can be constructed through this technology platform to prevent and control global pandemic COVID-19.

2.WO/2021/220246RECOMBINANT SARS-COV-2 POLYPEPTIDES AND USES
WO - 04.11.2021
Clasificación Internacional A61K 39/12 Nº de solicitud PCT/IB2021/053641 Solicitante UNIVERSITY OF CAPE TOWN Inventor/a MEYERS, Ann Elizabeth
This invention relates to a recombinant polypeptide encoding the SARS-CoV-2 spike protein candidate vaccine. The invention also relates to vectors comprising nucleic acids encoding the recombinant polypeptide. The invention specifically relates to the recombinant proteins described herein, methods of producing the recombinant proteins and pharmaceutical compositions either comprising the recombinant proteins and/or vectors comprising a nucleic acid encoding the recombinant protein. More specifically, the invention relates to a DNA vaccine, modified vaccinia Ankara virus vaccine and/or a lumpy skin disease virus vaccine encoding the recombinant protein of the invention.

3.WO/2021/217480VIRUS ANTIGEN-IMMUNE COACTIVATOR-BASED BIMOLECULAR DNA VACCINE
WO - 04.11.2021

Clasificación Internacional C12N 15/85 Nº de solicitud PCT/CN2020/087720 Solicitante SICHUAN CHENGYU BIOLOGICAL PRODUCTS INC. Inventor/a YU, Li
Provided is a virus antigen-immune coactivator-based bimolecular DNA vaccine, relating to the technical field of biomedicine. An expression vector is a DNA plasmid. A virus antigen is any virus immunogenic (antigen) molecule. An immune activate factor is a T-cell coactivator. An exogenous gene fragment for expressing a T-cell coactivator and a virus gene fragment of a virus antigen molecule are co-constructed in one DNA plasmid, and are simultaneously expressed in a same cell; such a bimolecule is used for activating a systematic immune response of a T-cell to a virus. Further provided is a bimolecular DNA vaccine technical platform. By means of the technical platform, a novel coronavirus S antigen fragment-immune coactivator-based bimolecular DNA vaccine is constructed for the immune prevention and control of novel coronaviruses.

4.WO/2021/222913MICRO DOSING OF VIRAL VACCINES
WO - 04.11.2021
Clasificación Internacional A61K 39/12 Nº de solicitud PCT/US2021/039569 Solicitante KOZIOL, Jeffrey E. Inventor/a KOZIOL, Jeffrey E.
A method of administering a pharmaceutical composition includes the step of administering a sterile unit of vaccine to the ocular mucosa. The vaccine can be made of DNA segments, RNA segments, messenger RNA live virus, or attenuated virus. The unit dosage can be about 20 to 70 microliters. The vaccine is suspended in a solution which closely matches the ocular tear film in terms of pH, osmolality and can be non-preserved and viscous. The pharmaceutical composition is delivered to the surface of the eye in sequential doses over a predetermined period of time to provide a total dosage for providing the vaccine to the patient.

5.WO/2021/222228A LIVE ATTENUATED MEASLES VIRUS VECTORED VACCINE FOR SARS-COV-2
WO - 04.11.2021
Clasificación Internacional A61K 39/215 Nº de solicitud PCT/US2021/029373 Solicitante OHIO STATE INNOVATION FOUNDATION Inventor/a LI, Jianrong
Disclosed herein is a live attenuated recombinant measles virus (rMeV)-based coronavirus vaccine containing a SARS-CoV-2 spike (S) protein that has at least one mutation to remove a glycosylation site. In some embodiments, the rMeVs-based coronavirus vaccine contains full-length stabilized pre-fusion and native S proteins, S proteins of SARS-CoV-2 variants, truncated S proteins lacking its transmembrane and cytoplasmic domains, S proteins lacking glycosylation sites, the monomeric and trimeric receptor-binding domain (RBD), the monomeric and trimeric S1 protein, Fc-fused RBD, or Fc-fused S1 protein. Also disclosed is a live attenuated recombinant coronavirus vaccine, wherein a stabilized prefusion spike (S) protein is inserted into a viral vector genome.

6.WO/2021/221486VACCINE COMPOSITION FOR PREVENTING OR TREATING INFECTION OF SARS-COV-2
WO - 04.11.2021
Clasificación Internacional C07K 14/005 Nº de solicitud PCT/KR2021/005488 Solicitante SK BIOSCIENCE CO., LTD. Inventor/a KWON, Teawoo
Provided is a recombinant protein for preventing or treating infection of SARS-Coronavirus-2 antigen comprising an extended receptor binding domain (RBD) of a spike protein of SARS-Coronavirus-2, and a vaccine composition comprising thereof. Also the present invention relates to a method for preventing infection of SARS-Coronavirus-2 by administering the recombinant antigen protein to a subject. The present invention can prevent COVID-19 infection. The present invention can be used as a vaccine.

7.20210338800SIV AND HIV VACCINATION USING RHCMV- AND HCMV-BASED VACCINE VECTORS

US - 04.11.2021
Clasificación Internacional A61K 39/21 Nº de solicitud 17092941 Solicitante OREGON HEALTH & SCIENCE UNIVERSITY Inventor/a Louis J. PICKER
Particular aspects provide for use of the β-herpesvirus Cytomegalovirus (CMV: e.g., RhCMV and HCMV) as a uniquely evolved “vector” for safely initiating and indefinitely maintaining high level cellular and humoral immune responses (against, e.g., HIV, SIV, TB, etc.). Particular aspects provide a method for treatment or prevention of, e.g., HIV, SIV or TB, comprising infection of a subject in need thereof with at least one recombinant CMV-based vector (e.g., HCMV or RhCMV) comprising an expressible HIV/SIV/TB antigen or a variant or fusion protein thereof. In particular embodiments of the method, infection is of an immunocompetent, HCMV or RhCMV seropositive subject. Additional aspects provide for RhCMV- and HCMV-based vaccine vectors, and versions thereof with suicide or safety means. Further aspects provide pharmaceutical compositions comprising the inventive CMV-based vaccine vectors.

8.11161892Method of compact peptide vaccines using residue optimization
US - 02.11.2021
Clasificación Internacional C07K 14/74 Nº de solicitud 17114237 Solicitante Think Therapeutics, Inc. Inventor/a David Gifford
A system for selecting an immunogenic peptide composition comprising a processor and a memory storing processor-executable instructions that, when executed by the processor, cause the processor to create a first peptide set by selecting a plurality of base peptides, wherein at least one peptide of the plurality of base peptides is associated with a disease, create a second peptide set by adding to the first peptide set a modified peptide, wherein the modified peptide comprises a substitution of at least one residue of a base peptide selected from the plurality of base peptides, and create a third peptide set by selecting a subset of the second peptide set, wherein the selected subset of the second peptide set has a predicted vaccine performance, wherein the predicted vaccine performance has a population coverage above a predetermined threshold, and wherein the subset comprises at least one peptide of the second peptide set.

9.20210338804Vaccine Compositions For Preventing Coronavirus Disease
US - 04.11.2021
Clasificación Internacional A61K 39/215 Nº de solicitud 17180147 Solicitante International AIDS Vaccine Initiative Inc. Inventor/a Christopher Lee Parks
The present disclosure provides Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2) vaccines, recombinant vesicular stomatitis virus (VSV) vectors encoding the SARS-CoV-2 spike (S) protein or an immunogenic variant thereof, recombinant replicable VSV particles having a SARS-CoV-2 S protein or an immunogenic variant thereof on the surface of the particles, and immunogenic recombinant proteins comprising a SARS-CoV-2 S protein or a variant thereof. Immunogenic compositions comprising the SARS-CoV-2 vaccines, the recombinant VSV vectors, the recombinant replicable VSV particles and/or the immunogenic recombinant proteins may be used for inducing an immune response to the SARS-CoV-2, preventing infection by the SARS-CoV-2, vaccinating against the SARS-CoV-2 and/or producing adaptive mutants of the recombinant replicable VSV particles.

10.WO/2021/221338INFLUENZA VIRUS PRODUCTION METHOD USING DISPOSABLE CULTURE PROCESS SYSTEM, AND TEST FOR QUICKLY CHECKING CONDITIONS FOR INFLUENZA VIRUS ANTIGEN PURIFICATION
WO - 04.11.2021
Clasificación Internacional C07K 14/005 Nº de solicitud PCT/KR2021/004356 Solicitante SK BIOSCIENCE CO., LTD. Inventor/a JUNG, Hwan-ui

The present invention relates to an influenza virus production method using a disposable culture process system, and a test for quickly checking conditions for influenza virus antigen purification. According to the present invention, conditions for influenza surface antigen obtainment (purification) may be quickly and reliably checked according to the unique method of the present invention, even without using the single radial immunodiffusion technique which is conventionally used as a standard test method when producing influenza vaccines, and thus the production time for an influenza surface antigen subunit vaccine is notably reduced, thereby enabling quick response as a result of rapid vaccine development/manufacturing, even in a rapid novel influenza pandemic situation. In addition, according to the influenza virus production method of the present invention, culture media exchange may be carried out in an airtight system by using a continuous low-speed centrifuge using a disposable bag, and thus the possibility of contamination occurring during the virus production process may be greatly reduced.

11.WO/2021/219750ANTI-CANCER VACCINES AND RELATED THERAPY
WO - 04.11.2021
Clasificación Internacional A61K 39/00 Nº de solicitud PCT/EP2021/061184 Solicitante THE INSTITUTE OF CANCER RESEARCH: ROYAL CANCER HOSPITAL Inventor/a PETTITT, Stephen
The present invention provides an anti-cancer vaccine comprising: (i) at least one peptide comprising the amino acid sequence of a neoantigen encoded by a mutant homologous recombination (HR) DNA repair gene selected from the group: BRCA1, BRCA2, PALB2, CDK12, RAD51B, RAD51C and RAD51D, wherein the mutant gene comprises a reversion mutation; and/or (ii) at least one polynucleotide encoding the at least one peptide of (i). Also provided are engineered T cells that recognise said neoantigen. Related methods and medical uses of the vaccine and/or engineered T cell are provided, including for the treatment of cancers, such as homologous recombination (HR) deficient cancers that acquire PARP inhibitor resistance or platinum resistance by development of reversion mutations in an HR DNA repair gene selected from the group: BRCA1, BRCA2, PALB2, CDK12, RAD51B, RAD51C and RAD51D.

12.WO/2021/219619METHODS TO GENERATE VACCINE COMPOSITIONS THAT PRIME HUMAN LEUKOCYTE ANTIGEN CLASS I RESTRICTED CD8 T-CELL RESPONSES AGAINST VIRAL NON-VIRION-INTEGRAL DERIVED EPITOPES
WO - 04.11.2021
Clasificación Internacional A61K 39/12 Nº de solicitud PCT/EP2021/060956 Solicitante GENOVIE AB Inventor/a JARVIS, Reagan Micheal
Method for providing a vaccine composition capable of effectively inducing a systemic immune response and/or a localised immune response upon administration, wherein the composition comprises human leukocyte antigen class I (HLAI) -restricted epitopes selected from viral pathogen non-virion-integral proteins (non-VIP) and thus prime a CD8 T-cell response specifically directed against virally infected cells.

13.WO/2021/221973MICRONEEDLE ASSEMBLY
WO - 04.11.2021
Clasificación Internacional A61M 37/00 Nº de solicitud PCT/US2021/028361 Solicitante TICONA LLC Inventor/a KIM, Young Shin
A microneedle assembly that is capable of transdermal delivery of a drug compound, such as a vaccine, (e.g., vaccine) across a dermal barrier of a subject (e.g., human), and/or detecting the presence of an analyte in the subject is provided. The microneedle assembly comprises a plurality of microneedles arranged on a support that each contain a tip and base, one or both of which are formed from a polymer composition that includes a liquid crystalline polymer. By selectively controlling the specific components of the polymer composition, as well as their relative concentration, the resulting microneedles may exhibit a high degree of physical alignment, which can help ensure better performance during use of the microneedle assembly.

14.20210340185EBOLA VACCINE COMPOSITIONS AND METHODS OF USING SAME
US - 04.11.2021
Clasificación Internacional C07K 14/005 Nº de solicitud 17271657 Solicitante CENTRE HOSPITALIER UNIVERSITAIRE VAUDOIS Inventor/a Divor Kiseljak
Materials and methods for the prevention of Ebola virus are provided. This disclosure is related to vaccine compositions comprising one or more Ebola vims (EBOV) glycoproteins as well as methods of preventing an EBOV infection comprising administering such compositions. In particular, modified EBOV glycoproteins are provided that form trimers and induce an immune response.

15.20210338808THERAPEUTIC VACCINE FOR THE TREATMENT OF PAPILLOMAVIRUS LESIONS
US - 04.11.2021
Clasificación Internacional A61K 39/285 Nº de solicitud 17360497 Solicitante Ricardo Rosales Ledezma Inventor/a Ricardo Rosales Ledezma
An attenuated vaccinia virus GAB-1 and its use in a vaccine for treatment of papillomavirus lesions is described. In preferred embodiments, the Lederle-Chorioallantoic strain of vaccinia virus is serially passaged in chicken embryo-fibroblast (CEF) cells by at least 100 passages. GAB-1 has reduced virulence and is safe to use without side effects after attenuation by serial passaging, but remains highly immunogenic. Experimentation has found that GAB-1 is much more immunogenic than other strains of vaccinia virus, including Western Reserve (WR) and modified Vaccinia Ankara (MVA). GAB-1 can be used safely in humans for treating tumorous lesions caused by human papillomavirus (HPV).

16.3626729HIDTIL UKENDTE PEPTIDER OG KOMBINATION AF PEPTIDER TIL ANVENDELSE VED IMMUNTERAPI MOD HEPATOCELLULÆRT KARCINOM (HCC) OG ANDRE CANCERE
DK - 01.11.2021
Clasificación Internacional C07K 7/08 Nº de solicitud 19199101 Solicitante immatics Biotechnologies GmbH Inventor/a Weinschenk, Toni
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. In particular, the present invention relates to several novel peptide sequences and their variants derived from HLA class I and class II molecules of human tumor cells that can be used in vaccine compositions for eliciting anti-tumor immune responses or as targets for the development of pharmaceutically / immunologically active compounds and cells.

17.WO/2021/219897BETACORONAVIRUS PROPHYLAXIS AND THERAPY
WO - 04.11.2021
Clasificación Internacional C07K 14/165 Nº de solicitud PCT/EP2021/061602 Solicitante VACCIBODY AS Inventor/a FREDRIKSEN, Agnete, Brunsvik
Disclosed is a vaccine comprising an immunologically effective amount of a polynucleotide comprising a nucleotide sequence encoding a targeting unit, a dimerization unit and an antigenic unit, wherein the antigenic unit comprises at least one betacoronavirus epitope. The vaccine is ideal for pandemic and epidemics as it can induce rapid, strong immune response with lower/fewer doses because the antigen is targeted to antigen presenting cells and the antigen is produced in the body.

18.WO/2021/217982FOOT-AND-MOUTH DISEASE VIRUS-LIKE PARTICLE ANTIGEN AND VACCINE COMPOSITION THEREOF, AND PREPARATION METHOD AND APPLICATION OF VACCINE COMPOSITION
WO - 04.11.2021
Clasificación Internacional A61K 39/135 Nº de solicitud PCT/CN2020/112115 Solicitante PULIKE BIOLOGICAL ENGINEERING, INC. Inventor/a TIAN, Kegong
The present invention provides an A-type foot-and-mouth disease virus-like particle antigen, The A-type foot-and-mouth disease virus-like particle antigen is formed by assembling A-type foot-and-mouth disease virus epidemic strains VP2, VP3, VP1 antigen proteins, the A-type foot-and-mouth disease virus VP2 antigen protein is coded by a nucleotide sequence as shown in Seq ID No. 1 or a degenerate sequence thereof, the A-type foot-and-mouth disease virus VP3 antigen protein is coded by a nucleotide sequence as shown in Seq ID No. 2 or a degenerate sequence thereof, and the A-type foot-and-mouth disease virus VP1 antigen protein is coded by a nucleotide sequence as shown in Seq ID No. 3 or a degenerate sequence thereof.

19.20210338732ADOPTIVE CELL TRANSFER AND ONCOLYTIC VIRUS COMBINATION THERAPY
US - 04.11.2021
Clasificación Internacional A61K 35/17 Nº de solicitud 17325557 Solicitante McMaster University Inventor/a Yonghong WAN
The present invention describes a method for treating cancer comprising adoptive transfer of tumor antigen specific CD8+ T cells and an oncolytic virus vaccine targeting the same antigen.

20.20210338805DYSREGULATION OF TRAUMA REGULATION PATHWAY TREATMENT AND MONITORING TECHNIQUES
US - 04.11.2021
Clasificación Internacional A61K 39/215 Nº de solicitud 17244642 Solicitante General Electric Company Inventor/a Christopher Michael Puleo
The subject matter of the present disclosure generally relates to techniques for addressing or correcting dysregulation of the trauma regulation pathway. The dysregulation may be associated with a physiological condition, such as a SARS-CoV-2 viral infection. In an embodiment, the techniques include treating dysregulation based on a renin-angiotensin pathway molecule or cell and/or a splenic pathway molecule or cell using targeted neuromodulation. In an embodiment, neuromodulation is used to regulate the immune system, e.g., as an energy-based adjuvant for a vaccine.

21.20210340217NOVEL PEPTIDES AND COMBINATION OF PEPTIDES FOR USE IN IMMUNOTHERAPY AGAINST OVARIAN CANCER AND OTHER CANCERS
US - 04.11.2021
Clasificación Internacional C07K 14/74 Nº de solicitud 17350977 Solicitante Immatics Biotechnologies GmbH Inventor/a Heiko SCHUSTER
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.

22.20210338793PLASMIDS AND METHODS FOR PEPTIDE DISPLAY AND AFFINITY-SELECTION ON VIRUS-LIKE PARTICLES OF RNA BACTERIOPHAGES
US - 04.11.2021

Clasificación Internacional A61K 39/12 Nº de solicitud 17244255 Solicitante UNM RAINFOREST INNOVATIONS Inventor/a David S. Peabody
The present invention relates to a system and method for controlling peptide display valency on virus-like particles (VLPs), especially including MS2 VLPs. In this method, large amounts of wild-type and low quantities of single-chain dimer coat proteins may be produced from a single RNA. Valency is controlled in immunogen (vaccine) production by providing a system that allows the production of large amounts of wild-type and low quantities of single-chain dimer coating proteins from a single RNA, allowing facile adjustment of display valency levels on VLPs, especially MS2 VLPS over a wide range, from few than one-on average- to as many as ninety per particle. This facilitates the production of immunogens and vaccines, including VLPs exhibiting low valency. Nucleic acid constructs useful in the expression of virus-like particles are disclosed, comprised of a coat polypeptide of MS2 modified by insertion of a heterologous peptide, wherein the heterologous peptide is displayed on the virus-like particle and encapsidates MS2 niRNA. Nucleic acid constructs are also disclosed which are useful in the expression of virus-like particles comprised of a coat polypeptide of PP7 modified by insertion of a heterologous peptide, wherein the heterologous peptide is displayed on the virus-like particle and encapsidates PP7 mRNA.

23.20210338807COVID19 VACCINES AND RELATED METHODS
US - 04.11.2021
Clasificación Internacional A61K 39/215 Nº de solicitud 17338546 Solicitante Humane Genomics Inventor/a Chad M. Moles
The disclosure provides viral vaccine compositions for use in treating COVID-19 in a subject to whom the compositions are administered, as well as to methods of making and using the compositions.

24.20210340216NOVEL PEPTIDES AND COMBINATION OF PEPTIDES FOR USE IN IMMUNOTHERAPY AGAINST OVARIAN CANCER AND OTHER CANCERS
US - 04.11.2021
Clasificación Internacional C07K 14/74 Nº de solicitud 17350964 Solicitante Immatics Biotechnologies GmbH Inventor/a Heiko SCHUSTER
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.

25.WO/2021/217206HUMAN CYTOMEGALOVIRUS POLYEPITOPE VACCINE COMPOSITION
WO - 04.11.2021
Clasificación Internacional C07K 14/045 Nº de solicitud PCT/AU2021/050385 Solicitante THE COUNCIL OF THE QUEENSLAND INSTITUTE OF MEDICAL RESEARCH Inventor/a KHANA, Rajiv
Disclosed is a human herpesvirus immunotherapy. More particularly, disclosed is acomposition that includes one or more recombinant proteins that include a pluralityof epitopes derived from multiple human cytomegalovirus antigens, a CMV envelope5glycoprotein, and a TLR agonist.

26.20210338806METHODS OF GENERATING VACCINES AGAINST NOVEL CORONAVIRUS, NAMED SARS-COV-2 COMPRISING VARIABLE EPITOPE LIBRARIES (VELs) AS IMMUNOGENS
US - 04.11.2021
Clasificación Internacional A61K 39/215 Nº de solicitud 17245355 Solicitante Primex Clinical Laboratories Inventor/a Karen Manucharyan

Described herein is the application of Variable Epitope Libraries (VELs) as immunogens for the generation of vaccines against a novel coronavirus, named SARS-CoV-2. The VELs bearing combinatorial epitope libraries target antigenic variability of viruses such as SARS-CoV-2, and cancer, thus representing a true alternative to traditional vaccine platforms.

27.20210340201IMMUNOTHERAPY TARGETING KRAS OR HER2 ANTIGENS
US - 04.11.2021
Clasificación Internacional C07K 14/47 Nº de solicitud 17270400 Solicitante FRED HUTCHINSON CANCER RESEARCH CENTER Inventor/a Joshua VEATCH
Binding proteins and high affinity recombinant T cell receptors (TCRs) specific for KRAS G12V or Her2-ITD neoantigens are provided herein. Compositions and recombinant host cells encoding and/or expressing the binding proteins and/or high affinity recombinant TCRs are also provided. The compositions and recombinant host cells may be used to treat a subject having non-small cell lung cancer (NSCLC), colorectal cancer, pancreas cancer, ovarian cancer, breast cancer, biliary tract cancer, an indication wherein a KRAS G12V neoantigen is a therapeutic target, or an indication wherein a Her2-ITD neoantigen is a therapeutic target. Related vaccines, vaccine therapies, and vaccination regimens are also provided.

28.20210340204NOVEL PEPTIDES AND COMBINATION OF PEPTIDES FOR USE IN IMMUNOTHERAPY AGAINST LUNG CANCER, INCLUDING NSCLC, SCLC AND OTHER CANCERS
US - 04.11.2021
Clasificación Internacional C07K 14/47 Nº de solicitud 17371826 Solicitante Immatics Biotechnologies GmbH Inventor/a Colette SONG
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.

29.20210338802A COMPOSITE MULTI-EPITOPE EXPRESSION CASSETTE, A RECOMBINANT VIRUS COMPOSED THEREOF AND APPLICATION THEREOF
US - 04.11.2021
Clasificación Internacional A61K 39/215 Nº de solicitud 16495502 Solicitante SHANGHAI VETERINARY RESEARCH INSTITUTE, CHINESE ACADEMY OF AGRICULTURAL SCIENCES (NATIONAL CENTER Inventor/a Chan DING
The present application relates a composite multi-epitope expression cassette, a recombinant virus composed thereof and application thereof, and in particular to a chimeric recombinant Newcastle disease virus inserted with an IBV epitope cassette and a vaccine prepared by using the virus. The expression cassette comprises: (a) T cell epitopes derived from S1 proteins of avian infectious bronchitis virus Holte strain and avian infectious bronchitis virus QX-like strain; and (b) B cell epitopes derived from S1 protein of avian infectious bronchitis virus Australian T strain. In the present application, the multi-epitope chimeric ST/B gene of avian infectious bronchitis virus is inserted into the backbone of LaSota strain, so that the LaSota strain can express S1-T/B protein. Thus, the purpose of preventing both ND and IB diseases is achieved. In addition, the T cell epitopes and B cell epitopes act synergistically to produce an earlier and more comprehensive immune response against virus.

30.20210338587INJECTABLE COMPOSITION
US - 04.11.2021

Clasificación Internacional A61K 9/19 Nº de solicitud 17279807 Solicitante Sumitomo Dainippon Pharma Co., Ltd. Inventor/a Akihiro MORITA
The present invention relates to a lyophilized preparation comprising two or more cancer antigen peptides derived from WT1 protein with an activity of inducing cytotoxic T lymphocytes for cancer peptide vaccine therapy.

31.WO/2021/222908MEDICAL INJECTORS AND SYSTEMS AND METHODS FOR AN INJECTION MANAGEMENT PLATFORM
WO - 04.11.2021
Clasificación Internacional G16H 10/60 Nº de solicitud PCT/US2021/030530 Solicitante KOSKA FAMILY LIMITED Inventor/a WALKER, Jay, S.
Systems, methods and articles of manufacture provide for an injection management platform that allows the verification and management of injection event transactions involving injectors equipped with NFC or RFID chips utilizing a distributed and secure technology such as blockchain. An injection event transaction ledger allows for digital receipts of injection event transactions to be securely verified and updated. In accordance with some embodiments, injectors may comprise blow-fill-seal (BFS) injectors that are pre-filled with a single dose of a fluid agent comprising a vaccine or medicament, allowing for tracking of individual doses of the fluid agent via the injection event transaction ledger.

32.20210338735PEPTIDES AND COMBINATION OF PEPTIDES OF NON-CANONICAL ORIGIN FOR USE IN IMMUNOTHERAPY AGAINST DIFFERENT TYPES OF CANCERS
US - 04.11.2021
Clasificación Internacional A61K 35/17 Nº de solicitud 17377735 Solicitante Immatics Biotechnologies GmbH Inventor/a Heiko SCHUSTER
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.

33.20210338734PEPTIDES AND COMBINATION OF PEPTIDES OF NON-CANONICAL ORIGIN FOR USE IN IMMUNOTHERAPY AGAINST DIFFERENT TYPES OF CANCERS
US - 04.11.2021
Clasificación Internacional A61K 35/17 Nº de solicitud 17377724 Solicitante Immatics Biotechnologies GmbH Inventor/a Heiko SCHUSTER
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.

34.20210338709USES OF MODIFIED RNA ENCODING RETINALDEHYDE DEHYDROGENASE
US - 04.11.2021
Clasificación Internacional A61K 31/7115 Nº de solicitud 17284212 Solicitante President and Fellows of Harvard College Inventor/a Ulrich H. Von Andrian

Some aspects of this disclosure provide modified mRNA (modRNA) encoding retinaldehyde dehydrogenase (RALDH) enzyme, in addition to methods of synthesis, administration, use, and treatment. In some embodiments, the modRNA may be used in a vaccine to treat infections (e.g., mucosal infections) and/or cancers (e.g., mucosal cancers).

35.20210338809Immune Tolerance-Inducing Agent and Therapeutic or Prophylactic Agent for Allergic Disorder
US - 04.11.2021
Clasificación Internacional A61K 39/35 Nº de solicitud 17270561 Solicitante Tokushima University Inventor/a Hiroshi Kido
An object of the present invention is to provide an allergen vaccine for treatment or prevention of an allergic disease, while reducing the risk of developing an immediate type allergy including anaphylaxis. The present inventors have found that (1) oral inoculation of a composition comprising a particular antigen (allergen) and SF10 into subjects having allergic diseases can suppress the development of an immediate type allergy caused by sensitization with the antigen, and (2) oral inoculation of a composition comprising a particular antigen (allergen) and SF10 into subjects not having allergic diseases can inhibit establishment of sensitization to the antigen, and have completed the present invention.

36.20210338811Combination Therapy of Immunotoxin and Checkpoint Inhibitor
US - 04.11.2021
Clasificación Internacional A61K 39/395 Nº de solicitud 17376319 Solicitante Duke University Inventor/a Darell Bigner
Regional, tumor-targeted, cytotoxic therapy, such as D2C7-immunotoxin (D2C7-IT), not only specifically target and destroy tumor cells, but in the process initiate immune events that promote an in situ vaccine effect. The antitumor effects are amplified by immune checkpoint blockade which engenders a long-term systemic immune response that effectively eliminates all tumor cells.

37.20210338799Bovine Respiratory Disease Vaccine
US - 04.11.2021
Clasificación Internacional A61K 39/145 Nº de solicitud 16610660 Solicitante Elanco US Inc Inventor/a Lucas Huntimer
The present invention relates to vaccines for treating bovine respiratory disease. Such vaccines contain a combination of bovine influenza D virus and *Mannheimia haemolytica* antigens. An upper respiratory infection with an IDV leads to an increased potential for *M. haemolytica* pathology in the lungs. The vaccines may contain further antigens from other bovine respiratory pathogens.

38.20210338810Novel Adjuvant Compositions
US - 04.11.2021
Clasificación Internacional A61K 39/39 Nº de solicitud 17195003 Solicitante Zoetis Services LLC Inventor/a Paul Joseph Dominowski
This invention relates to adjuvant formulations comprising various combinations of triterpenoids, sterols, immunomodulators, polymers, and Th2 stimulators; methods for making the adjuvant compositions; and the use of the adjuvant formulations in immunogenic and vaccine compositions with different antigens. This invention further relates to the use of the formulations in the treatment of animals.

39.WO/2021/222706MODIFIED IMMUNOGENIC PROTEINS
WO - 04.11.2021
Clasificación Internacional C07K 14/16 Nº de solicitud PCT/US2021/030092 Solicitante INTERNATIONAL AIDS VACCINE INITIATIVE Inventor/a SCHIEF, William
The invention relates to germline-targeting designs, stabilization designs, and/or combinations thereof, of proteins designed with modified surfaces helpful for immunization regimens, other protein modifications

and/or development of nanoparticles, methods of making and using the same, and to (a) germline-targeting priming or boosting/shepherding immunogens to initiate or guide maturation of VRC01-class responses (b) PCT64/PG9-germline-targeting designs (c) BG18-germline-targeting designs or boosting/shepherding immunogens to initiate or guide maturation of BG18-like responses, and/or (d) trimer stabilization and presentation in a membrane-bound format.

40.20210338791IMMUNOGENIC COMPOSITION FOR PARATUBERCULOSIS
US - 04.11.2021
Clasificación Internacional A61K 39/04 Nº de solicitud 17259075 Solicitante HAV VACCINES LIMITED Inventor/a John HERMON-TAYLOR
A vaccine comprising a polypeptide comprising an amino acid sequence of at least 9 contiguous amino acids from the N-terminal region of MAP P900, or a polynucleotide encoding said polypeptide, for use in a method of treating or preventing MAP infection or a condition or symptom associated with MAP infection in a subject.

41.WO/2021/222717METHODS OF GENERATING VACCINES AGAINST NOVEL CORONAVIRUS, NAMED SARS-COV-2 COMPRISING VARIABLE EPITOPE LIBRARIES (VELS) AS IMMUNOGENS
WO - 04.11.2021
Clasificación Internacional A61K 39/00 Nº de solicitud PCT/US2021/030110 Solicitante PRIMEX CLINICAL LABORATORIES Inventor/a MANUCHARYAN, Karen
Described herein is the application of Variable Epitope Libraries (VELs) as immunogens for the generation of vaccines against a novel coronavirus, named SARS-CoV-2. The VELs bearing combinatorial epitope libraries target antigenic variability of viruses such as SARS-CoV-2, and cancer, thus representing a true alternative to traditional vaccine platforms.

42.20210340203PEPTIDES FOR USE IN IMMUNOTHERAPY AGAINST CANCERS
US - 04.11.2021
Clasificación Internacional C07K 14/47 Nº de solicitud 17366837 Solicitante Immatics Biotechnologies GmbH Inventor/a Colette SONG
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.

43.20210338678BIOACTIVE VITAMIN COMBINATIONS
US - 04.11.2021
Clasificación Internacional A61K 31/519 Nº de solicitud 17246494 Solicitante BioVit, Inc. Inventor/a Sheldon Blake Zablow
The present invention describes bioactive vitamin combinations that can be used in combination with other bioactive compounds, such as active drug ingredients or active vaccine components, to increase their therapeutic effects. The bioactive vitamin combinations comprise therapeutically effective amounts of L-Methylfolate, Adenosylcobalamin and Methylcobalamin.

44.20210340202PEPTIDES FOR USE IN IMMUNOTHERAPY AGAINST CANCERS
US - 04.11.2021
Clasificación Internacional C07K 14/47 Nº de solicitud 17358703 Solicitante Immatics Biotechnologies GmbH Inventor/a Colette SONG

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.

45.WO/2021/221972MICRONEEDLE ASSEMBLY
WO - 04.11.2021
Clasificación Internacional A61M 5/158 Nº de solicitud PCT/US2021/028350 Solicitante TICONA LLC Inventor/a KIM, Young Shin
A microneedle assembly that is capable of delivering a drug compound (e.g., vaccine) and/or detecting the presence of an analyte is provided. The assembly comprises at least one microneedle extending outwardly from a support. The microneedle includes a polymer composition containing a thermoplastic polymer having a melting temperature of about 250°C or more. The polymer composition exhibits a melt viscosity of about 100 Pa-s or less and a tensile elongation of about 5% or less.

46.WO/2021/219885A MEDICAL MANAGEMENT SYSTEM AND A METHOD THEREOF
WO - 04.11.2021
Clasificación Internacional G16H 10/60 Nº de solicitud PCT/EP2021/061472 Solicitante HEALTHBEACON LIMITED Inventor/a JOYCE, Jim
The present application relates to a medical management system (100) and method for managing and tracking medical and/or clinical events associated with a patient such as vaccine administration, medicament administration, drug trial, and the like. The medical management system (100) comprises a pathogen care management platform (110), which is communicatively coupled to at least one electronic device (150 1-n) and at least one pathogen care device (120 1-n). The electronic device (150 1-n) is configured to identify the patient prior to a medical and/or clinical event, while the pathogen care device (120 1-n) is configured to detect a deposit of a pathogen care item associated with the medical event. The PCM platform (110) is configured to receive the information generated by at least one electronic device (150 1-n) and at least one pathogen care device (120 1-n) and accordingly update a digital health data record of the user.

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

Results Search in US Patent Collection db for: (ABST/vaccine AND ISD/20211101->20211110), 14 records.

	PAT. NO.	Title
1	11,168,122	Peptides and combination of peptides for use in immunotherapy against lung cancer, including NSCLC, SCLC and other cancers
2	11,167,033	Compositions and methods for treating viral infections
3	11,167,023	Method of treating mammals displaying severe neurological symptoms of advanced canine distemper virus infection using NDV-induced serum
4	11,167,021	Vaccine for protection against Streptococcus suis

5	11,167,020	Pneumococcal dosing regimen
6	11,167,019	Self-adjuvanting yersinia outer membrane vesicle as a vaccine against plague, anthrax and pseudomonas infection
7	11,167,017	Sea lice vaccine
8	11,166,915	Method for obtaining efficient viral vector-based compositions for vaccination or gene therapy
9	11,162,080	Attenuated viruses useful for vaccines
10	11,161,892	Method of compact peptide vaccines using residue optimization
11	11,160,862	Nanoemulsion adjuvant for nasal mucosa and preparation method thereof
12	11,160,861	Adjuvanting systems and water-free vaccine compositions comprising a polyI:C polynucleotide adjuvant and a lipid-based adjuvant
13	11,160,857	Multivalent enterovirus vaccine compositions and uses related thereto
14	11,160,856	Vaccine against Acinetobacter baumannii based on cellular components deficient in lipopolysaccharide

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Edición: Annia Ramos Rodríguez aramos@finlay.edu.cu
Ma. Victoria Guzmán Sánchez mguzman@finlay.edu.cu
Randelys Molina Castro rmolina@finlay.edu.cu
Irina Crespo Molina icrespo@finlay.edu.cu
Yamira Puig Fernández yamipuig@finlay.edu.cu
Rolando Ochoa Azze ochoa@finlay.edu.cu

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