

Best-of Partenaires 2026

Vaccins
23/03/2026

LIEM BINH LUONG NGUYEN
CIC Vaccinologie COCHIN-PASTEUR

Sélection de l'année

Infections respiratoires

Infections sexuellement transmissibles

Arboviroses

Zona

Sélection de l'année

Infections respiratoires

Infections sexuellement transmissibles

Arboviroses

Zona

Sélection de l'année

Infections respiratoires > COVID-19

Infections sexuellement transmissibles

Arboviroses

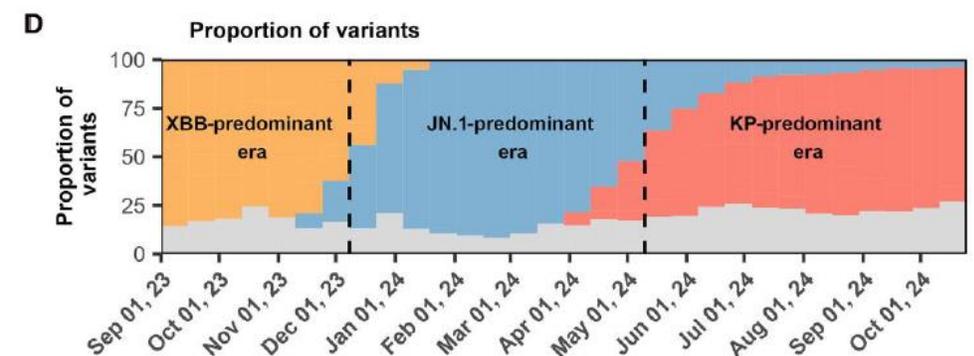
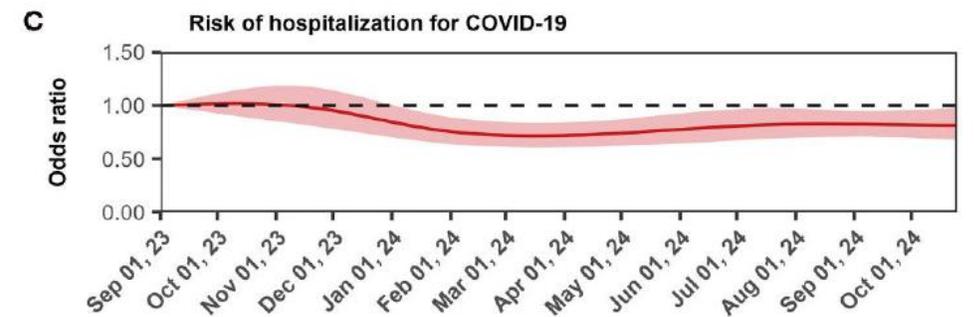
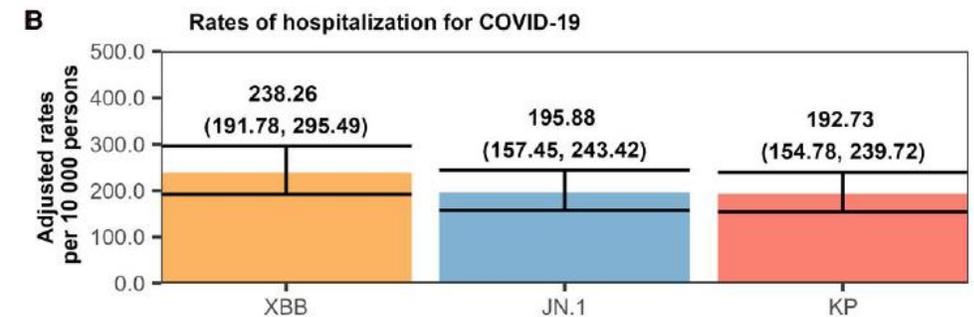
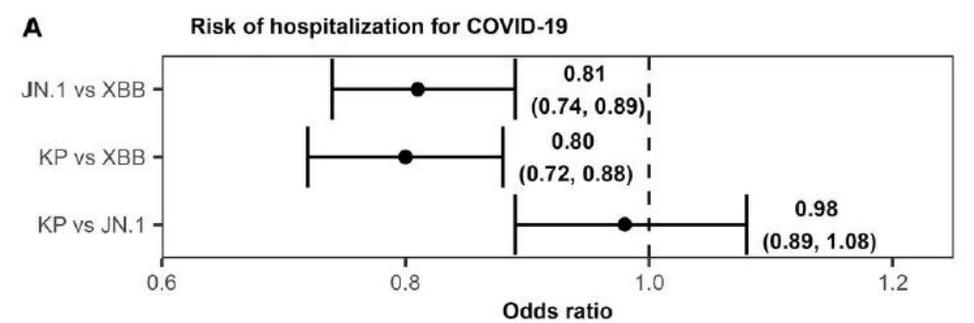
Zona

BRIEF REPORT

Rates of Hospitalization and Death due to COVID-19 in US Veterans With SARS-CoV-2 Infection in the XBB-, JN.1-, and KP-Predominant Eras

Taeyoung Choi,^{1,2} Yan Xie,^{1,2,3,4} and Ziyad Al-Aly^{1,2,5,6,7}

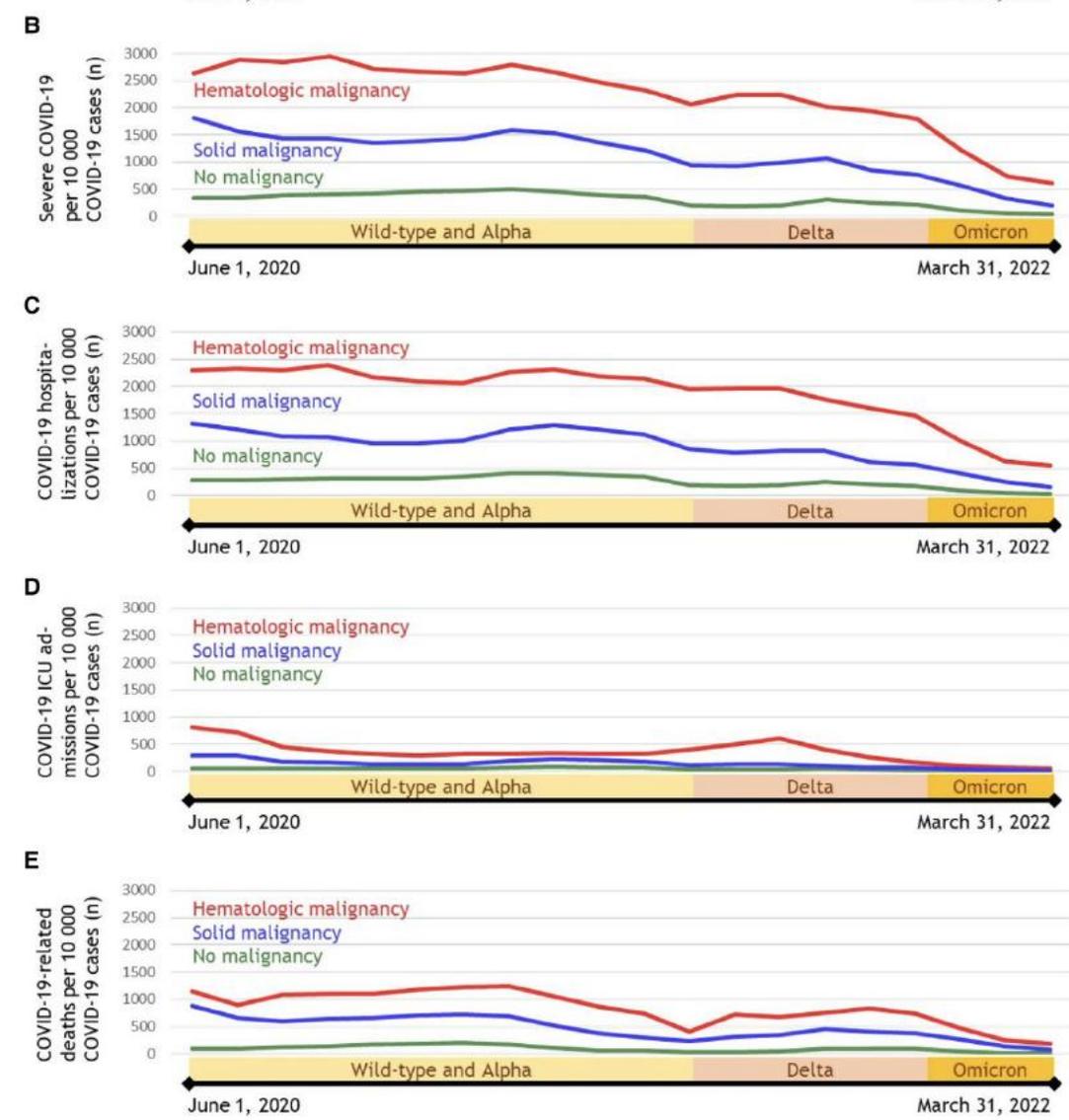
- Comparaison de l'incidence des hospitalisations et des décès des variants XBB, JN1, KP
- Données médicales des vétérans américains, de sept 2023 à oct 2024
- Référence : XBB
- Limites : populations spécifiques, pas de données de vaccination



COVID-19 Vaccine Effectiveness in Patients With Hematologic Malignancies: A Nationwide Cohort Study

Quincy Hotsink,^{1,2,3,a} Birgit I. Lissenberg-Witte,^{4,a} Sabine Haggenburg,^{1,2,3} Abraham Goorhuis,⁵ Mette D. Hazenberg,^{1,2,3,6} Caroline E. Rutten,¹

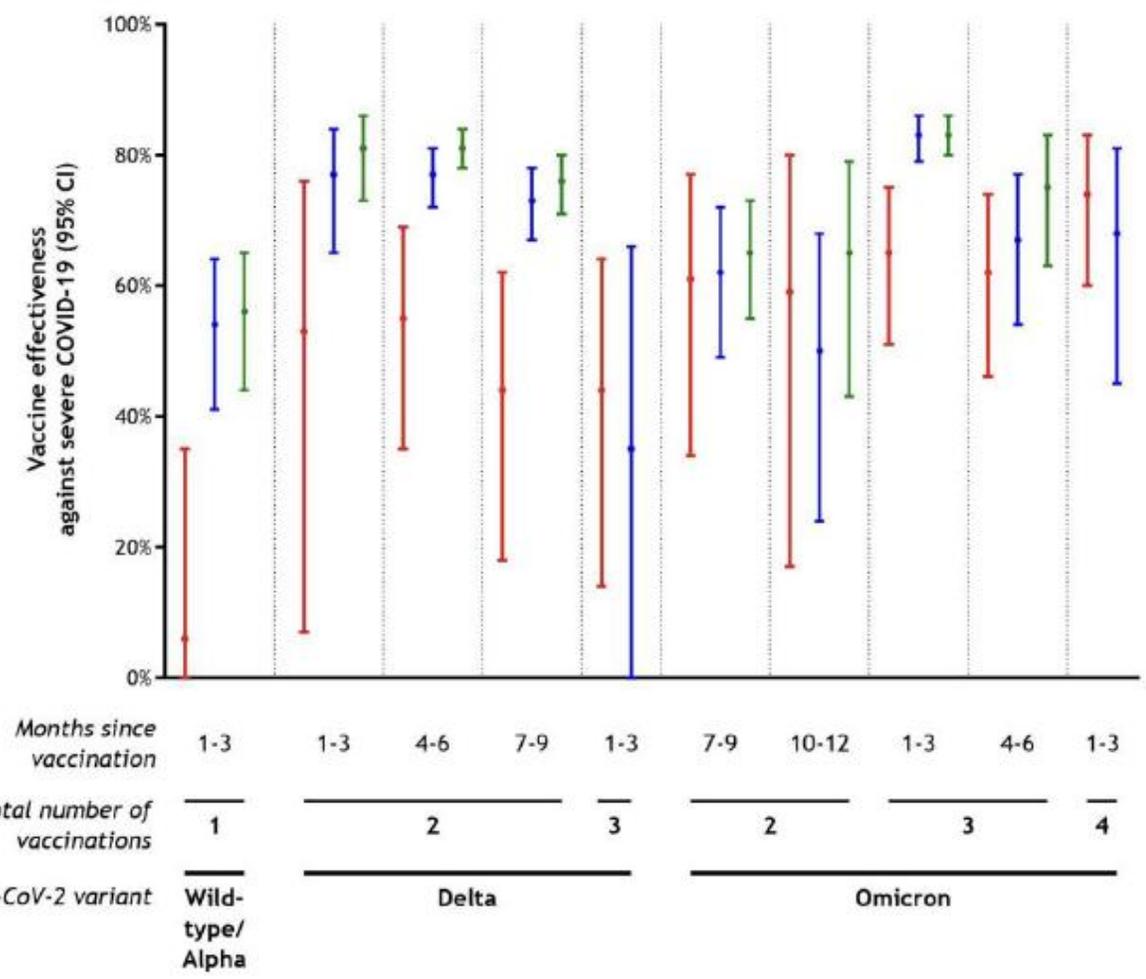
- Mesure de l'efficacité vaccinale chez des patients atteints de pathologies hématologiques et cancer
- Analyses de bases de données néerlandaises
- Cohortes de patients + contrôles
 - 61 304 avec pathologies hématologiques
 - 328 557 avec cancer (sein, prostatas, côlon)
 - 13 561 384 contrôles



COVID-19 Vaccine Effectiveness in Patients With Hematologic Malignancies: A Nationwide Cohort Study

Quincy Hotsink,^{1,2,3,a} Birgit I. Lissenberg-Witte,^{4,a} Sabine Haggberg,^{1,2,3} Abraham Goorhuis,⁵ Mette D. Hazenberg,^{1,2,3,6} Caroline E. Rutten,¹

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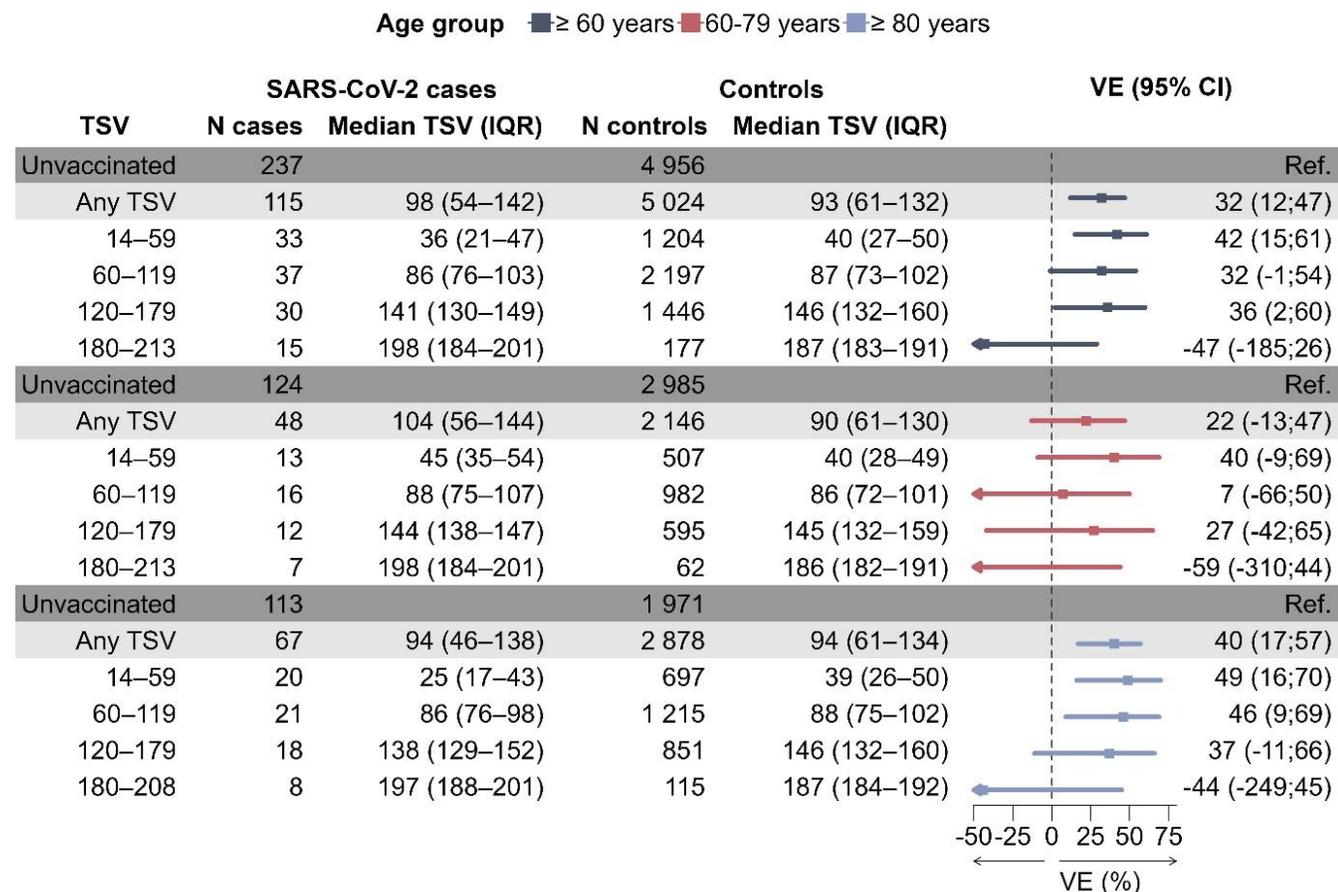


COVID-19 Vaccine Effectiveness Against Hospitalization in Older Adults, VEBIS Hospital Network, Europe, September 2024–May 2025

Madelyn Rojas-Castro¹ | Nuno Verdasca² | Susana Monge³ | Laurane De Mot⁴ | Camino Trobajo-Sanmartín⁵

Influenza and Other Respiratory Viruses

- Données d'efficacité vaccinale du réseau VEBIS
- Test Negative Design
- EV sur hospitalisation
- 352 cas et 9980 témoins
- Couverture vaccinale : 33%

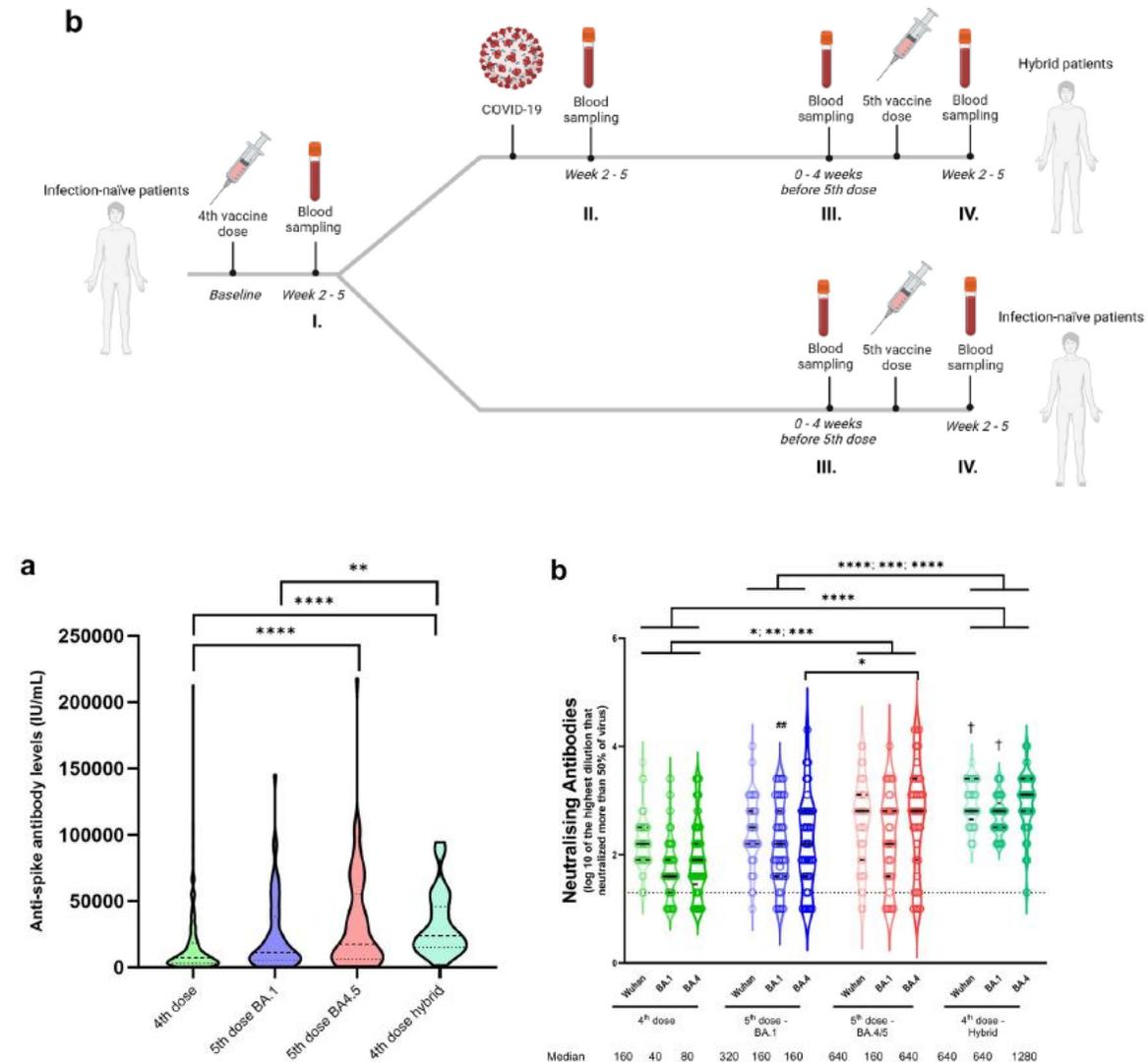


Humoral and cellular responses to a fifth bivalent SARS-CoV-2 vaccine dose in patients with immune-mediated inflammatory diseases on tumour necrosis factor inhibitors: a prospective cohort study

Hilde S. Ørbo,^{a,b,j,*} Taissa de Matos Kasahara,^{b,j} Asia-Sophia Wolf,^{c,j} Kristin H. Bjørlykke,^{d,j} Joseph Sexton,^a Ingrid Jyssum,^{a,b} Anne T. Tveter,^a

The Lancet Regional Health - Europe 2025;48: 101121

- Immunogénicité d'une 5e dose de vaccin COVID-19 chez des patients traités par anti-TNF, selon le statut immunitaire pré-existant
- Cohorte norvégienne de 456 patients
 - 373 ont reçu une 5^e dose
 - Dont 190 avec un ATCD d'infection entre la 4^e et 5^e dose
- Pas de bénéfice chez ceux avec une immunité hybride, réponse T stable
- Intérêt (modeste) d'un booster spécifique



Sélection de l'année

Infections respiratoires > Grippe

Infections sexuellement transmissibles

Arboviroses

Zona

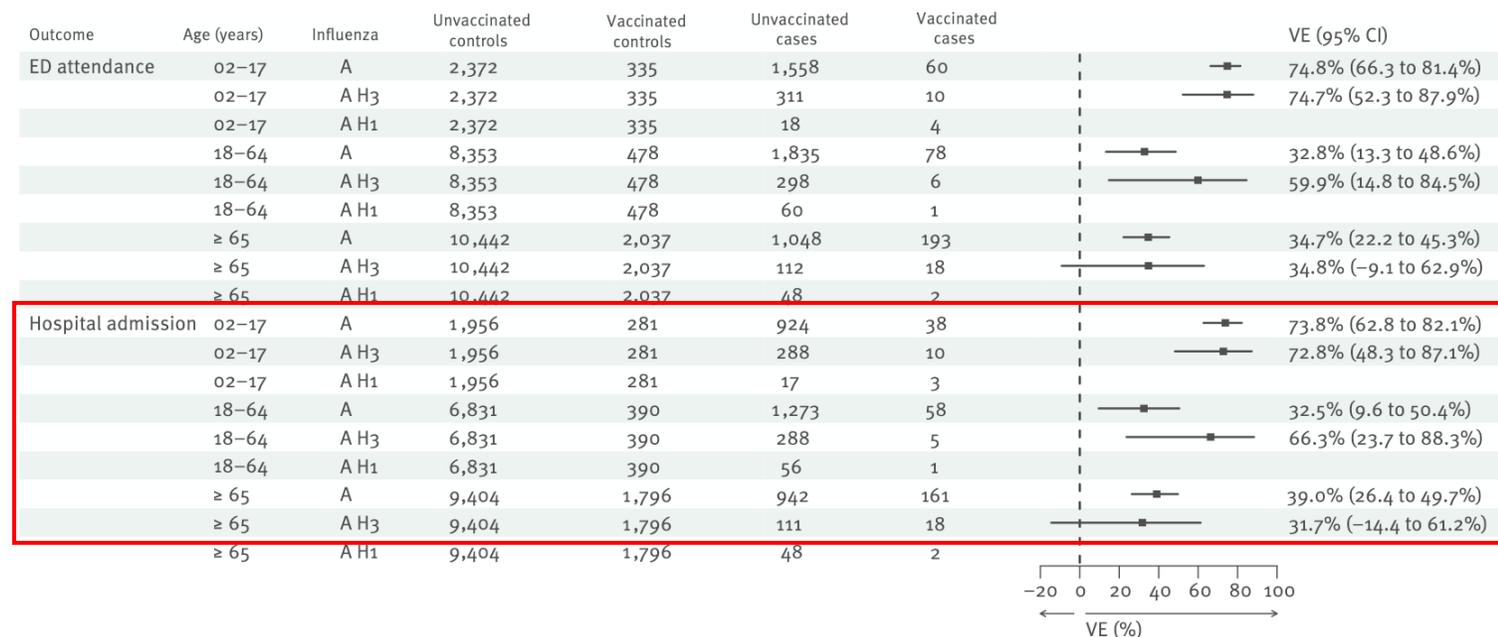
Early influenza virus characterisation and vaccine effectiveness in England in autumn 2025, a period dominated by influenza A(H3N2) subclade K

Freja CM Kirsebom¹, Catherine Thompson², Tiina Talts², Beatrix Kele², Heather J Whitaker³, Nick Andrews¹, Nurin Abdul Aziz¹, Christopher Rawlinson¹, Rebecca E Green¹, Catherine Quinot¹, Nicholas Gardner¹, Elizabeth Waller¹, Alex Allen¹, Conall H Watson^{1,4}, Suzanna LR McDonald¹, Maria Zambon², Richard Pebody^{4,5}, Mary Ramsay^{6,7}, Katja Hoschler², Anika Singanavagam^{2,4,*}, Jamie Lopez Bernal^{1,4,*}

- EV sur le variant K
- Données modèle animal inquiétante
- Premières données cliniques plutôt rassurantes

FIGURE 2

Vaccine effectiveness against emergency department attendance and hospital admission for children and adolescents aged 2 to 17 years, adults aged 18 to 64 years and adults aged ≥ 65 years, England, 29 September to 2 November 2025 (n = 28,789 cases and controls)



Effectiveness of high-dose influenza vaccine against hospitalisations in older adults (FLUNITY-HD): an individual-level pooled analysis

Niklas Dyrby Johansen, Daniel Modin, Jacobo Pardo-Seco, Carmen Rodriguez-Tenreiro-Sánchez, Matthew M Loiacono, Rebecca C Harris,

Lancet 2025; 406: 2425–34

	Overall	
	HD-IIV group (n=233 311)	SD-IIV group (n=233 009)
Mean age, years (SD)	73·3 (5·4)	73·3 (5·4)
Female sex	111 809 (47·9%)	111 872 (48·0%)
Male sex	121 502 (52·1%)	121 137 (52·0%)
Presence of at least one chronic disease	114 073 (48·9%)	114 052 (48·9%)
Cardiovascular disease	54 061 (23·2%)	53 639 (23·0%)
Diabetes	32 489 (13·9%)	32 492 (13·9%)
Cancer	28 548 (12·2%)	28 455 (12·2%)
Chronic kidney disease	24 062 (10·3%)	24 195 (10·4%)
Atrial fibrillation	19 179 (8·2%)	19 043 (8·2%)
Ischaemic heart disease	19 033 (8·2%)	18 809 (8·1%)
Chronic lung disease	16 022 (6·9%)	15 954 (6·8%)
Chronic obstructive pulmonary disease	8 252 (3·5%)	8 100 (3·5%)
Heart failure	6 497 (2·8%)	6 536 (2·8%)
Immunosuppression	12 308 (5·3%)	12 308 (5·2%)
Co-administration with COVID-19 vaccine	165 412 (70·9%)	165 424 (71·0%)
COVID-19 vaccine during same season	224 353 (96·2%)	224 055 (96·2%)

	HD-IIV (n=233 311)	SD-IIV (n=233 009)	Crude relative vaccine effectiveness (95% CI)	Adjusted relative vaccine effectiveness (95% CI)	One-sided p value	Number needed to vaccinate (95% CI)
Primary endpoint						
Hospitalisation for influenza or pneumonia	1312 (0·56%)	1437 (0·62%)	8·8% (1·7 to 15·5)	8·7% (1·7 to 15·3)	0·0082	1839 (1049 to 9756)
Secondary endpoints						
Hospitalisation for any cardiorespiratory disease	4720 (2·02%)	5033 (2·16%)	6·3% (2·5 to 10·0)	6·3% (2·5 to 9·9)	0·0006	730 (463 to 1832)
Laboratory-confirmed influenza hospitalisation	249 (0·11%)	365 (0·16%)	31·9% (19·7 to 42·2)	31·9% (20·0 to 42·0)	<0·0001	2003 (1511 to 3233)
All-cause hospitalisation	19 921 (8·54%)	20 348 (8·73%)	2·2% (0·3 to 4·1)	2·2% (0·3 to 4·0)	0·012	515 (278 to 3929)
All-cause mortality	1421 (0·61%)	1437 (0·62%)	1·2% (-6·3 to 8·3)	1·2% (-6·3 to 8·2)	0·38	..
Hospitalisation for influenza (ICD-10)	164 (0·07%)	271 (0·12%)	39·6% (26·4 to 50·5)	39·6% (26·7 to 50·2)	NA	..
Hospitalisation for pneumonia	1161 (0·50%)	1187 (0·51%)	2·3% (-6·0 to 10·0)	2·2% (-6·0 to 9·8)	NA	..

Endpoints occurring between 14 days after vaccination and May 31 the following year were defined as eligible for analysis. Only first events were considered for each endpoint. Median follow-up was 232 days (IQR 211–239). Endpoints were ascertained using data from Danish and Galician administrative health registries. Prespecified endpoint definitions are shown in the appendix pp 15–22. The endpoint of hospitalisation for influenza required an ICD-10 code for influenza but did not require a positive influenza test, whereas the endpoint of laboratory-confirmed influenza hospitalisation required a positive influenza test between 14 days before and 3 days after hospital admission but no specific ICD-10 code. Relative vaccine effectiveness was calculated as 1 minus the relative risk of the outcome. p values were estimated using binomial tests, corresponding to the crude relative vaccine effectiveness estimates. The adjusted relative vaccine effectiveness estimates are adjusted for trial and for season and generated using log-binomial regression models. NA denotes not applicable since p values are reported only for endpoints formally tested in the hierarchical testing procedure. Number needed to vaccinate describes the number of individuals needed to be vaccinated with HD-IIV instead of SD-IIV to prevent one additional event and is calculated only for endpoints with significant relative vaccine effectiveness estimates. HD-IIV, high-dose inactivated influenza vaccine; NA, not applicable; SD-IIV, standard-dose inactivated influenza vaccine.



ESC

European Society
of Cardiology

European Heart Journal (2025) **46**, 3518–3531

<https://doi.org/10.1093/eurheartj/ehaf384>

SPECIAL ARTICLE

Epidemiology, prevention, and health care policies

Vaccination as a new form of cardiovascular prevention: a European Society of Cardiology clinical consensus statement

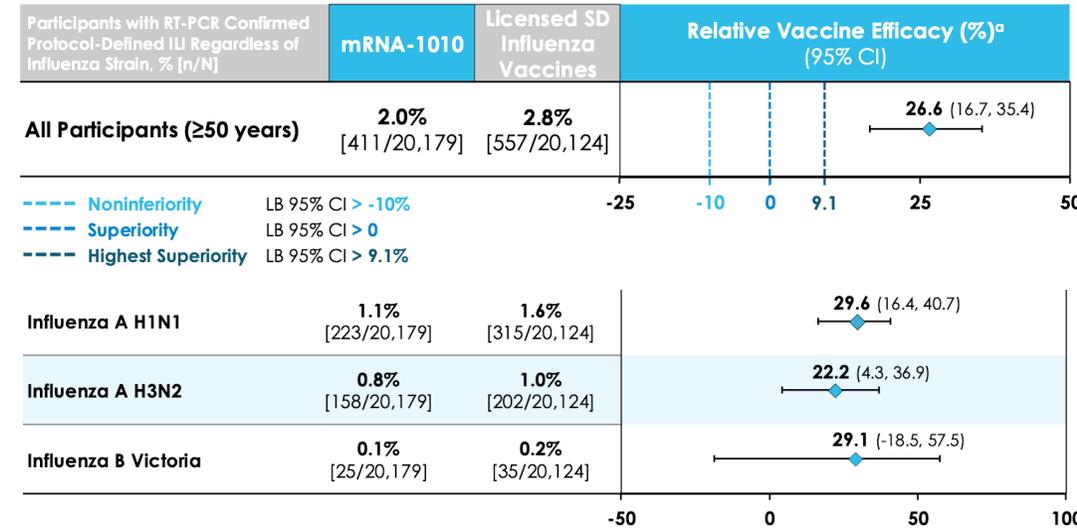
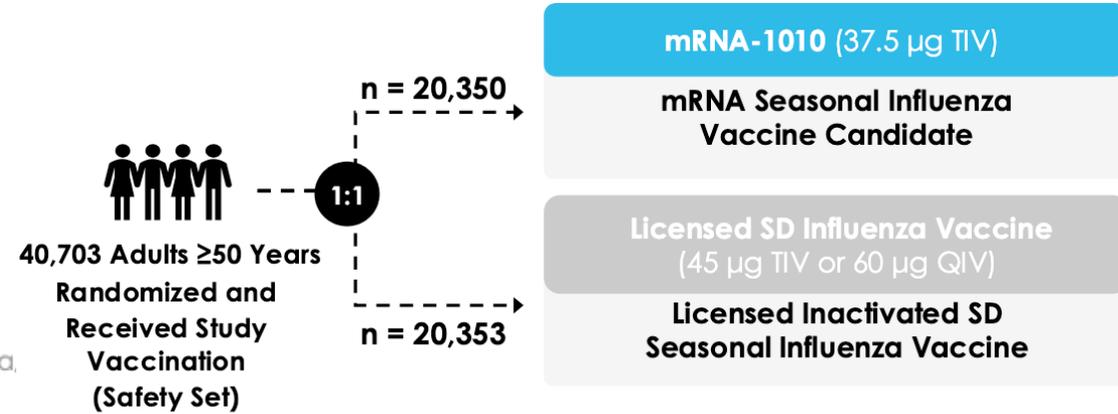
With the contribution of the European Association of Preventive Cardiology (EAPC), the Association for Acute CardioVascular Care (ACVC), and the Heart Failure Association (HFA) of the ESC

Bettina Heidecker ^{1,2,3,*}, Peter Libby ⁴, Vassilios S. Vassiliou⁵,

mRNA-1010, an mRNA-Based Influenza Vaccine, is Safe and Efficacious in Adults Aged ≥50 Years, Including Individuals at High Risk for Severe Disease

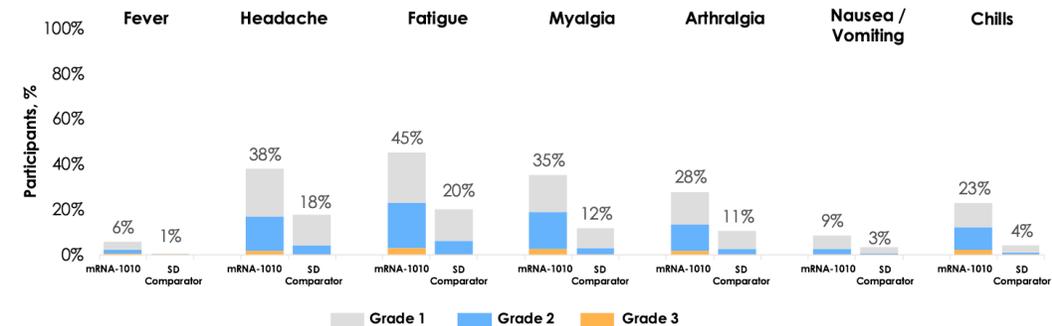
Grace Huang, Eleanor Wilson, Anita Kohli, Rebecca Clark, Isabel Leroux-Roels,
 10th ESWI Influenza Conference; October 20-23, 2025; Valencia.

- RCT de phase 3 du candidat vaccin grippe mRNA-1010 (moderna)
- 18 388 adultes (18-64), pendant la saison 2022-2023 aux EU, Afrique du Sud et Philippines
 - Comparateur : vaccin grippe SD
- Critère de jugement : grippe confirmée
- Limites: pas d'efficacité sur la souche B, une seule saison, EV relative, pas d'EV sur l'hospitalisation



Solicited Systemic Adverse Reactions for Adults ≥50 Years Within 7 Days of Injection Were Mostly Mild to Moderate and of Short Duration

Solicited Safety Set

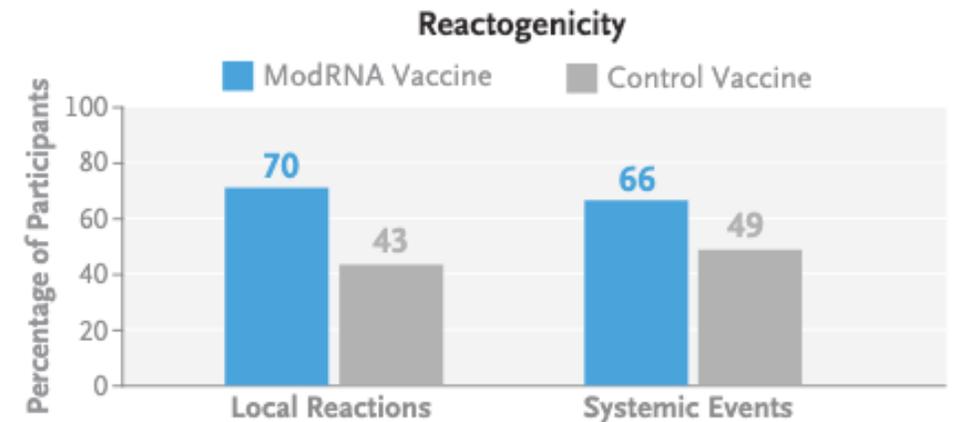
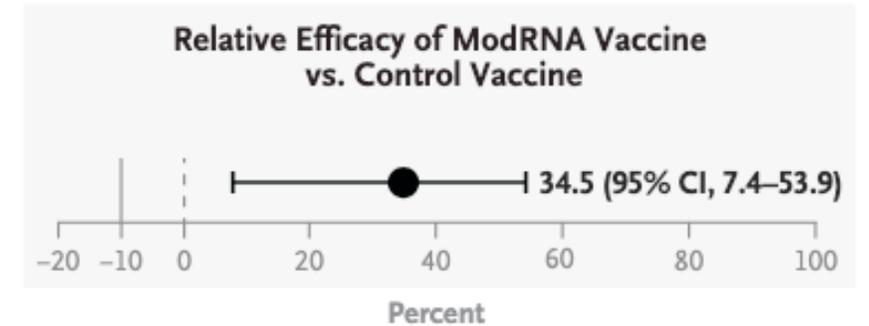
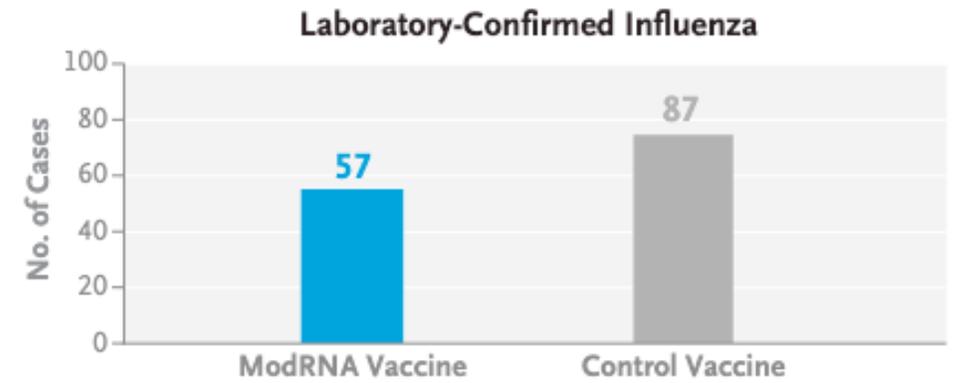


ORIGINAL ARTICLE

Efficacy, Immunogenicity, and Safety of Modified mRNA Influenza Vaccine

D. Fitz-Patrick,¹ D.S. McVinnie,² L.A. Jackson,³ G. Crowther,² A. Geevarughese,⁴

- RCT de phase 3 du candidat vaccin grippe ModRNA Influenza vaccine (Pfizer)
- 18 388 adultes (18-64), pendant la saison 2022-2023 aux EU, Afrique du Sud et Philippines
 - Comparateur : vaccin grippe SD
- Critère de jugement : grippe confirmée
 - Immunogénicité sur 4000 participants
- Limites: pas d'efficacité sur la souche B, une seule saison, EV relative, population jeune, pas de données sur l'hospitalisation



Sélection de l'année

Infections respiratoires > VRS

Infections sexuellement transmissibles

Arboviroses

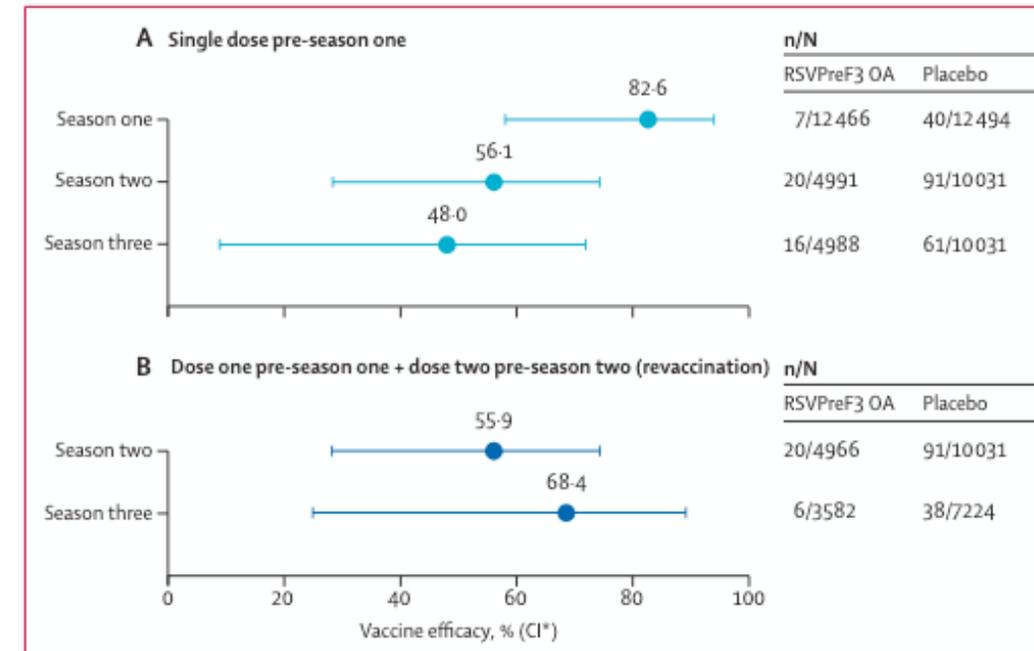
Zona

Efficacy, safety, and immunogenicity of the AS01_E-adjuvanted respiratory syncytial virus prefusion F protein vaccine (RSVPreF3 OA) in older adults over three respiratory syncytial virus seasons (AReSVi-006): a multicentre, randomised, observer-blinded, placebo-controlled, phase 3 trial

Michael G Ison*, Alberto Papi*, Eugene Athan, Robert G Feldman, Joanne M Langley, Dong-Gun Lee, Isabel Leroux-Roels, Federico Martinon-Torres,

Lancet Respir Med 2025;
13: 517-29

- Intérêt d'une revaccination vaccin VRS (GSK) à 1 an
- RCT de phase 3 sur l'efficacité du vaccin sur 3 saisons (21/23 à 23/24)
- 24972 participants
- Diminution de l'EV sur 3 ans, globalement à 51,1% sur les infections, 70,2% sur les infections basses avec attention médicale
- Pas de bénéfice d'une revaccination à 1 an : trop précoce?

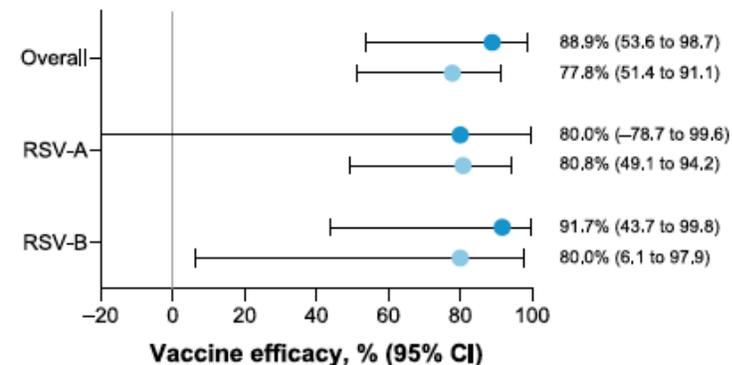


Efficacy, Immunogenicity, and Safety of the Bivalent Respiratory Syncytial Virus (RSV) Prefusion F Vaccine in Older Adults Over 2 RSV Seasons

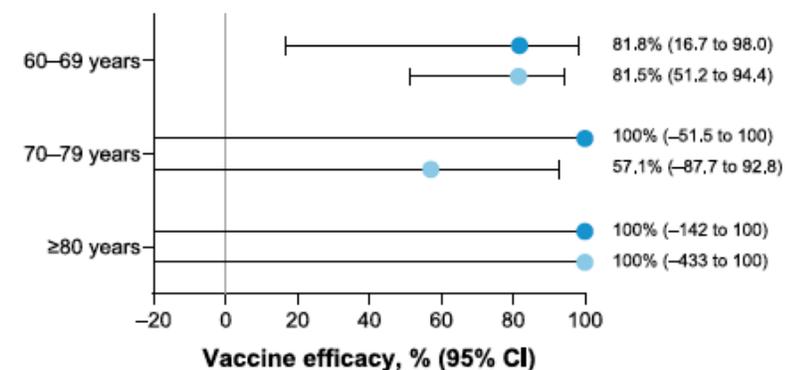
Edward E. Walsh,¹ Daniel Eiras,^{2,3} John Woodside,^{3,4} Qin Jiang,^{4,5} Michael Patton,³ Gonzalo Pérez Marc,⁵ Conrado Llapur,⁶ Mika Rämetsä,^{7,8}

- Efficacité du vaccin VRS (Pfizer) sur 2 saisons (1 dose)
- 28 744 participants, suivi de Août 2021 à Dec 2023
 - Age médian : 67 ans
 - 52,3 % avec au moins une comorbidité
- Analyse de 6958 dossiers
 - Age median : 72 ans
 - Population vulnérable
 - 50% de comorbidités C-V ou pulmonaire
- 10 évènements dans le groupe vaccin vs 54 dans le groupe contrôle

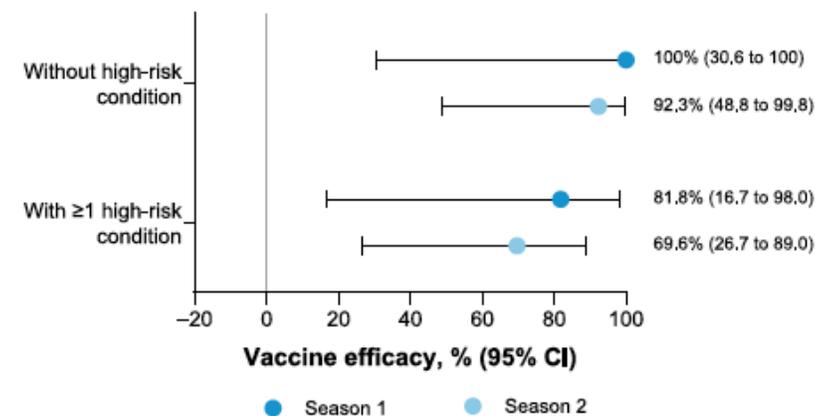
B



C



D



ORIGINAL ARTICLE

RSV Prefusion F Vaccine for Prevention of Hospitalization in Older Adults

M.C.H. Lassen,^{1,2} N.D. Johansen,^{1,2} S.H. Christensen,^{1,2} N. Aliabadi,³

- Mesure de l'efficacité du vaccin VRS (Pfizer en vie réelle) sur l'hospitalisation
- Essai randomisé pragmatique ouvert de phase 4 sur l'efficacité du vaccin RSV chez les personnes âgées (>60 ans) pendant la saison 2024-2025
- 131 379 participants
 - Age moyen : 69 ans (21,1% > 75 ans)
- EV de 83,3%
 - Effets sur évènements cardiopulmonaires? (Lassen, JAMA)
 - Peu d'évènement : 3 vs 17

Hospitalization for RSV-Related Respiratory Tract Disease

Vaccine effectiveness, 83.3% (95% CI, 42.9–96.9);

P=0.007 for minimum effectiveness of >20%

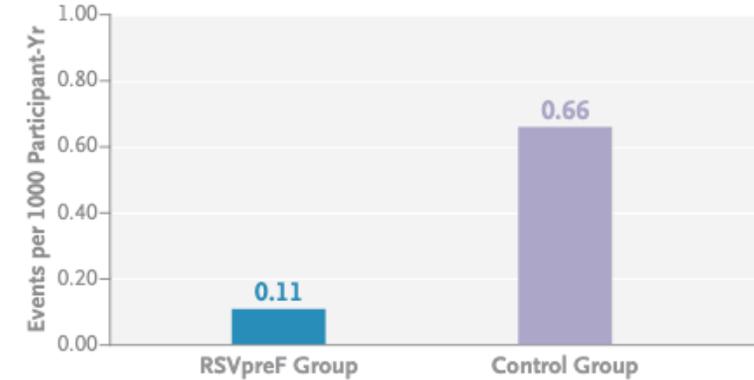


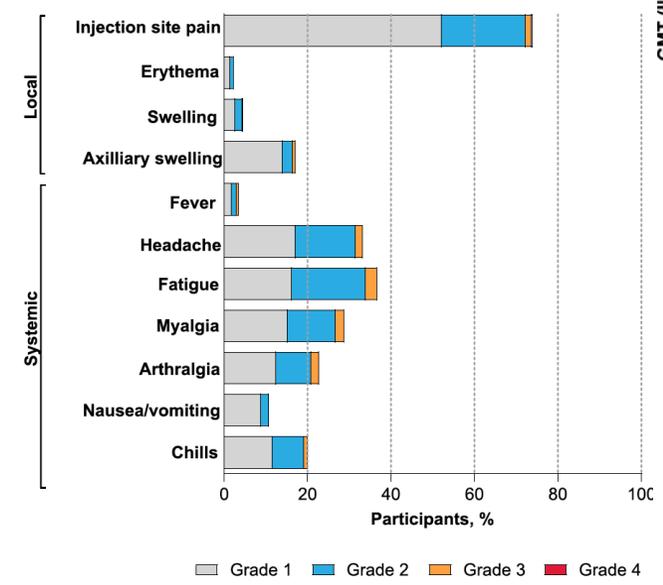
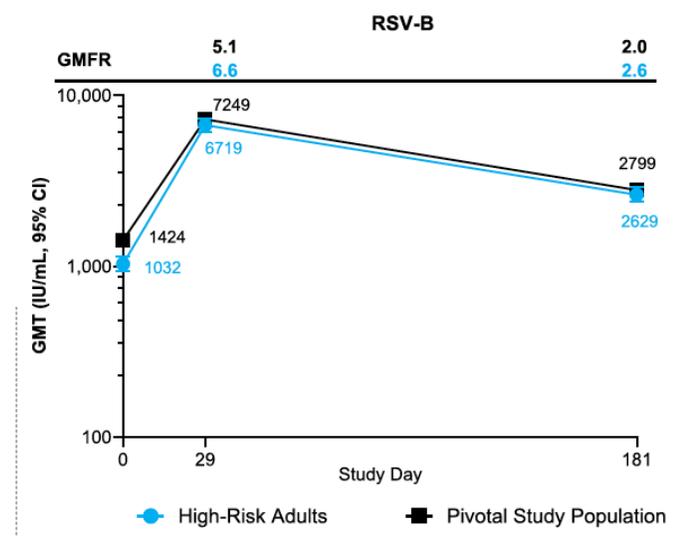
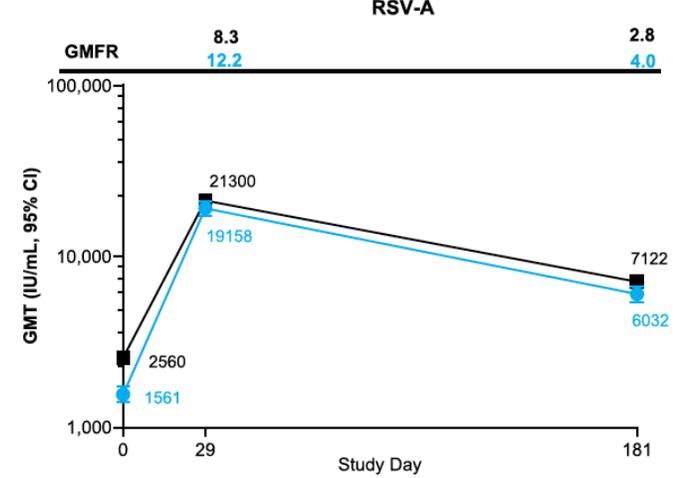
Table 2. Vaccine Effectiveness Against

End points	Vaccine effectiveness		P value ^b
	Absolute rate reduction per 1000 PY (95% CI) ^a	Vaccine effectiveness, % (95% CI)	
Secondary outcomes^c			
All-cause cardiorespiratory hospitalization	2.90 (0.10 to 5.71)	9.9 (0.3 to 18.7)	.04
All-cause respiratory hospitalization	1.87 (0.08 to 3.65)	15.2 (0.5 to 27.9)	.04
RSV-related cardiorespiratory hospitalization	0.59 (0.25 to 0.92)	84.2 (46.4 to 97.0)	<.001 ^d
Exploratory outcomes			
All-cause cardiovascular hospitalization	1.32 (−0.88 to 3.51)	7.4 (−5.5 to 18.8)	.24
Heart failure hospitalization	−0.08 (−0.74 to 0.60)	−4.7 (−62.7 to 32.7)	.83
Myocardial infarction	0.03 (−0.71 to 0.78)	1.8 (−45.5 to 33.9)	.93
Stroke hospitalization	0.73 (−0.25 to 1.71)	19.4 (−8.6 to 40.4)	.14
Atrial fibrillation (any hospital contact) ^e	−0.99 (−4.45 to 2.46)	−2.4 (−11.1 to 5.9)	.57

Safety, Tolerability, and Immunogenicity of mRNA-1345 in Adults at Increased Risk for Respiratory Syncytial Virus Disease Aged 18–59 Years

Erick F. Mayer,¹ Ann R. Falsey,² Rebecca Clark,³ Murdo Ferguson,⁴ Jose Cardona,⁵ Fahua She,¹ Barbara Jones,¹ Caroline Reuter,¹ Avi Collins,^{1,a}

- Etude d'immunogénicité du vaccin VRS mRNA-1345 (Moderna) chez les 18-59 ans à haut risque (non immunodéprimé)
- Etude clinique de phase 3 de non-infériorité
- 999 participants
 - 25,8% à risque CV
 - 46,1% avec maladies pulmonaires chroniques
 - 57,8% diabétiques
- Critère de non-infériorité atteint

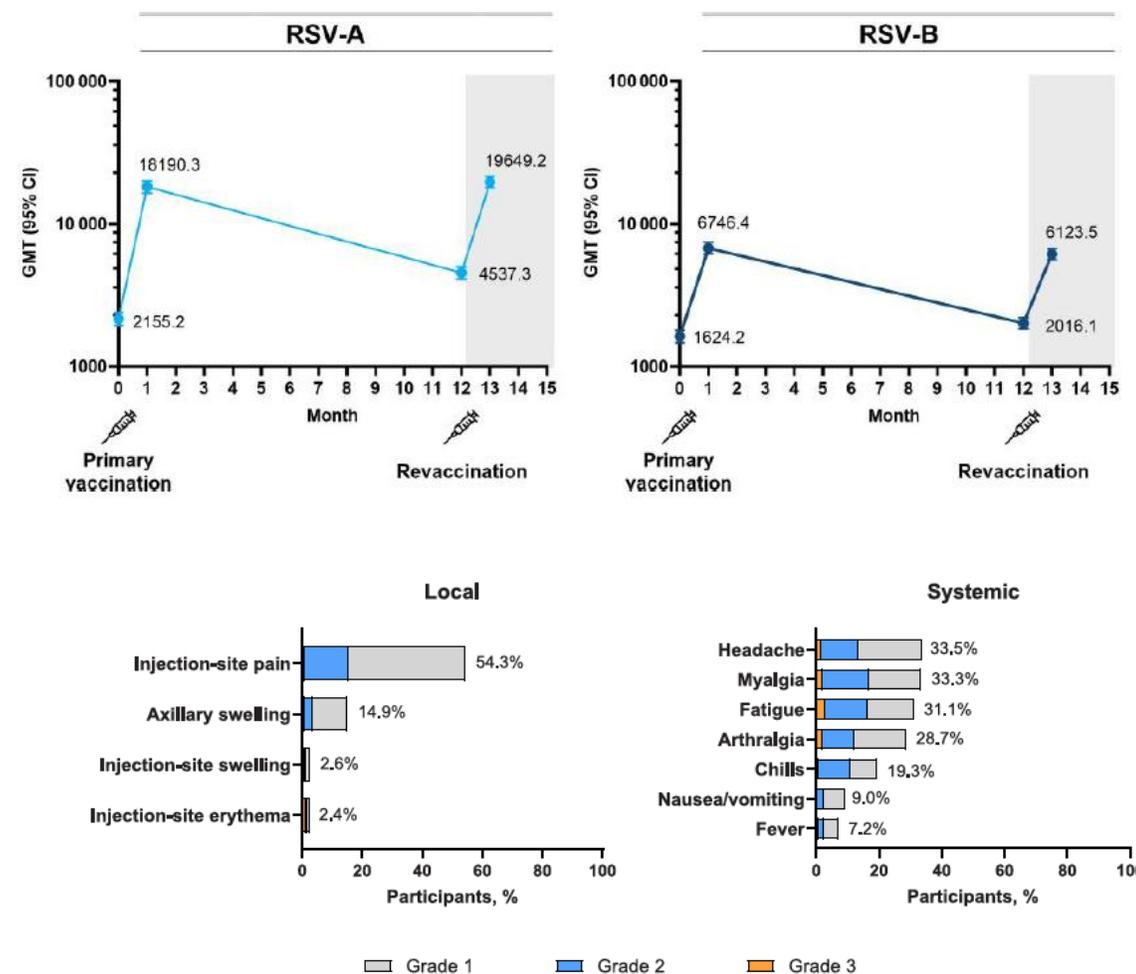


● High-Risk Adults ■ Pivotal Study Population

Safety, Tolerability, and Immunogenicity of Revaccination With mRNA-1345, an mRNA Vaccine Against RSV, Administered 12 Months Following a Primary Dose in Adults Aged ≥ 50 Years

Jaya Goswami,¹ Jose F. Cardona,^{2,3} Jorge Caso,³ Denise C. Hsu,¹ Alana K. Simorellis,¹ Lauren Wilson,¹ Rakesh Dhar,^{1,4} Xiaowei Wang,¹ Archana Kapoor,¹

- Etude d'immunogénicité du vaccin VRS mRNA-1345 (Moderna) : revaccination à 1 an
- Etude clinique de phase 3 de non-infériorité
- 543 participants
- Critère de non-infériorité atteint

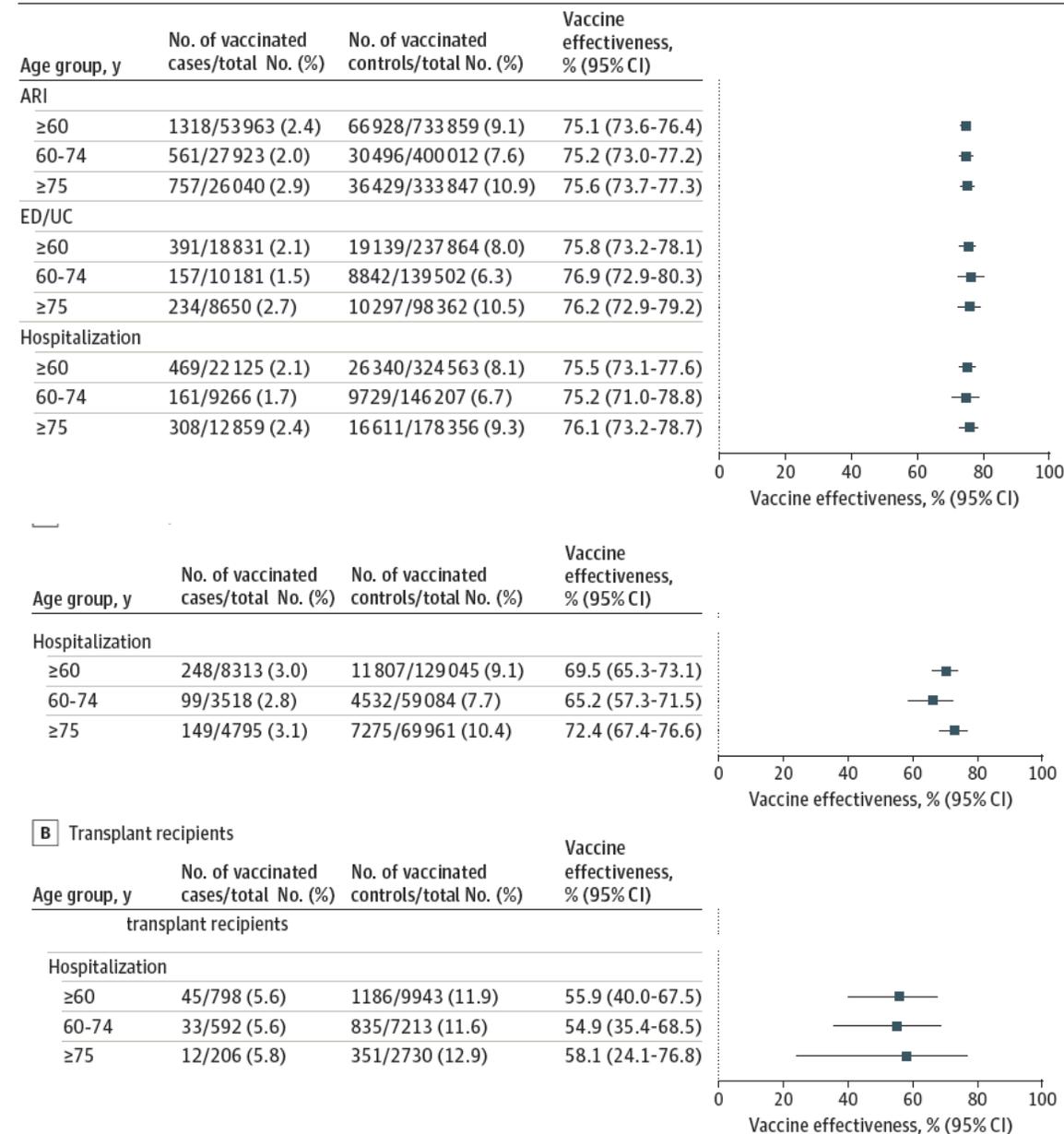


Effectiveness and Safety of Respiratory Syncytial Virus Vaccine for US Adults Aged 60 Years or Older

Sarah E. Fry, BS; Pauline Terebuh, MD, MPH; David C. Kaelber, MD, PhD, MPH; Rong Xu, PhD; Pamela B. Davis, MD, PhD

- Evaluation de l'EV RSV chez les personnes âgées et vulnérables + risque de guillain barré
- Données de médicales américaines
- 1,4 millions de dossiers analysés
 - Age median : 74 ans
 - 31% d'immuno-déprimés
 - 1/3 Pfizer, 2/3 GSK
- Analyse en test-negative design
- Saison 2023-2024
- Critère de jugement : grippe confirmée
 - Immunogénicité sur 4000 participants

Figure 1. Estimated Vaccine Effectiveness Against Respiratory Syncytial Virus–Associated Medically Attended Respiratory Illness, Emergency Department or Urgent Care Visits, or Hospitalizations, October 1, 2023, to April 30, 2024



Effectiveness and Safety of Respiratory Syncytial Virus Vaccine for US Adults Aged 60 Years or Older

Sarah E. Fry, BS; Pauline Terebuh, MD, MPH; David C. Kaelber, MD, PhD, MPH; Rong Xu, PhD; Pamela B. Davis, MD, PhD

- Evaluation de l'EV RSV chez les personnes âgées et vulnérables + risque de guillain barré
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Figure 1. Estimated Vaccine Effectiveness Against Respiratory Syncytial Virus–Associated Medically Attended Respiratory Illness, Emergency Department or Urgent Care Visits, or Hospitalizations, October 1, 2023, to April 30, 2024

Age group, y	No. of vaccinated cases/total No. (%)	No. of vaccinated controls/total No. (%)	Vaccine effectiveness, % (95% CI)
ARI			
≥60	1318/53963 (2.4)	66928/733859 (9.1)	75.1 (73.6–76.4)
60–74	561/27923 (2.0)	30496/400012 (7.6)	75.2 (73.0–77.2)
≥75	757/26040 (2.9)	36429/333847 (10.9)	75.6 (73.7–77.3)
ED/UC			
≥60	391/18831 (2.1)	19139/237864 (8.0)	75.8 (73.2–78.1)
60–74	157/10181 (1.5)	8842/139502 (6.3)	76.9 (72.9–80.3)
>75	234/8650 (2.7)	10297/98362 (10.5)	76.2 (72.9–79.2)

Table 3. Risk of Guillain-Barré Syndrome and ITP After Respiratory Syncytial Virus Vaccination for Older Adults From July 1, 2023, to June 31, 2024

Risk	Cases during risk period, No.	Vaccines Administered, No.	IRR (95% CI)	Excess cases per 1 000 000 doses (95% CI)
Guillain-Barré syndrome				
Overall	102	4 746 518	2.1 (1.5 to 2.9)	11.2 (7.2 to 14.1)
RSVPreF3	51	3 070 888	1.5 (0.9 to 2.2)	5.2 (-0.9 to 9.2)
RSVPreF	51	1 643 827	2.4 (1.5 to 4.0)	18.2 (9.8 to 23.3)
ITP				
Overall	257	4 740 401	1.0 (0.9 to 1.2)	1.9 (-7.7 to 10.1)
RSVPreF3	171	3 067 030	1.1 (0.7 to 1.3)	3.7 (-8.4 to 13.5)
RSVPreF	84	1 641 602	0.9 (0.7 to 1.2)	-4.1 (-22.5 to 9.7)

B Transplant recipients

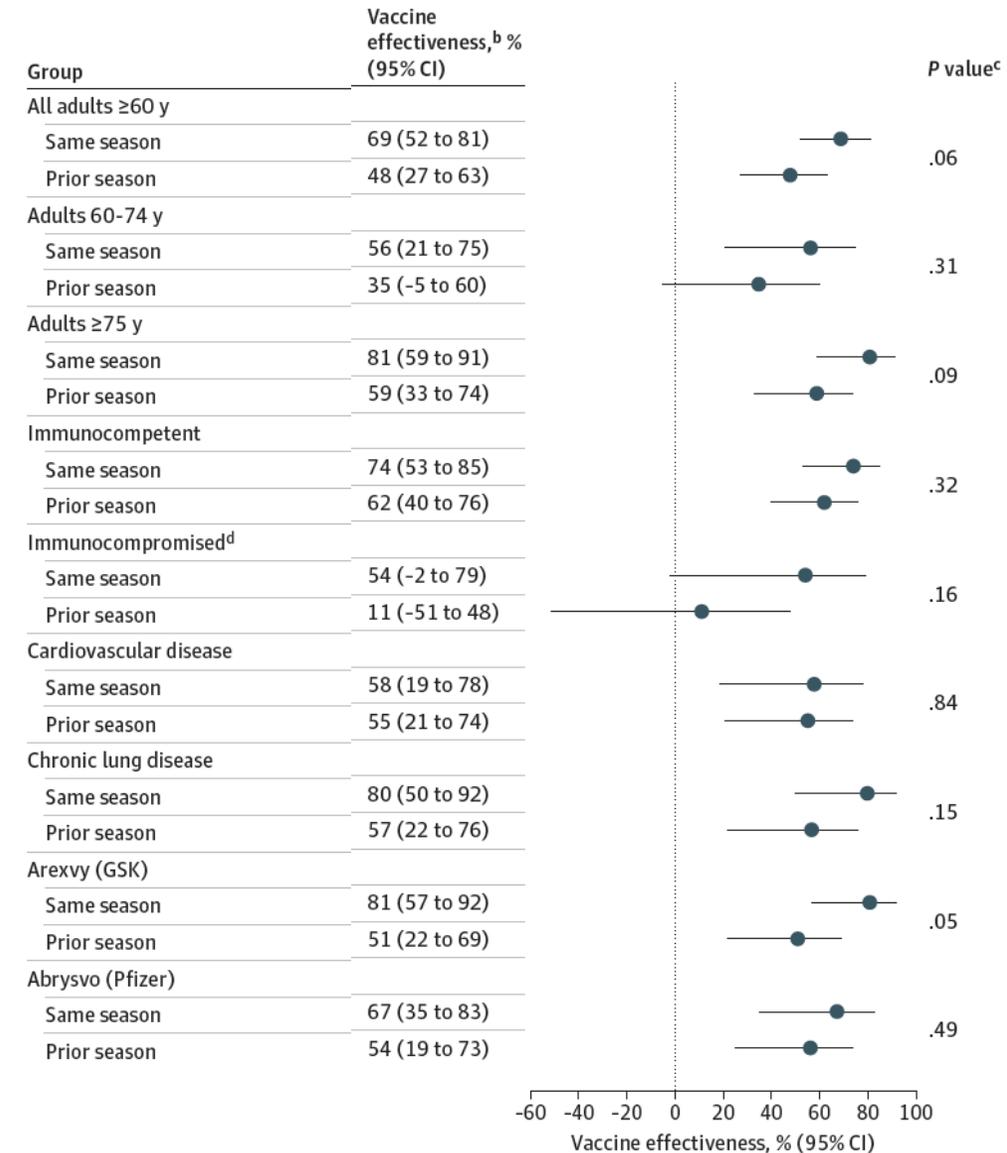
Age group, y	No. of vaccinated cases/total No. (%)	No. of vaccinated controls/total No. (%)	Vaccine effectiveness, % (95% CI)
transplant recipients			
Hospitalization			
≥60	45/798 (5.6)	1186/9943 (11.9)	55.9 (40.0–67.5)
60–74	33/592 (5.6)	835/7213 (11.6)	54.9 (35.4–68.5)
≥75	12/206 (5.8)	351/2730 (12.9)	58.1 (24.1–76.8)

RSV Vaccine Effectiveness Against Hospitalization Among US Adults Aged 60 Years or Older During 2 Seasons

Diya Surie, MD; Wesley H. Self, MD, MPH; Katharine A. Yuengling, MPH; Adam S. Luring, MD, PhD; Yuwei Zhu, MD, MS; Basmah Safdar, MD, MSc;

- Mesure de l'efficacité vaccinale en vie réelle aux EU (réseau IVY)
- Analyses Test Negative Design sur deux saisons : 23/24 et 24/25
- Analyse de 6958 dossiers
 - Age median : 72 ans
 - Population vulnérable
 - 50% de comorbidités C-V ou pulmonaire

Characteristic	RSV disease status, No. (%)	
	RSV-positive case patients (n = 821)	RSV-negative control patients (n = 6137)
RSV vaccine product	n = 63	n = 966
Arexvy (GSK)	27 (42.9)	502 (52.0)
Abrysvo (Pfizer)	25 (39.7)	396 (41.0)
mRESVIA (Moderna)	1 (1.6)	2 (0.2)
Unknown vaccine type	10 (15.9)	66 (6.8)
RSV subtype		
RSV A	299 (36.4)	NA
RSV B	352 (42.9)	NA
Unknown	170 (20.7)	NA



Sélection de l'année

Infections respiratoires > Pneumocoque

Infections sexuellement transmissibles

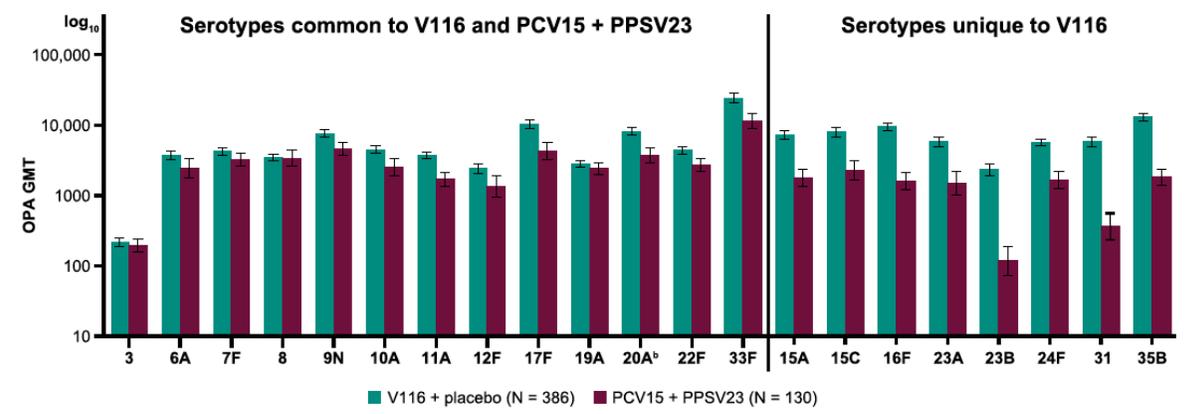
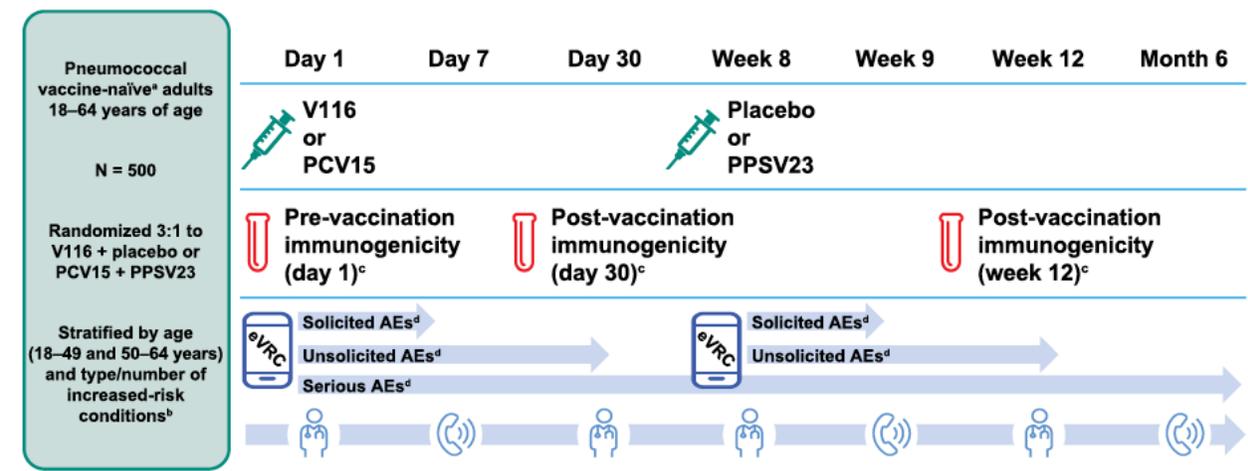
Arboviroses

Zona

A Phase 3, Randomized Trial Investigating the Safety, Tolerability, and Immunogenicity of V116, an Adult-Specific Pneumococcal Conjugate Vaccine, in Pneumococcal Vaccine-Naïve Adults 18–64 Years of Age at Increased Risk of Pneumococcal Disease, STRIDE-8

Paul T. Scott,¹ Jayani Pathirana,¹ Akira Kato,² Richard Tytus,³ Carlos M. Perez,⁴ Nigel Leslie Gilchrist,⁵ Hidemi Kanou,⁶ Kwang Ha Yoo,⁷ Grzegorz Kania,⁸

- Etude d'immunogénicité du vaccin V116 (MSD) dans une population jeune à risque
- RCT de phase 3, comparant V116 et PCV 15 + PPSV23
- Critère d'immunobridging
- Montre une bonne immunogénicité

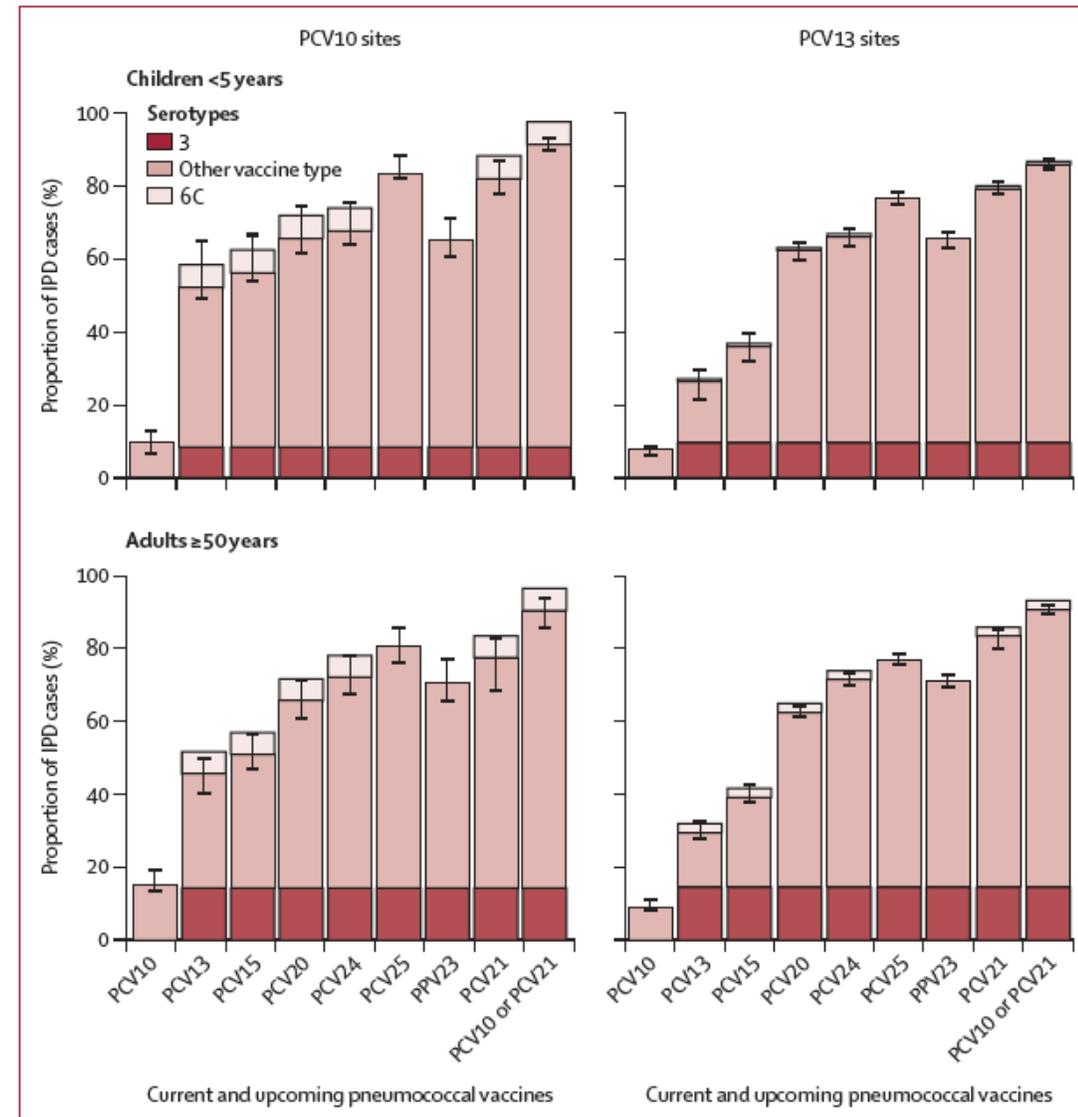


Serotype distribution of remaining invasive pneumococcal disease after extensive use of ten-valent and 13-valent pneumococcal conjugate vaccines (the PSERENADE project): a global surveillance analysis

Maria Garcia Quesada, Meagan E Peterson, Julia C Bennett, Kyla Hayford, Scott L Zeger, Yangyupei Yang, Marissa K Hetrich, Daniel R Feikin,

Lancet Infect Dis 2025;
25: 445-56

- Mesure de la couverture sérotypique des nouveaux vaccins anti-pneumococcique
- Etude mondiale au niveau des CNRs
- Augmentation de la couverture des sérotypes, mais hétérogénéités
- Les sérotypes dominants sont déjà couverts



Sélection de l'année

Infections respiratoires > Pneumocoque

Infections sexuellement transmissibles

Arboviroses

Zona

Sélection de l'année

Infections respiratoires > Pneumocoque

Infections sexuellement transmissibles > Mpox

Arboviroses

Zona

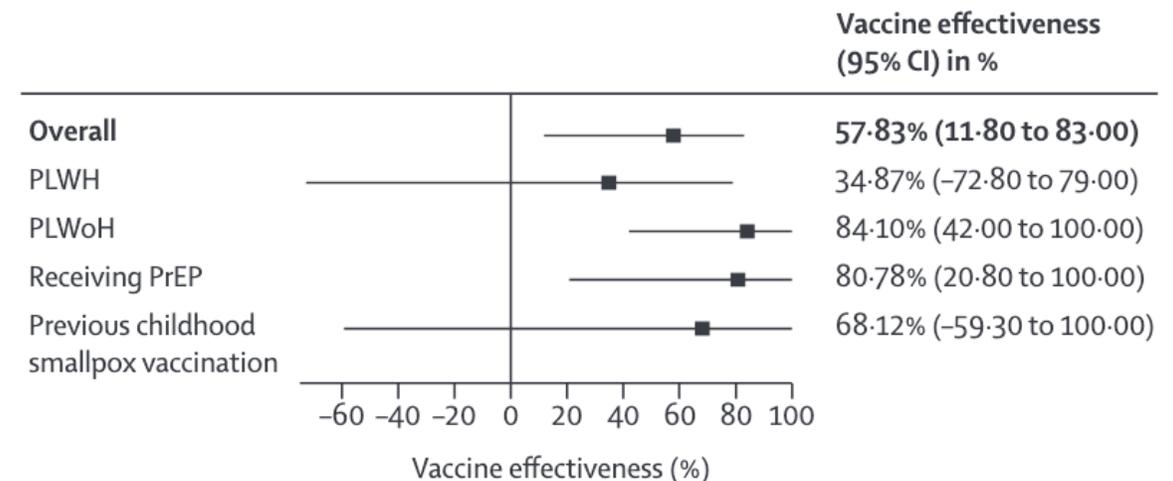
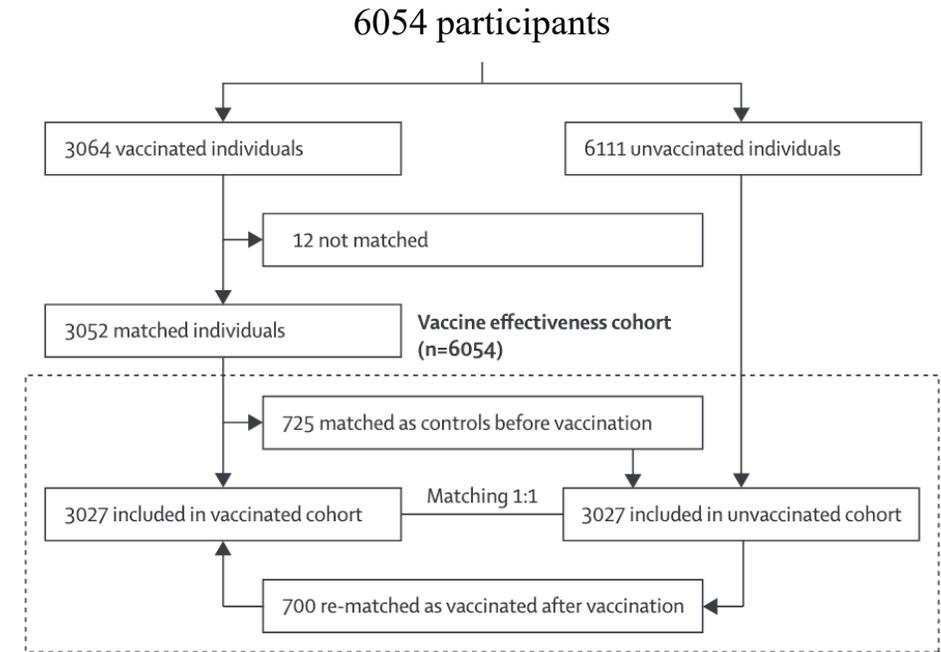
Safety and effectiveness of MVA-BN vaccination against mpox in at-risk individuals in Germany (SEMVAc and TEMVAc): a combined prospective and retrospective cohort study



David Hillus, Ngoc Han Le, Pinkus Tober-Lau, Anne-Katrin Fietz, Christian Hoffmann, Regina Stegherr, Leu Huang, Axel Baumgarten, Florian Voit, Markus Bickel, Gal Goldstein, Christoph Wyen, Hartmut Stocker, Thomas Wünsche, Marcel Lee, Hubert Schulbin, Mathias Vallée, Ulrich Bohr, Anja Potthoff, Christiane Cordes, Caroline Isner, Bethany Knox, Antonio Carmona, Nicole Stobäus, Ran Balicer, SEMVAc Study Group*, Florian Kurth†, Leif Erik Sandert



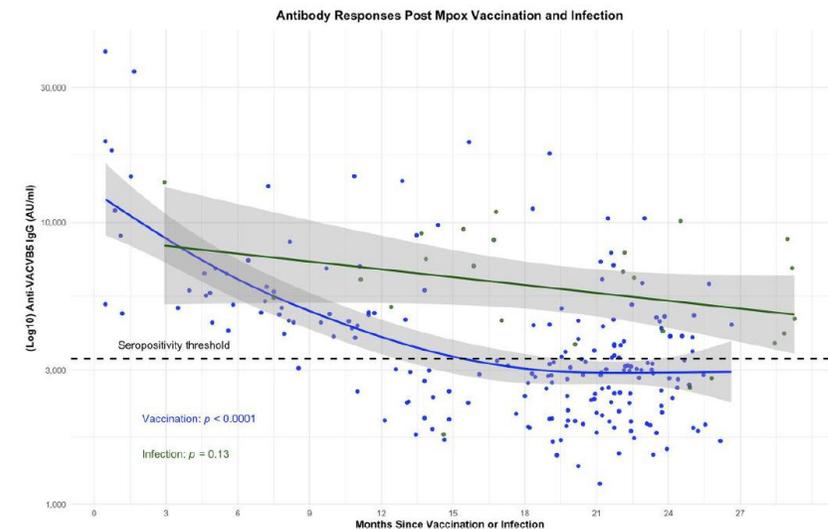
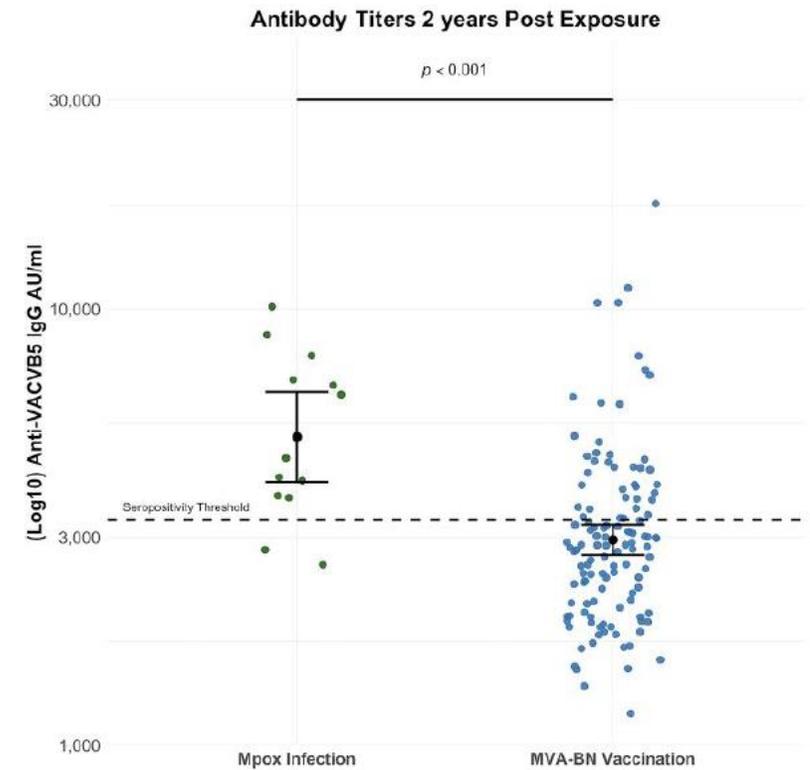
- Etude observationnelle prospective (6265 participants) + essai émulé (6054 participants)
- Ajustement sur l'âge, statut VIH, utilisation de PrEP, nombre d'IST dans les 6 derniers mois, vaccination dans l'enfance et ville d'inclusion
- Calcul de l'EV après 1 dose
- Différence selon le statut VIH : rôle de l'immunité T ?



Antibody Responses are Sustained 2 Years Post-Mpox Infection but not Following Modified Vaccinia Ankara–Bavarian Nordic Vaccination

Joanne Byrne,^{1,2} Alejandro Garcia-Leon,¹ Aisling Murphy,² Gurvin Saini,¹ Ishan Banik,³ Alan Landay,⁴ Liem Binh Luong Nguyen,^{5,6}

- Comparaison de la réponse humorale infectés vs vaccinés
- Etude de cohorte irlandaise
 - 122 HSH, 25% PVVIH
- Mesure par immunoassay
- Antigène VACV B5 bon marqueur de séropositivité



Sélection de l'année

Infections respiratoires > Pneumocoque

Infections sexuellement transmissibles > HPV

Arboviroses

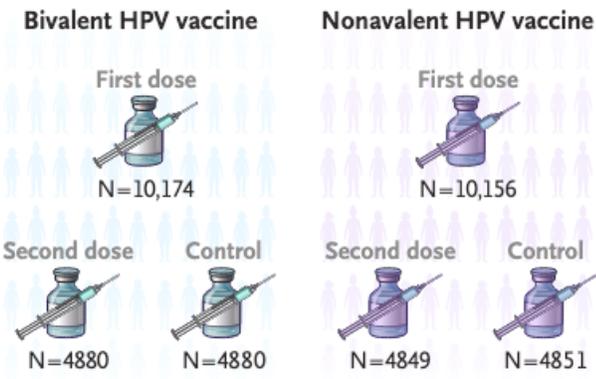
Zona

ORIGINAL ARTICLE

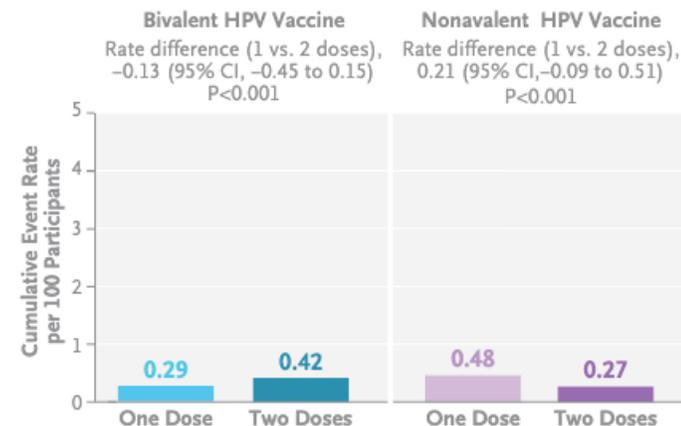
Noninferiority of One HPV Vaccine Dose to Two Doses

A.R. Kreimer,¹ C. Porras,² D. Liu,¹ A. Hildesheim,¹ L.J. Carvajal,² R. Ocampo,²

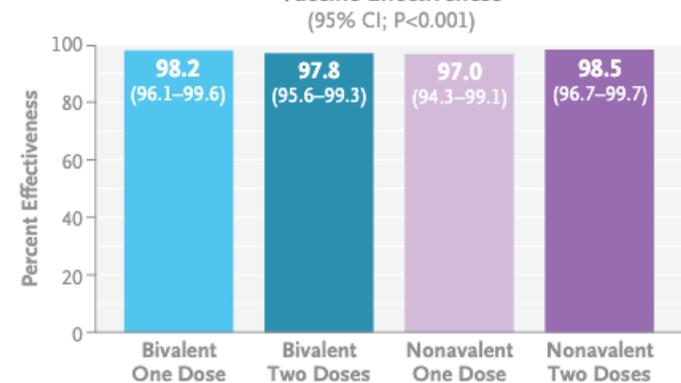
- Comparaison d'un schéma vaccinal HPV 1 dose vs 2 doses
- Essai RCT international de non-infériorité
 - Avoir un EV de 80%
- 20 330 filles de 12 à 16 ans (Costa Rica et EU)
- Double randomization
 - 1^{ère} randomisation : bivalent vs nonvalent
 - 2^{ème} randomisation sur la deuxième dose ou DTP



Infection with HPV16 or HPV18 (Noninferiority Analysis)



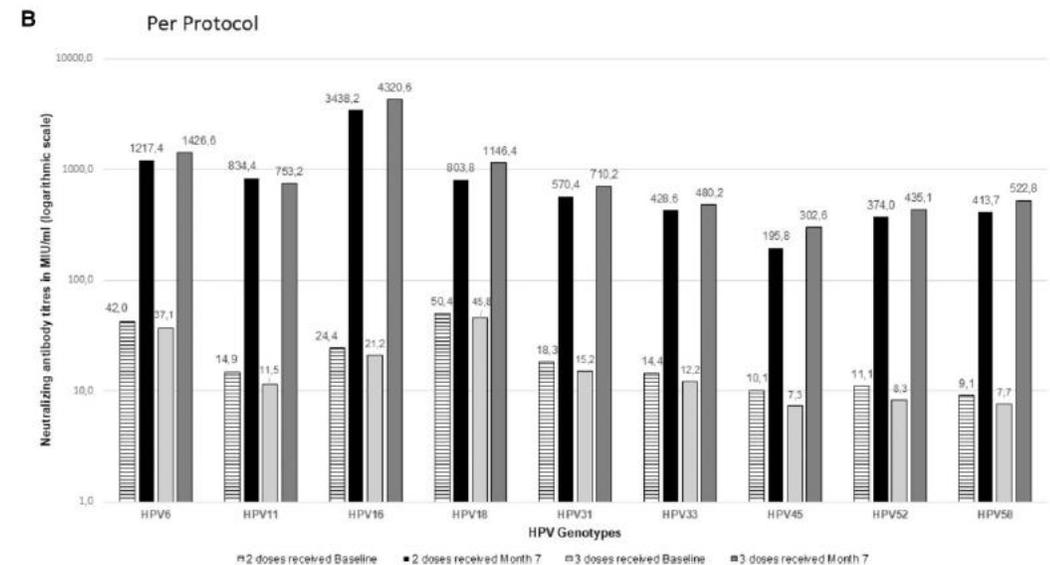
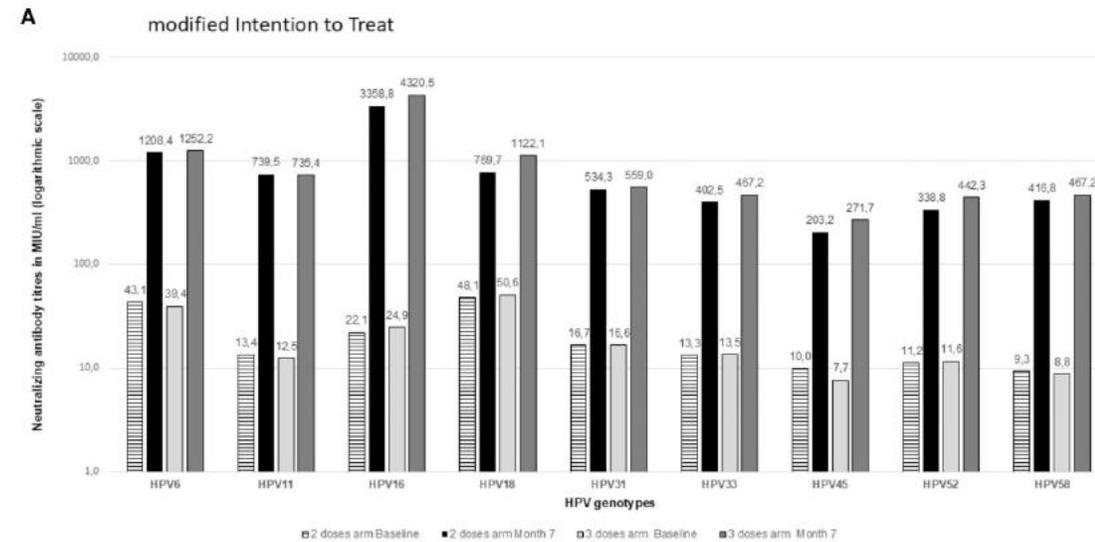
Vaccine Effectiveness



Immunogenicity and Safety of 2 Versus 3 Doses of 9-Valent Vaccine Against Human Papillomavirus in Women With Human Immunodeficiency Virus: The Papillon Randomized Trial

Deborah Konopnicki,¹ Christine Gilles,² Yannick Manigart,² Patricia Barlow,² Anca Reschner,¹ Coca Necsoi,¹ Marc Delforge,¹ Davy Vanden Broeck,³

- Comparaison d'un schéma vaccinal HPV 2 dose vs 3 doses chez de femme vivant avec le VIH
- Essai RCT international de non-infériorité
- 100 femmes VVIH
 - Age médian 35 ans
 - CV<400, médiane CD4 : 649 (nadir >200)
- Immunogénicité à 7 mois



Sélection de l'année

Infections respiratoires > Pneumocoque

Infections sexuellement transmissibles > Gono

Arboviroses

Zona

Long-Term Protection Against Invasive Meningococcal B Disease and Gonococcal Infection 5 Years After Implementation of Funded Childhood and Adolescent 4CMenB Vaccination Program in South Australia: An Observational Cohort and Case-Control Study

Bing Wang,^{1,2} Lynne Giles,^{2,3} Prabha Andraweera,^{1,2} Mark McMillan,^{1,2} Rebecca Beazley,⁴ Sara Almond,⁴ Noel Lally,⁴ Charlotte Bell,⁴ Louise Flood,^{4,5}

- Mesure de l'efficacité vaccinale du 4CMenB (Bexsero) sur la survenue de méningite et de gonococcie
- Analyse de base de données de santé australienne
- Pour le calcul VE contre gonocoque: utilisation des infections chlamydiae comme contrôle

Table 4. Adjusted Odds Ratios and Vaccine Effectiveness for 2-Dose 4CMenB Vaccination Against Gonococcal Infections in Primary and Sensitivity Analyses

Analysis	aOR (95% CI) [P Value]	VE (%) (95% CI), %
Primary analysis: vaccinated (within >3 m) with 2-dose 4CMenB vs unvaccinated ^a	0.609 (.540–.687) [<.001]	39.1 (31.3–46.0)
Subgroup analysis by duration of protection		
Vaccinated within 3–60 m ^b	0.582 (.513–.660) [<.001]	41.8 (34.0–48.7)
Vaccinated within >60 m ^c	1.063 (.782–1.445) [.70]	–6.3 (–44.5 to 21.8)
Subgroup analysis by sex at birth		
Female ^d	0.596 (.507–.699) [<.001]	40.4 (30.1–49.3)
Male ^e	0.630 (.525–.755) [<.001]	37.0 (24.5–47.5)
Subgroup analysis by chlamydia coinfection status		
Gonococcal case patients with chlamydia coinfection vs chlamydia controls ^f	0.525 (.430–.643) [<.001]	47.5 (35.7–57.0)
Gonococcal case patients without coinfection vs chlamydia controls ^g	0.653 (.568–.751) [<.001]	34.7 (24.9–43.2)

Abbreviations: aOR, adjusted odds ratio; CI, confidence interval; VE, vaccine effectiveness

Sélection de l'année

- Infections respiratoires
- Infections sexuellement transmissibles
- **Arboviroses**
- Zona

Effectiveness of the TAK-003 dengue vaccine in adolescents during the 2024 outbreak in São Paulo, Brazil: a test-negative, case-control study

Otavio T Ranzani, Felipe Lazar Neto, Lisany Krug Mareto, Thiago Sanches Brumatti, Roberto Dias de Oliveira, Patricia Vieira da Silva,

Lancet Infect Dis 2025

- Première étude en vie réelle de l'efficacité vaccinale du vaccin Takeda
- Etude en test negative design, dans l'état de Sao Paulo
- Faible couverture vaccinale
 - 1 dose : 21%; 2 doses: 7%, 0,2% dans l'étude
- EV de courte durée après 1 dose
- Efficacité vaccinale moins bonne
 - Forte incidence
 - Circulation du DENV-1
 - Baisse de l'immunité ?

	Number of cases, controls	Vaccine effectiveness*	
		Unadjusted (95% CI)	Adjusted (95% CI)†
Symptomatic dengue (N=92 621)			
Unvaccinated	43 282, 46 725	Reference	Reference
First dose	570, 1784	62.5% (58.7–65.9)	50.2% (45.0–54.9)
Second dose	21, 239	89.9% (85.5–93.0)	61.7% (39.9–75.6)
Symptomatic dengue by time after first dose (N=92 361)			
Unvaccinated	43 282, 46 725	Reference	Reference
≤13 days	318, 461	19.1% (6.8–29.7)	27.8% (16.4–37.7)
14–27 days	68, 269	70.0% (61.8–76.4)	67.4% (57.2–75.1)
28–59 days	103, 469	74.0% (67.9–78.9)	63.9% (55.1–71)
60–89 days	38, 241	81.6% (75.2–86.3)	64.4% (49.6–74.8)
≥90 days	43, 344	85.7% (80.4–89.6)	49.7% (30.4–63.6)
Hospitalisation with dengue (N=49 871)			
Unvaccinated	1349, 46 725	Reference	Reference
First dose	13, 1784	74.8% (56.6–85.4)	67.5% (43.4–81.3)

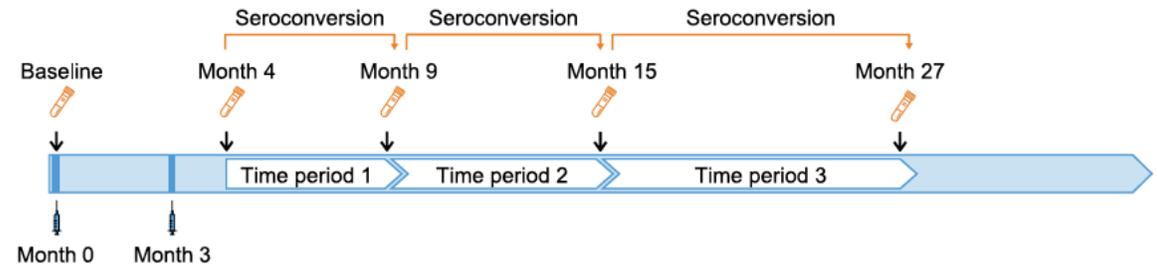
*Vaccine effectiveness estimates were obtained from mixed logistic regression models with random intercepts for each surveillance area. †In the adjusted estimates, we included as covariates age, sex, self-reported race or skin colour, presence of absence of chronic comorbidities, and calendar time.

Table 2: Vaccine effectiveness against symptomatic, virologically confirmed dengue and hospitalisation with dengue

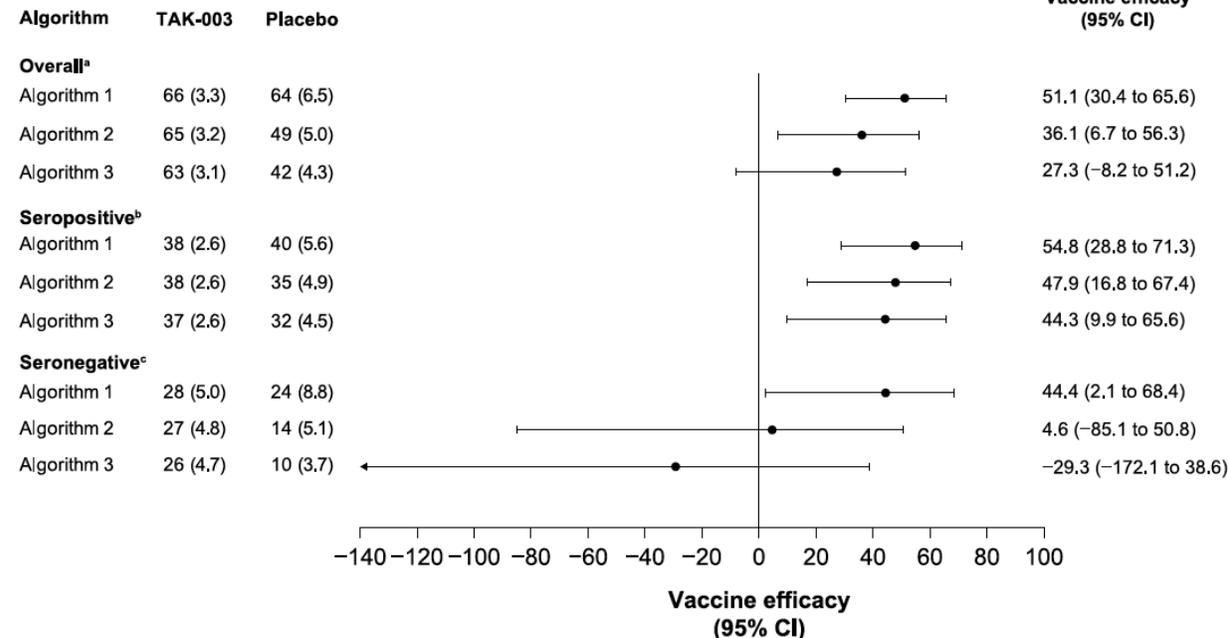
Estimated Efficacy of TAK-003 Against Asymptomatic Dengue Infection in Children and Adolescents Participating in the DEN-301 Trial in Asia Pacific and Latin America

Tarek El Hindi,¹ Maria Theresa Alera,² Lulu Bravo,³ Edson Duarte Moreira Jr,⁴ Reynaldo Dietze,⁵ Ana Lucia Oliveira,⁶ Veerachai Watanaveeradej,⁷

- Mesure de l'efficacité vaccinale sur les formes asymptomatiques
- Essai de phase 3, 3765 enfants de 4 à 16 ans
- Définition de l'infection asymptomatique sur des critères cliniques et immunologiques (augmentation du taux d'anticorps), selon 3 algorithmes
 - Augmentation x4 des ac neutralisants
 - Augmentation x4 des ac neutralisants+ titre > 4x la limite de détection
 - Augmentation x4 des ac neutralisants+ titre >4x la limite de quantification



Participants with asymptomatic infection, n (%)



➔ Efficacité très modeste, surtout chez les personnes déjà infectées



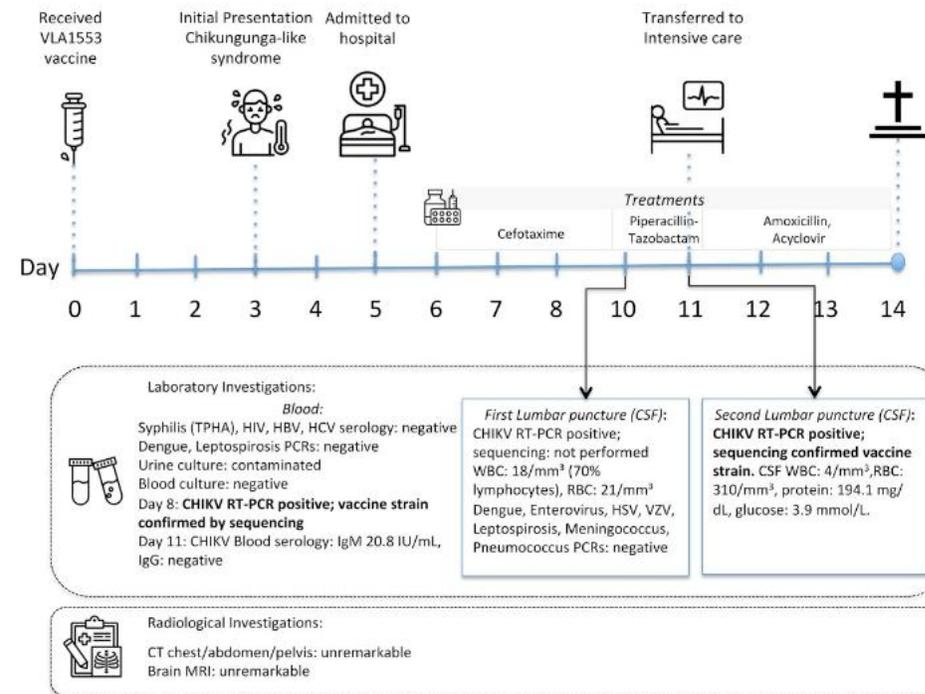
Fatal Adverse Event After VLA1553 Chikungunya Vaccination in an Elderly Patient: A Case Report From Reunion Island

Type I IFN autoantibodies underlie chikungunya live-attenuated vaccine encephalitis

Adrian Gervais^{a,b}, Paul Bastard^{a,b,c,d} , Qian Zhang^{a,b,c} , Marie-Christine Jaffar-Bandjee^{e,f}, Lucy Bizien^{a,b}, Lotfi Dahmane^g, Marie-Pierre Moiton^g

Emilie Mosnier,^{1,2} , Marie-Christine Jaffar-Bandjee,^{1,3} , Radj Cally,⁴ , Lotfi Dahmane,¹ 

- Rapport de cas mortels post vaccinaux
- Dont 1 patient de 84 ans, avec des comorbidités stables
 - « Chikungunya like symptoms » à J3
 - Encéphalite mortelle
- PCR souche vaccinale positive dans le LCR
- Rôles des anticorps anti IFN de type 1



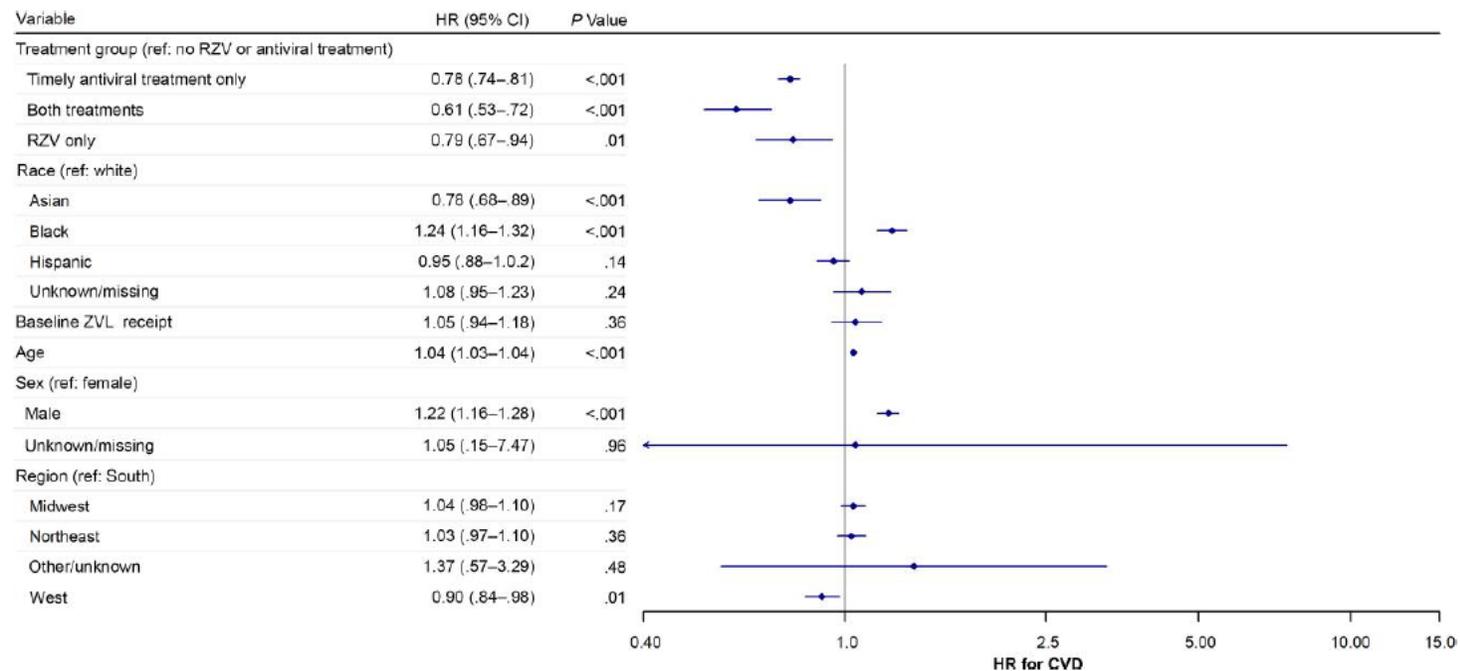
Sélection de l'année

- Infections respiratoires
- Infections sexuellement transmissibles
- Arboviroses
- **Zona**

Protective Effects of Recombinant Zoster Vaccine and Antiviral Therapy Against Cardiovascular Disease Following Herpes Zoster Infection

Xinyi Xu,¹ Isabel Ray,¹ Emily Tang,^{1,2} Benjamin F. Arnold,^{1,2,3} and Nisha R. Acharya^{1,2,3}

- Examine la protection du vaccin RZV (GSK) sur événements cardiovasculaires
- Etude rétrospective sur base de données médicales aux EU
- 112 637 patients, avec un ATCD de zona



RZV réduit le risque de 21% (IC95%, 6%–33%)

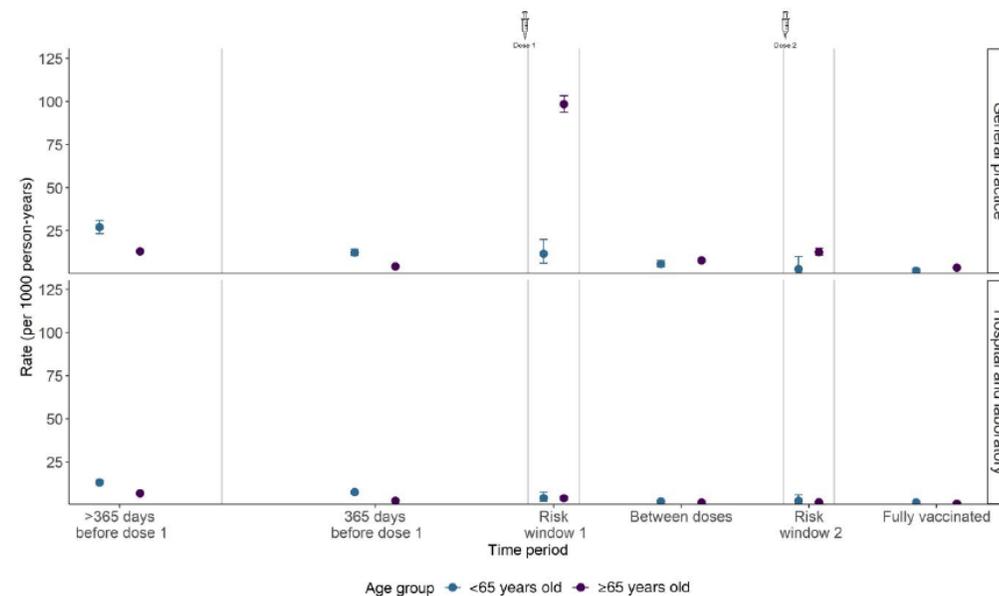
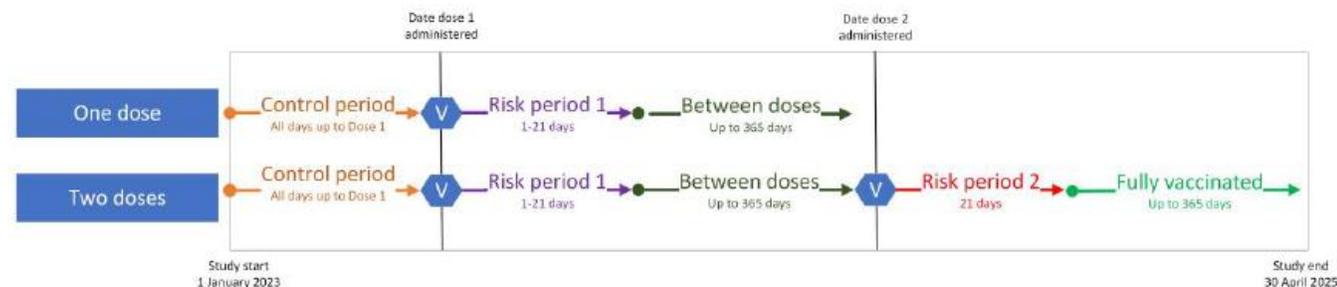
Le traitement antiviral de 22% (16%–26%)

Les deux de 39% (28%–47%).

Transient Increased Risk of Shingles Post-Shingrix Vaccination: Self-Controlled Case-Series Analysis

Aishwarya N. Shetty,^{1,2} Daneeta Hennessy,^{1,2} Gonzalo Sepulveda Kattan,^{1,2} Samar Ojaimi,^{3,4} Hazel J. Clothier,^{1,2,5}

- Quantifie le risque de Zona post vaccination
- Etude rétrospective sur base de données médicales australienne : 7189 personnes
- Risque x11 dans les 21 jours après la 1^{ère} dose (chez les > 65 ans)
- Risque transitoire, puis 73% de baisse d'incidence



Conclusion

- Actualité riche dominée par les vaccins contre les virus respiratoires
 - Grippe : supériorité du HD chez les plus de 65 ans, protection cardiovasculaire, des nouveaux vaccins à venir
 - VRS : des données en vie réelles encourageantes : quid d'un rappel ?
 - COVID-19 : un bénéfice toujours mesurable, mais qui s'essoufle?
- IST : encore beaucoup d'incertitude
 - Mpox : en attente de l'évaluation d'une dose de booster
 - HPV : moins de doses !
 - Gonocoque : rien n'est sûr
- Arbovirose: Des études difficiles à mettre à place
 - Attente de données en vie réelles
 - Les problèmes de sécurité peuvent faire échouer les campagnes vaccinales
- Shingrix : risque de réaction paradoxale ? L'effet cardiovasculaire est plausible

Communicating about Vaccines in a Politically Contentious Climate

Douglas J. Opel, M.D., M.P.H.,¹ and Sean T. O’Leary, M.D., M.P.H.²

The Journal of Infectious Diseases

BRIEF REPORT

Assessing the Transmissibility and Outbreak Risk of Measles in the United States, 2024–2030

Subekshya Bidari,^{1,a} Haokun Yuan,^{1,a} and Wan Yang¹

¹Department of Epidemiology, Columbia University Mailman School of Public Health, New York, New York, USA

JAMA | **Original Investigation**

Modeling Reemergence of Vaccine-Eliminated Infectious Diseases Under Declining Vaccination in the US

Mathew V. Kiang, ScD; Kate M. Bubar, PhD; Yvonne Maldonado, MD; Peter J. Hotez, MD, PhD; Nathan C. Lo, MD, PhD

Merci de votre attention !

Liem.luong@aphp.fr