CONSOLIDATED REGIONAL AND GLOBAL INFORMATION ON EVENTS SUPPOSEDLY ATTRIBUTABLE TO VACCINATION OR IMMUNIZATION (ESAVI) AND OTHER UPDATES

Fifty-fourth report

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National Immunization Schedule

Brazil

In July 2025, Brazil published vaccine safety monitoring bulletins for the years 2023 and 2024 under its national immunization schedule. Below is a comparative summary of the main findings.

In 2023, a total of 164 657 382 vaccine doses were administered in Brazil, with 35 675 reports filed. Of these, 17 648 (49.47%) were for ESAVIs, representing 10.74 reports per 100 000 doses administered. Among the reported ESAVIs, 2 579 (14.61%; 1.57 per 100 000 doses administered) were classified as serious.

The vaccines with the highest rates of non-serious ESAVIs were the pentavalent vaccine (45.60 per 100 000 doses administered) and the BCG vaccine (23.50 per 100 000 doses administered). For serious ESAVIs, the pentavalent vaccine also stood out, with a rate of 15.23 per 100 000 doses administered.

Among serious ESAVIs, the most frequently reported events—coded using MedDRA preferred terms—were pyrexia (0.82 per 100 000 doses administered), seizures (0.65 per 100 000 doses administered), and cyanosis (0.49 per 100 000 doses administered). Other important, though less frequent, events included hypotonic-hyporesponsive episode (HHE), febrile seizure, dyspnea, and syncope, with rates ranging from 0.15 to 0.29 per 100 000 doses administered.

In 2024, 157 672 854 vaccine doses were administered in Brazil, with 30 151 reports filed. Of these, 15 665 (51.95%) were classified as ESAVIs, corresponding to 9.94 reports per 100 000 doses administered. Among the reported ESAVIs, 2 660 (16.98%; 1.69 per 100 000 doses administered) were classified as serious.

The vaccines with the highest rates of non-serious ESAVI reports filed were dengue (42.84 per 100 000 doses administered), pentavalent (42.23 per 100 000 doses administered), and DTP (22.36 per 100 000 doses administered). For serious ESAVIs, the dengue vaccine had the highest reporting rate (13.90 per 100 000 doses administered), followed by the pentavalent vaccine (13.52 per 100 000 doses administered). In the case of the dengue vaccine, a safety signal has been identified for the occurrence of anaphylaxis, a serious and potentially life-threatening adverse event. However, evidence shows that with timely and appropriate clinical management, this outcome can be prevented, as demonstrated by the absence of deaths among reported cases of anaphylaxis to date.

Among serious ESAVIs, the most frequently reported events—coded using MedDRA preferred terms—were pyrexia (0.70 per 100 000 doses administered), followed by seizures (0.60 per 100 000 doses administered) and cyanosis (0.45 per 100 000 doses administered), with lower rates for other events such as HHE (0.33 per 100 000 doses administered) and hypotonia (0.32 per 100 000 doses administered).

ESAVI Reporting Rates by Severity Classification (per 100 000 Doses Administered). Brazil, 2023 and 2024.

	2023			2024		
	ESAVI Reporting Rate*			ESAVI Reporting Rate*		
Vaccines	**Not Serious**	**Serious**	**Total**	**Not Serious**	**Serious**	**Total**
BCG	23.50	2.42	25.92	23.73	2.73	26.46
COVID-19	8.58	1.23	9.81	12.51	1.54	7.79
Dengue (Attenuated)	-	-	-	42.84	13.90	56.73
Tetanus and Diphtheria (Td)	6.82	0.28	7.10	8.31	0.23	55.76
Diphtheria, Tetanus, Acellular Pertussis (DTaP)	6.07	0.49	6.56	11.79	0.37	2.08
Yellow Fever (Attenuated)	9.06	1.66	10.72	10.15	2.01	7.11
Hepatitis A	12.89	3.41	16.30	14.32	3.14	10.76
Hepatitis B	7.88	1.20	9.08	6.64	1.15	5.16
Quadrivalent HPV (HPV4)	3.29	0.38	3.67	4.19	0.64	12.16
Influenza	4.83	0.62	5.45	1.87	0.27	17.46
Meningococcal ACWY	11.60	0.56	12.16	9.10	0.66	6.11
Meningococcal C	10.94	0.82	11.75	4.12	1.04	5.03
Pentavalent (DTP/HepB/Hib)	45.60	15.23	60.83	42.23	13.52	24.81
10-Valent Pneumococcal (PVC10)	3.61	1.15	4.77	5.75	1.35	1.86
Inactivated Poliomyelitis (IPV)	1.11	0.15	1.26	1.75	0.33	64.32
Oral Polio (OPV)	0.59	0.07	0.65	1.45	0.41	8.55
Human Rotavirus (RV)	9.14	1.06	10.20	9.71	1.05	4.83
MMRV	3.17	0.29	3.46	3.13	0.47	9.76
DTP	18.11	1.68	19.80	22.36	2.45	12.16
MMR	2.93	0.46	3.39	4.19	0.83	14.05
Monovalent Varicella	7.29	0.47	7.76	5.28	0.82	2.14

*Rate per 100 000 doses administered.

Source: Ministry of Health, Department of Health and Environmental Surveillance. Epidemiological Bulletin, vol. 56, July 2025. Monitoramento da segurança das vacinas do calendário nacional de vacinação - Brazil, 2023 and 2024. Available from: https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/boletins/epidemiologicos/edicoes/2025/boletim-epidemiologico-volume-56-no-8-16-de-jul.pdf and https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/boletins/epidemiologicos/edicoes/2025/boletim-epidemiologico-volume-56-no-9-18-de-jul.pdf

COVID-19 and Influenza Vaccines

Immunogenicity and Safety of Influenza and COVID-19 Multicomponent Vaccine in Adults Aged 50 Years and Older

This Phase 3, randomized, observer-blinded clinical trial, published online on May 7, 2025, evaluated the immunogenicity and safety of the investigational multicomponent mRNA-1083 vaccine, designed to protect against both seasonal influenza and SARS-CoV-2 simultaneously.

The study was conducted across 146 sites in the United States, enrolling 8,015 adults aged 50 years and older between October 19 and November 21, 2023. Participants were divided into two age cohorts (50–64 years and ≥65 years) and randomized 1:1 to receive mRNA-1083 plus placebo or the licensed standard influenza vaccine (SD-IIV4 or HD-IIV4) co-administered with the COVID-19 mRNA-1273 vaccine.

The mRNA-1083 formulation contained mRNA sequences encoding hemagglutinin from four influenza strains — A/H1N1, A/H3N2, B/Victoria, and B/Yamagata — and the spike glycoprotein (NTD–RBD) of SARS-CoV-2 Omicron XBB.1.5.

The main objectives were to demonstrate the noninferiority of immune responses induced by mRNA-1083 compared with licensed quadrivalent seasonal influenza vaccine at day 29 post-vaccination, and to evaluate reactogenicity and safety.

The results indicated that mRNA-1083 met all noninferiority criteria for antibody responses against all influenza and SARS-CoV-2 strains. In adults aged 50–64 years, mRNA-1083 elicited higher immune responses than the standard-dose influenza vaccine for all four influenza strains and SARS-CoV-2. In adults aged ≥65 years, it produced higher responses for three influenza strains (A/H1N1, A/H3N2, B/Victoria) and SARS-CoV-2, with similar reactogenicity to comparator vaccines. Most adverse reactions were mild or moderate and short-lived. No serious vaccine-related safety concerns were identified.

The authors conclude that the investigational mRNA-1083 vaccine would be capable of generating immune responses at least equivalent to, and often higher than, those induced by standard influenza and COVID-19 vaccines, with an acceptable tolerability profile in adults aged 50 years and older. They suggest that this single multicomponent mRNA vaccine could simplify immunization schedules, potentially improving vaccine uptake and protection against both respiratory viruses. The study findings would support the future use of mRNA-1083 as an efficient strategy to reduce influenza and COVID-19 morbidity in older populations.

Source: Rudman Spergel AK et al. Immunogenicity and Safety of Influenza and COVID-19 Multicomponent Vaccine in Adults ≥50 Years: A Randomized Clinical Trial. JAMA. 2025;333(22):1977-1987. Published online May 7, 2025. doi: 10.1001/jama.2025.5646

Risk of Guillain–Barré Syndrome After COVID-19 Vaccination or SARS-CoV-2 Infection: A Global Vaccine Data Network Study

This multinational self-controlled case series study, published online on July 11, 2025, investigated the risk of Guillain–Barré syndrome (GBS) following COVID-19 vaccination or SARS-CoV-2 infection. The analysis used a common protocol across 20 sites in 16 countries within the Global Vaccine Data Network™ (GVDN®), covering the period from December 1, 2020, to August 9, 2023.

A total of 2,086 potential -not confirmed- GBS cases, were identified after vaccination, of which 410 were medically reviewed and classified using the Brighton Collaboration case definition. Among these, 49 met levels of certainty 1–2, 187 levels 3–4, and 174 level 5. Patients received 794 doses of COVID-19 vaccines during the observation period: 20% were adenoviral vector (ChAdOx1-S/nCoV-19, Vaxzevria/Covishield), 70% were mRNA (BNT162b2, Comirnaty/Tozinameran), 10% were inactivated (CoronaVac/Sinovac), and 0.1% were protein-based vaccines.

The relative incidence (RI) of GBS within 1–42 days after vaccination was estimated using conditional Poisson regression, adjusting for seasonality and site effects. Results showed an increased risk of confirmed GBS (LOC 1–2) after ChAdOx1-S/nCoV-19 (RI = 3.10; 95% CI 1.12–8.62). In contrast, lower risks were observed following BNT162b2 (RI = 0.48; 95% CI 0.27–0.85) and CoronaVac (RI = 0.04; 95% CI 0.00–0.61). For 489 GBS cases identified after SARS-CoV-2 infection, the risk was also elevated (RI = 3.35; 95% CI 1.83–6.11).

The authors conclude that, in this large multinational analysis, the risk of Guillain–Barré syndrome would be higher within 42 days after vaccination with recombinant vaccine (ChAdOx1-S/nCoV-19) or following SARS-CoV-2 infection, while it would appear lower after vaccination with mRNA (Comirnaty/Tozinameran) or inactivated (CoronaVac/Sinovac) vaccines. They suggest that these findings would reinforce the favorable overall benefit–risk profile of COVID-19 vaccines, particularly the mRNA and inactivated platforms, compared with the neurological risks associated with SARS-CoV-2 infection itself. The authors also emphasize that continued active surveillance and international data harmonization would be essential to refine risk estimates and guide regulatory and clinical decision-making.

Source: Nasreen S, et al. *Risk of Guillain–Barré Syndrome After COVID-19 Vaccination or SARS-CoV-2 Infection: A Self-Controlled Case Series From the Global Vaccine Data Network*. Vaccine. 2025;43(31):127291. doi:10.1016/j.vaccine.2025.127291

Safety and Immunogenicity of Four Sequential Doses of the NVX-CoV2373 COVID-19 Vaccine in Adults and Adolescents (PREVENT-19 Phase 3 Trial)

This phase 3, randomized, placebo-controlled, observer-blinded trial, published on June 5, 2025, evaluated the immunogenicity and safety of third and fourth doses of the NVX-CoV2373 COVID-19 vaccine—a recombinant spike protein vaccine with Matrix-M® adjuvant—in adults and adolescents enrolled in the PREVENT-19 program in the United States and Mexico.

A total of 29,943 adults (≥18 years) and 2,247 adolescents (12–17 years) were included. The median age among adults was 46 years (range 18–95), and among adolescents 14 years. Approximately 48–52% of the participants were female, and the study population was predominantly White (75%), with 11% Black and 10% Hispanic or Latino participants. All participants were either healthy or had stable chronic conditions and had completed a primary NVX-CoV2373 vaccination series before booster administration.

Participants were randomized 2:1 to receive NVX-CoV2373 or placebo in two primary doses 21 days apart, followed by a third booster ≥6 months later and a fourth ≥6 months after the third.

The objectives were to measure neutralizing antibodies, anti-spike IgG, and ACE2-binding inhibition after each booster; to assess cross-reactivity against Omicron subvariants (BA.5, BQ.1.1); and to evaluate reactogenicity and safety.

Results showed that the third dose induced neutralizing titers non-inferior to the primary two-dose series, with a geometric mean fold rise greater than 100 against the ancestral strain. Responses were durable for up to 8 months, and a fourth dose boosted titers more than fourfold above those observed 28 days after the primary series**.** Cross-reactive IgG responses were also observed against Omicron BA.5 and BQ.1.1.
Reactogenicity was mainly mild to moderate and transient, with no new safety signals across all four doses. The incidence of adverse events did not increase with successive boosters, and no vaccine-related serious adverse events or deaths occurred**.**

The authors conclude that additional NVX-CoV2373 booster doses were well tolerated and generated robust, durable, and cross-reactive immunity against SARS-CoV-2 variants. These findings support periodic updates of this protein-based platform and its continued use as a safe booster option for adults and adolescents.

Source: Añez G, McGarry A, Woo W, Kotloff KL, Gay CL, Zhu M, Cloney-Clark S, *et al. Safety and immunogenicity of four sequential doses of NVX-CoV2373 in adults and adolescents: A phase 3, randomized, placebo-controlled trial (PREVENT-19).* Vaccine. 2025;61:127362. doi:10.1016/j.vaccine.2025.127362.

Respiratory Syncytial Virus (RSV) Vaccine

Efficacy, Safety, and Immunogenicity of the AS01E-Adjuvanted RSVpref3 OA Vaccine in Older Adults Over Three Seasons (aresvi-006 Trial)

This multicenter, randomized, observer-blinded, placebo-controlled phase 3 trial, published on June 10, 2025, evaluated the long-term efficacy, safety, and immunogenicity of the AS01E-adjuvanted prefusion F protein vaccine (RSVPreF3 OA, marketed as Arexvy) against respiratory syncytial (RSV) in adults aged 60 years and older across 275 sites in 17 countries, including Africa, Asia, Oceania, Europe, and North America.

The study enrolled 24,972 participants between May 25, 2021, and January 31, 2022, who were followed through three RSV seasons until April 2024. Participants were randomly assigned (1:1) to receive one dose of RSVPreF3 OA or placebo before the first RSV season. Those who had received the vaccine were re-randomized before the second season to receive either a second dose (revaccination group) or placebo (single-dose group).

The objective was to determine how long a single or repeated dose could protect older adults against RSV-associated lower respiratory tract disease (RSV-LRTD) and to characterize the vaccine's safety and immune response over time.

Cumulative efficacy over three seasons of follow-up (median: 30.6 months) of a single dose of RSVPreF3 OA was 62.9% (97.5% CI 46.7–74.8) against RSV-LRTD, 69.8% against RSV A-related disease, and 58.6% against RSV B-related disease. The vaccine also showed 67.4% efficacy against severe disease and 70.2% against medically attended RSV-LRTD. Protection was consistent among participants aged 60–79 years, as well as in those with chronic cardiovascular, respiratory, or metabolic conditions, and in pre-frail individuals.

Efficacy was highest during the first season (82.6%) and declined to 56.1% in the second and 48.0% in the third, although antibody titers remained significantly above baseline after 30 months of follow-up. Participants who received a second dose one year later showed protection levels within the same range as those who received a single dose, suggesting that revaccination provided limited additional benefit.

Regarding safety, serious adverse events possibly related to vaccination occurred in fewer than 1% of participants, and five deaths were judged by investigators to be related to the study intervention, three in vaccine recipients (due to cardiopulmonary failure, cardiac arrest, and ventricular failure) and two in placebo recipients (due to unknown cause and pulmonary embolism). No cases of Guillain–Barré syndrome or acute disseminated encephalomyelitis were identified.

The authors conclude that a single dose of RSVPreF3 OA would provide meaningful and durable protection against RSV-related lower respiratory tract disease for at least three RSV seasons in older adults, despite some waning of efficacy over time. They further suggest that revaccination after one year may not yield a significant incremental benefit, and that further studies would be required to establish the optimal revaccination interval. Overall, the results would support a favorable benefit–risk profile for the vaccine and its potential role in reducing the global burden of RSV disease among older adults.

Source: Ison MG et al. Efficacy, Safety, and Immunogenicity of the AS01E-Adjuvanted RSVPreF3 OA Vaccine in Older Adults Over Three Seasons (AReSVi-006). The Lancet

Respiratory Medicine. Vol. 13, June 2025. Published online June 10, 2025- doi: 10.1016/S2213-2600(25)00048-7

Bivalent prefusion F vaccination in pregnancy and respiratory syncytial virus hospitalisation in infants in the UK: results of a multicentre, test-negative, case-control study

This multicenter, test-negative, case-control study, published on July 18, 2025, evaluated the real-world effectiveness of the maternal bivalent RSV prefusion F (RSVpreF) vaccine in preventing infant hospitalization due to RSV-associated acute lower respiratory infection (ALRI) across 30 hospitals in the United Kingdom. Test-positive infants (cases) were defined as those admitted with a positive RSV test. Test-negative infants (controls) were defined as those admitted who tested negative for RSV.

The study population included infants born after August 12, 2024 (Scotland), and September 1, 2024 (England)—that is, infants whose mothers were eligible for vaccination. Recruitment occurred between September 30, 2024, and January 20, 2025. A total of 537 mother–infant pairs were analyzed: 391 RSV-positive cases and 146 RSV-negative controls.

The main objective was to assess vaccine effectiveness against hospitalization for RSV-related ALRI. Effectiveness was estimated using conditional logistic regression, adjusted for site, calendar month, age, sex, and preterm birth. The vaccination against *pertussis* was used as a negative control exposure to assess potential bias in the analysis.

Results showed that maternal vaccination reduced the risk of RSV-related hospitalization by 58% (95% CI 28–75) when administered at any time before delivery, and by 72% (48–85) when given more than 14 days before birth. No infant deaths occurred during the study period. Among hospitalized RSV-positive infants, clinical outcomes such as length of stay, need for oxygen, and intensive care admission did not differ significantly between vaccinated and unvaccinated groups.

The authors conclude that, during the first season of implementation of the RSVpreF maternal vaccination programme in England and Scotland, the vaccine would be effective in reducing hospitalizations for RSV-associated acute lower respiratory infections in infants. They suggest that the observed effectiveness under real-world conditions is comparable to that seen in clinical trials, and that vaccination at least 14 days before delivery—preferably from 28 weeks of gestation onward— provides the greatest protection. Maternal RSV vaccination therefore represents a valuable strategy to prevent severe RSV disease in early infancy and to reduce the burden on health systems.

Source: Williams TC, Marlow R, Cunningham S, Drysdale SB, Groves HE, Hunt S, Iskander D, Liu X, Lyttle MD, Mpamhanga CD, O'Hagan S, Waterfield T, Roland D; on behalf of the PERUKI & BronchStart Collaboration.
Bivalent prefusion F vaccination in pregnancy and respiratory syncytial virus hospitalization in infants in the UK: results of a multicentre, test-negative, case-control study.
The Lancet Child & Adolescent Health. 2025;9(9):655–662. doi: 10.1016/S2352-4642(25)00155-5

Chikungunya Vaccine

The European Medicines Agency Lifts the Temporary Vaccination Restriction Against Chikungunya for People over 65 Years of Age

On 24 July, the Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Agency (EMA) endorsed the recommendation of the Pharmacovigilance Risk Assessment Committee (PRAC) of the EMA, following a review of serious adverse effects of the live attenuated chikungunya vaccine IXCHIQ.

The review of safety data identified 28 cases of serious adverse effects in association with IXCHIQ, which occurred primarily in people over 65 years of age and in individuals with multiple chronic or uncontrolled medical conditions, such as cardiovascular disease, diabetes mellitus, or chronic kidney disease. Reported adverse effects included encephalitis and chikungunya-like symptoms, which could worsen patients' health status or compromise overall health. Three of the reported cases resulted in death.

The EMA notes that people over 65 years of age could benefit the most from vaccination, as this group is at higher risk of developing serious or complicated chikungunya disease. Health care professionals are reminded that IXCHIQ should only be administered when there is a significant risk of chikungunya infection and after careful assessment of the benefits and risks, and that it should not be given to individuals with weakened immune systems due to illness or medical treatment.

More information is available from: https://www.ema.europa.eu/en/news/ixchiq-temporary-restriction-vaccinating-people-65-years-older-be-lifted-0.

The U.S. Food and Drug Administration's Center for Biologics Evaluation and Research Suspends IXCHIQ Vaccine License

On 22 August, the Center for Biologics Evaluation and Research (CBER) of the U.S. Food and Drug Administration (FDA) suspended the license for the live attenuated IXCHIQ vaccine from Valneva Austria GmbH. This vaccine had been approved by the FDA under the accelerated approval pathway in November of 2023 for the prevention of disease caused by the chikungunya virus in individuals 18 years of age and older who are at increased risk of exposure to the virus.

CBER's decision was based on significant safety concerns, as the vaccine appears to potentially cause chikungunya-like symptoms in recipients.

CBER's review of IXCHIQ's risk-benefit profile found the following:
As of August 2025, 38 serious adverse events had been reported, including 21 hospitalizations and three deaths. In some cases, PCR testing confirmed the vaccine strain, establishing direct causality in at least five patients.

The events were not limited to individuals over 65 years of age; there were seven cases in people under 65, several of which were consistent with meningitis, encephalitis, or other severe forms of chikungunya-like illness.

Conclusion of the Analysis

Since the vaccine has not yet demonstrated clinical benefit in confirmatory studies, and serious adverse events have been observed—including encephalitis, meningitis, arrhythmias, neurological syndromes, and deaths confirmed to be caused by the vaccine strain—it is considered that the risks outweigh the hypothetical benefits of the vaccine for the prevention of disease in various exposure scenarios.

CBER concluded that IXCHIQ is not safe for all of its intended uses, a finding that led to the suspension of its authorization.

More information is available from: https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/fda-update-safety-ixchiq-chikungunya-vaccine-live. https://www.fda.gov/vaccines-blood-biologics/ixchiq.

Varicella Vaccine

The PRAC of the EMA Concludes Its Review of the Risk of Encephalitis Associated with Varicella Vaccines

On 11 July, the EMA reported that PRAC had concluded the review of encephalitis risk for the varicella vaccines VARILRIX and VARIVAX. The review was initiated following a case of encephalitis with a fatal outcome after vaccination with VARILRIX.

Following the evaluation of available clinical trial data, scientific literature, and post-marketing exposure, PRAC recommended updating the product information for VARILRIX and VARIVAX to provide a more detailed description of the severity of the encephalitis risk. They noted that both vaccines remain contraindicated in immunocompromised individuals and that no additional risk minimization measures are required.

Varicella vaccines are also authorized as part of measles, mumps, rubella, and varicella (MMRV) vaccines, including PRIORIX-TETRA and ProQuad. Accordingly, PRAC concluded that the product information for these vaccines should also be updated in line with the updates to the standalone varicella vaccines.

The updated product information will provide more details on the known side effect, encephalitis, which has been observed with live attenuated varicella vaccines, including some cases with a fatal outcome. Individuals receiving the vaccine should seek immediate medical attention if they develop signs of brain infection or inflammation.

Additional information is available from: https://www.ema.europa.eu/en/news/meeting-highlights-pharmacovigilance-risk-assessment-committee-prac-7-10-july-2025

Zoonotic Influenza Vaccine

Brazilian Health Regulatory Agency Authorizes the Start of Clinical Trial for Butantan Institute's Avian Influenza Vaccine

On 1 July, the Brazilian Health Regulatory Agency (ANVISA) issued an authorization to begin a clinical trial to evaluate the safety and immunogenicity of the avian influenza vaccine developed by the Butantan Institute.

ANVISA conducted a priority review of the documentation, in accordance with the procedure followed in exceptional situations of high relevance and urgent need, such as in the case of vaccines.

The clinical trial authorized by ANVISA is a Phase I/II, randomized, double-blind, placebo-controlled study designed to evaluate the safety and immunogenicity of two formulations of the Butantan Institute's monovalent avian influenza (A/H5N8) vaccine candidate (split, inactivated, and adjuvanted) in approximately 700 participants, including adults aged 18-59 years, and older adults aged 60 years and above.

Participants will receive two doses of the vaccine or placebo, 21 days apart. Only one in seven volunteers will receive the placebo. Participants will undergo follow-up visits and examinations over the next seven months to evaluate the vaccine's safety and immunogenicity. The assessments will also include an initial screening with biochemical, hematological, and serological testing, as well as analyses of the vaccine-induced cellular immunity.

Additional information is available from: https://www.gov.br/anvisa/pt-br/assuntos/noticias-anvisa/2025/vacina-para-gripe-aviaria-anvisa-autoriza-ensaio-clinico.

Surveillance

The Chilean Public Health Institute Begins Implementation of the WHO International Standard

On 15 September, the Chilean Public Health Institute (ISP) announced that it had begun implementing the WHO international WHODrug standard in its Integrated Surveillance System (SVI). This is the ISP platform through which suspected adverse drug reactions (ADRs) and ESAVIs are reported and managed.

The WHODrug Dictionary compiles information on more than four million different pharmaceutical products from around 146 countries, forming a global compendium of brand names, pharmaceutical forms, and active ingredients for human use.

The ISP stated that this harmonization process will enable them to improve the coding of suspected ADRs, ESAVIs, and pharmaceutical products in general, facilitating interoperability between different systems and institutions. This will support more efficient detection and assessment of potential drug risks, regulatory decision-making, and compliance with the obligation to share information with the WHO Program for International Drug Monitoring.

Additional information is available from: https://www.ispch.cl/noticia/isp-implementa-estandar-internacional-de-la-oms-para-fortalecer-la-farmacovigilancia-en-chile/.

48th Global Advisory Committee on Vaccine Safety (GACVS) Meeting of the World Health Organization

On 1 August, a summary of the 48th meeting of the WHO Global Advisory Committee on Vaccine Safety (GACVS), held on 15–16 May 2025, was officially published in the Weekly Epidemiological Record. The report presents the Committee's deliberations and conclusions on vaccine safety topics reviewed during the session, including MenFive® meningococcal conjugate vaccine, adverse events following maternal immunization (AEFMI), and Mpox vaccine safety monitoring in Africa, highlighting recent data, ongoing surveillance efforts, and recommendations for future global implementation.

1. MenFive® Meningococcal Conjugate Vaccine (A, C, W, X, Y)

The Committee reviewed safety data from outbreak response campaigns in Niger and Nigeria in 2024, where more than 48,000 individuals were enrolled in cohort event monitoring (CEM) and hospital sentinel surveillance.
Follow-up reached 77 % at day 7 and 65 % at day 28. The most frequent local reactions were pain, redness, and swelling at the injection site; systemic reactions included fever, headache, abdominal pain, myalgia, and fatigue.

A clinical case of a 17-year-old female who developed meningococcal disease one day after vaccination was discussed; the national causality assessment committee classified the event as inconsistent with vaccination.

Overall, the results indicated that MenFive® was safe and well tolerated, with most reactions being mild or moderate and consistent with pre-licensure data.
The Committee noted the high rate of injection-site pain, suggesting further analysis of vaccine formulation or administration technique.

Recommendations:

- Compare CEM data with randomized trial results by age group.
- Further review cases of haemorrhage.
- Strengthen documentation of serious adverse events.
- Enhance standardized safety monitoring and communication during deployment in other regions.
  GACVS also emphasized clear communication on the possibility of coincidental meningococcal infection when vaccination occurs during outbreak response.

2. Adverse Events Following Maternal Immunization (AEFMI): New Causality Assessment Method and Software

GACVS examined the new WHO framework and digital tool for evaluating adverse events after maternal immunization, pilot-tested in Argentina, Australia, Canada, Germany, and India. The method, adapted from existing WHO causality frameworks, places greater emphasis on field investigation (≈ 70 % of the process) before expert review. It incorporates pregnancy-

specific case definitions from the Brighton Collaboration and includes new subcategories for pregnancy outcomes such as miscarriage, preterm birth, and fetal or neonatal complications.

Feedback from pilots:

- All countries valued the tool's potential to improve standardization and transparency, especially in low- and middle-income countries.
- Argentina and Canada planned national integration, while Germany suggested international adoption.
- India underscored the need for contextual interpretation due to high baseline rates of adverse pregnancy outcomes.
- Australia raised usability and data-security concerns.

The Committee discussed interpretation of the B1, B2, and C2 classification categories, stressing the need for clear guidance and examples.
It highlighted the importance of training investigators and expert assessors, confirming gestational age and exposure timing, and integrating the tool into existing vaccine safety systems.

GACVS agreed that the framework would improve global capacity for maternal vaccine safety monitoring and recommended further refinement of the guidance manual, training materials, and software usability.

3. Mpox Vaccine Safety Monitoring in Africa

GACVS reviewed ongoing pharmacovigilance for Mpox vaccines, especially in the Democratic Republic of the Congo (DRC), which administered 96 % of the 651 000 doses of the Modified Vaccinia Ankara–Bavarian Nordic (MVABN) vaccine distributed across Africa.
Children aged 1–17 years represented 40 % of vaccinees.

Across the region, 983 adverse events were reported, 15 serious, mainly fatigue, fever, and injection-site irritation.
A concerning case involved a 25-year-old man with sickle-cell disease who died shortly after vaccination; causality could not yet be determined due to lack of hospital records.

The Committee noted underreporting and incomplete documentation in several countries, recommending stronger coordination between hospitals and vaccination programmes.
Active follow-up studies, such as the CEM study in Kinshasa (target 30 000 participants), use mobile monitoring for 84 days, but enrolment remains low, prompting recommendations to focus on the first two weeks post-vaccination for feasibility.

Key Recommendations:

- Strengthen training and reporting in national pharmacovigilance systems.
- Simplify active surveillance protocols to focus on serious events.
- Prioritize vulnerable populations (children, pregnant women, immunocompromised).
- Actively counter misinformation and improve risk communication.
- Enhance data-sharing through VigiBase and regional collaboration.

GACVS concluded that robust surveillance, transparency, and timely communication are essential to maintain public trust and ensure the safe rollout of Mpox and other vaccines in Africa.

4. Overall conclusión

The 48th GACVS meeting reaffirmed the Committee's role in ensuring scientific rigor, transparency, and global coordination in vaccine safety.

The sessions underscored that MenFive®, maternal immunization tools, and Mpox vaccination all show reassuring safety profiles but require continued active monitoring, improved communication, and system strengthening to support safe vaccine deployment in diverse global settings.

Source: World Health Organization. Weekly Epidemiological Record. No. 31, 1 August 2025, Vol. 100, pp. 303–308. https://www.who.int/publications/journals/weekly-epidemiological-record

Polio Vaccine

La OMS incorporó al listado de vacunas precalificadas la vacuna antipoliomielítica (oral) bivalente tipo 1 y 3 de la India

On 7 July, the WHO prequalified the bivalent oral polio vaccine (types 1 and 3) from the Serum Institute of India Pvt. Ltd. Below are further details about this vaccine.

Vaccine	Manufacturer	Responsible NRA	Pharmaceutical Form	Presentation/Storage
Bivalent oral polio vaccine, types 1 and 3 (OPV) Prepared in Vero cell culture	Serum Institute of India Pvt. Ltd.	Central Drugs Standard Control Organization, India	Liquid, ready-to-use	10- and 20-dose vials. Shelf life: 24 months when stored at -20 °C

In 2014, the WHO prequalified the bivalent oral polio vaccine (types 1 and 3), manufactured by the Serum Institute of India Pvt. Ltd., prepared in primary monkey kidney cell culture.

Additional information is available from:
https://extranet.who.int/prequal/vaccines/p/poliomyelitis-vaccine-oral-bivalent-type-1-and-3.
https://extranet.who.int/prequal/vaccines/p/poliomyelitis-vaccine-oral-bivalent-type-1-and-3-0.

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