ISV Member Newsletter May 2026

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Our Society continues to grow in membership and activities. In this Newsletter I will highlight just a few.

Earlier in May I met with nine mentees from our mentorship program, organized by Linda Lua, Chair of the **Mentorship Committee**. We had a great conversation. It is fantastic to see the enthusiasm and excitement in this 2026 cohort. I was very pleased to announce that two of our individual donors have agreed to "earmark" a portion of their donation to award a complimentary registration for attending the Vancouver 2027 Annual ISV Congress to the Best Mentor and Best Mentee of the Year. In addition, Linda has agreed to lead a career development session at our October 2026 Antwerp meeting. I attended a similar session in April at the Porto Vaccine Technology X Meeting that was extremely well received.

I want to specially thank Jean Boyer, Chair of the **Award and Prizes Committee** who has done a magnificent job in raising funds from CEPI and the Gates Foundation. These funds will enable us to support many students and ECR's from LMIC countries to attend the Annual Congress. In addition, the ISV Board agreed to make funds available to award at least ten grants to students and ECR's from remaining countries.

The **Outreach Committee** – amongst other things responsible for the promotion of our (virtual) activities and the bi-monthly newsletter – has been active. The April seminar by our 2025 Fellow Baik-Lin Seong on Harnessing Chaperones in AI/Structure-Based Vaccine Design and moderated by Fellow and former Board Member Joon Rhee was well attended ending with a lively discussion. The May seminar by our Fellow and expert on adjuvants Nathalie Garcon (and moderated by me) provided an excellent historic overview of adjuvants, provided guidance for future development and generated a multitude of questions. Nathalie's slides will be made available and for those who want to hear Nathalie speak in person, she is presenting at our Antwerp meeting.

Corey Fang from the **Vaccine Industry Committee** put an excellent panel together to discuss AI and Clinical development within the Vaccine space. The seminar was very well attended, and we saw great participation from the audience. The Vaccine Industry Committee is also active in fundraising and identifying other areas of interest.

The **NextGen Committee** organized the seminars on April 29th and May 7th, each featuring two speakers at different career stages. The first one included presentations from Kanitha Patarakul on Leptospirosis (Chulalongkorn, Thailand) and Alcidia Ramos Barros on Dengue (University of Geneva, CH) and the second one with Rory de Vries who discussed a novel H5 vaccine (Erasmus University, NL) and Arturo Torres (UNAM, MX) who focused on T-cell epitopes vaccine design.

Note that our event calendar contains details on future events and that most of our virtual seminars can be viewed on the ISV YouTube Channel for those that were unable to join live. Be sure to click the 'Subscribe" button to make it easier to view the latest videos.

A quick update on our **in-person 2026 Congress** that will take place in Antwerp, Belgium (October 12 -14). Confirmed speakers selected by Chair Michael Schotsaert, co-chairs Lakshmi Krishnan and Isabel Leroux-Roels and the Scientific Committee can be found on our website. We also invite all of you to submit your abstracts for oral and/or poster presentation before the deadline of **June 12, 2026.** Remember to visit our website site for regular updates @ https://isv-online.org/.

On other Congress related topics, I am pleased to report that the Special Issue on the **2025 Congress** by **Human Vaccines & Immunotherapeutics** is well under way thanks to efforts by Adam Weiss and Sita Awasthi. I would also like to congratulate President Emeritus (2024-2025) Linda Klavinski and Chair of the 2025 Congress Ed Rybicki on the publication of the 2025 Congress summary in the Lancet Microbe.

The Board selected Vancouver (Canada) Oct 2-6 as the venue and date for our **2027 Congress**, that will be chaired by Lakshmi Krishnan.

In this Newsletter series **Vaccine Impact Stories** you can read about the Journey of Denise Doolan, President Emeritus ISV (2022-2023). If you are interested in sharing your story, I welcome you to connect!

A new initiative that we are exploring is how our Society may be able to strengthen public affairs aspects linked to vaccines and vaccination given our current environment. You can expect updates on this topic in our next Newsletter.

I extend a special **Thank You** to our sponsors and donors. Our work would not be possible without your support! In this Newsletter you can read what **VisMederi** is all about and of course I want to Thank **Ted Gibson** for amazing administrative support and keeping all activities rolling.

For questions, suggestions or concerns please do not hesitate to reach out to me at manoncox@isv-online.org.

ISV SPOTLIGHT

Isabel-Leroux-Roels

2026 ISV Annual Congress Co-Chair
Head of the Center for Vaccinology (CEVAC)
Medical Microbiologist and Infection Control Physician,
Ghent University Hospital
Associate Professor, *Ghent University*

In this issue, we are delighted to highlight Dr. Isabel Leroux-Roels, Head of the Center for Vaccinology (**CEVAC**) at Ghent University Hospital in Belgium, whose work spans early-phase clinical trials and immunomonitoring at the forefront of vaccine development.

Dr. Leroux-Roels leads CEVAC, a multidisciplinary vaccine research center comprising both a clinical trial unit and an immunomonitoring laboratory. The center specializes in first-in-human Phase 1 clinical trials, overseeing everything from participant recruitment and safety follow-up to the development of assays that assess vaccine-induced immune responses. In parallel, she serves as an Associate Professor at Ghent University, contributing to both research and training of the next generation of vaccinologists.

Her path into vaccinology was shaped by both exposure and opportunity. Growing up with a father who was a vaccine researcher, she was familiar with the field early on, though she did not initially intend to follow the same path. After completing training in medicine and tropical medicine, she accepted a position as a study physician at CEVAC

while awaiting an international mission, an experience that proved pivotal. Working on an HIV vaccine trial, she remained at the center for four years, ultimately completing a PhD focused on pandemic influenza vaccines. Although she later trained as a medical microbiologist and infection prevention specialist, vaccines remained central to her work and have been her primary focus for the past decade.

Among her current projects, Dr. Leroux-Roels is particularly excited about the BAXERNA project, a European Horizon initiative aimed at developing a novel tuberculosis vaccine. The project brings together a full pipeline of vaccine development within a single ecosystem, from antigen discovery using immunopeptidomics, through preclinical development, to mRNA formulation, GMP production, and eventual clinical evaluation. Notably, much of this work is being conducted within Ghent itself, which according to Dr. Leroux-Roels, highlights the depth of expertise within the institution and the power of collaborative, interdisciplinary science and demonstrating that "sometimes it takes a European project to bring people together."

Looking more broadly, she identifies a critical challenge facing the field today: the need to continue talking about vaccines. In the post-COVID-19 landscape, she has observed increased hesitation among scientists and clinicians to engage in vaccine-related discussions, often due to concerns about polarization or negative reactions. However, she emphasizes that clear communication remains essential, particularly in the context of rising antimicrobial resistance. As preventing infections becomes ever more important, the value of vaccines must continue to be articulated and reinforced.

For early-career vaccinologists, Dr. Leroux-Roels offers thoughtful advice: remain curious and open to interdisciplinary paths. "Vaccinology sits at the intersection of immunology, microbiology, clinical research, and public health, and flexibility can lead to unexpected and rewarding opportunities." While funding landscapes and career trajectories may feel uncertain, she underscores that the field remains both highly impactful and intellectually fulfilling.

Outside of her professional work, Dr. Leroux-Roels enjoys dancing as a way to unwind and disconnect. Although a recent back injury has temporarily paused her ballet classes, she continues to find joy in spontaneous moments of dancing at home with her daughters, and looks forward to returning to more formal training in the future, perhaps even exploring new styles such as tango.

We thank Dr. Leroux-Roels for sharing her perspective and for her continued contributions to advancing vaccinology from discovery through clinical translation.

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12 JUNE 2026

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EARLY BIRD REGISTRATION DEADLINE
31 July 2026

Don't forget to submit your abstract to the 2026 ISV Annual Congress to be considered for an oral or poster presentation by **12 June 2026**..

This year, in order to submit your abstract or register for the Congress, you must create a Congress User Profile. All your abstract submissions (and registration) will be managed through this profile. Please click below or visit website to create your profile.

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Invited Speakers Include:

Alan Barrett
Stanley Plotkin Lecturer
The University of Texas Medical Branch, UTMB, USA

Yasmine Belkaid
Keynote Speaker
Institut Pasteur, France

(Visit HERE to view additional speakers)

VACCINE VANGUARD

- ISV wishes to thank all its sponsors and donors.

Today we highlight:

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VisMederi operates from state-of-the-art facilities equipped to support all phases of clinical development, from preclinical studies and phase I activities to phase II, III, and IV clinical trials, collaborating with an extensive international network of laboratories and research centers. The company is widely recognized for its expertise in bioanalytical testing, assay development and validation, and the evaluation of immune responses through advanced serological and functional assays. As part of international scientific and preparedness initiatives, VisMederi has contributed to major global vaccine programs and has been involved in collaborative projects focused on pandemic preparedness, influenza, RSV, SARS-CoV-2, mpox, and other emerging infectious diseases. The company is also part of CEPI's global laboratory network, supporting the standardization and harmonization of immunological analyses to accelerate vaccine development worldwide. Through its integrated scientific approach, VisMederi provides comprehensive solutions ranging from analytical testing of biological samples to the development of innovative laboratory platforms and high-throughput assays, serving both clinical research and public health surveillance activities on a global scale.

Visit https://www.vismederi.com/ for more information.

VACCINE IMPACT STORY

Denise Doolan

Vice-Chair of the ISV Board, 2026-2027
ISV President, 2022-2023; ISV Past-President, 2024-2025
Professorial Research Fellow, *University of Queensland, Australia*

From the Highlands of Papua New Guinea to the Frontiers of Vaccinology

My pathway into vaccinology began long before I entered a laboratory: in the highlands of Papua New Guinea, where childhood memories of tropical disease, remote communities, and the bitter taste of weekly anti-malarial tablets left a lasting impression. Looking back, those early experiences fostered both scientific curiosity and an appreciation of the human impact of infectious disease, ultimately shaping my commitment to vaccine research.

I spent the first decade of my life in Papua New Guinea, and much of my childhood was shaped by travelling through remote regions and witnessing both the richness of different cultures and the realities of infectious disease in resource-limited settings. Those experiences profoundly influenced my scientific path. As I wrote years ago, “my childhood in PNG had a significant impact on my career choice, providing an appreciation for the impact of disease on public health.”

My scientific training at the University of Queensland led me toward immunology and infectious diseases, driven by a growing interest in how the immune system could be harnessed to prevent disease through vaccination. After graduating in biochemistry, I joined Australia's Commonwealth Scientific and Industrial Research Organisation (CSIRO), where I worked on animal health and vaccine development for Bovine Ephemeral Fever virus. That role provided my first real introduction to vaccinology and international collaborative research through a joint Australian-Chinese vaccine program.

My transition into human vaccine research came when I joined the Queensland Institute of Medical Research (QIMR) to study malaria immunology under the mentorship of Michael Good. My PhD focused on immune responses to the *Plasmodium falciparum* circumsporozoite protein that later became the foundation of the first licensed malaria vaccines. What stayed with me most from that period, however, was not only the science, but also the people, including former Prisoners of War who volunteered for our studies after suffering malaria for years during World War II. Their support reinforced for me that vaccine research is ultimately about improving human lives.

A US National Research Council Associateship then took me to the Naval Medical Research Center in Rockville, Maryland, for a postdoctoral fellowship with Dr. Stephen Hoffman. That opportunity marked the beginning of more than a decade of US-based work spanning discovery research, preclinical development, and clinical trials of malaria vaccines. During that time, I learnt the importance of an integrated translational research pipeline in which findings from one domain inform and direct others. Under Steve Hoffman's mentorship, I also learnt the importance of scientific leadership and the need for individuals willing to champion vaccine development with persistence and long-term vision.

I also spent three months in Kenya working with the Kenya Medical Research Institute, the CDC, and the Walter Reed Army Institute of Research. Seeing first-hand the impact of malaria in endemic communities, particularly during visits to hospitals where both children and adults were suffering from severe disease, provided a powerful confirmation of the importance of vaccine research and global scientific collaboration. Those experiences, together with earlier field studies on the Thai-Burma border, reinforced my belief that "there is no appropriate laboratory substitute for the natural host-pathogen interaction."

A consistent theme throughout my career has been the importance of rational vaccine design and the belief that combating complex pathogens will likely require equally sophisticated vaccine strategies. Understanding the mechanisms of protective immunity, identifying the right antigenic targets, and developing platforms capable of

inducing effective immune responses are all critical to advancing next-generation vaccines. Much of my research has focused on malaria vaccines, including antigen discovery, immune profiling, molecular vaccinology, and the application of genomics and immunomics technologies to vaccine development. Despite the scientific challenges posed by complex pathogens, I remain optimistic about what modern vaccinology can achieve.

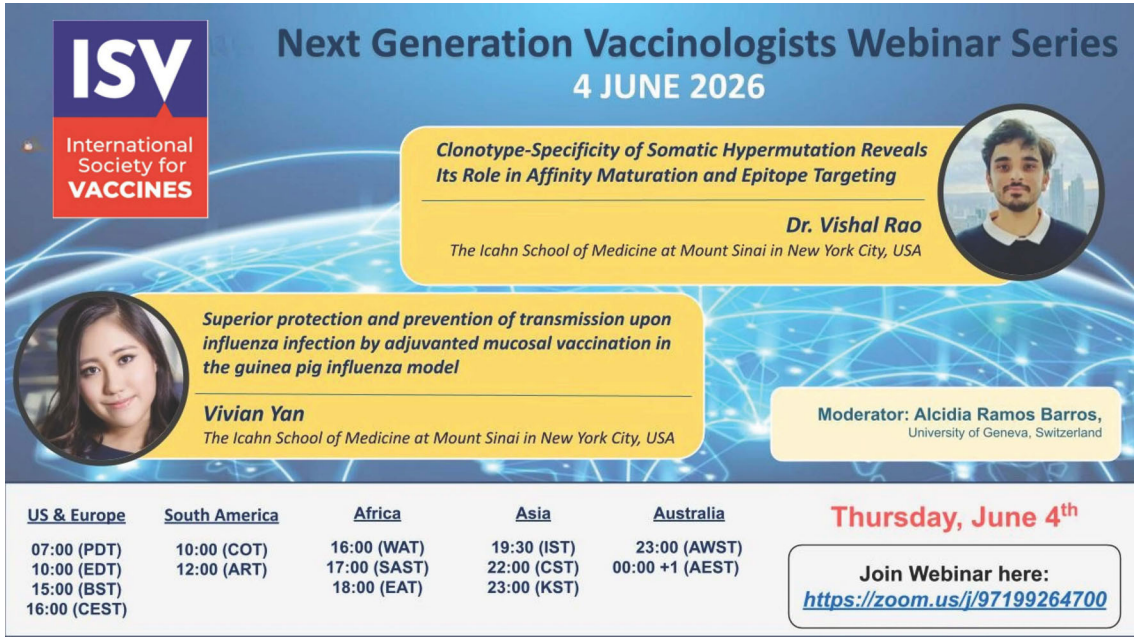
The International Society for Vaccines has been an important part of that journey. I have been privileged to serve on the ISV Executive Board since 2015, including as President (2022-2023), Past-President (2024-2025), and now Vice-Chair of the Board (2026-2027). What continues to inspire me about ISV is its truly global mission of bringing together scientists, clinicians, and innovators united by a shared belief that vaccines can transform human and animal health worldwide.

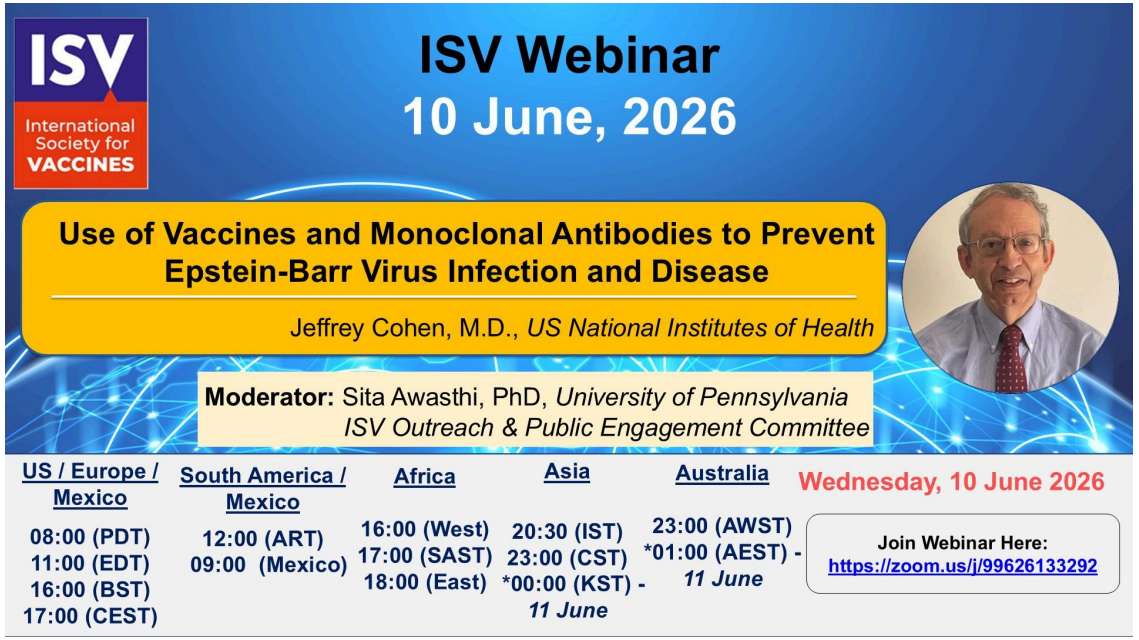
As I quoted at the end of my 2008 profile article in *Human Vaccines*, "The future influences the present just as much as the past." For me, that future continues to be shaped by a belief in the power of vaccines to transform global health and improve lives across communities worldwide.

More detail can be found in: Doolan DL. The path of discovery. Human Vaccines. 2008 Sep-Oct;4(5):324-6. doi: 10.4161/hv.4.5.6707.

Chair: Associate Professor Sylvie Alonso (National University of Singapore)

UPCOMING WEBINARS





ISV Events Calendar

human VACCINES & IMMUNOTHERAPEUTICS

2025 ISV Annual Congress

Special Issue by HV&I

The Open Access journal Human Vaccines & Immunotherapeutics is organizing the ISV Congress special issue. Please note articles published in this special issue are FREE of charge.

HV&I has published seven special issues from the ISV Congress in the past years. Please send your proposal to, and get more information from Dr. Adam Weiss (adam.c.weiss@taylorandfrancis.com).

ISV PAPERS OF THE MONTH

The ISV Outreach Committee Members review vaccine literature published in the last month and nominate 2-3 papers for consideration. Committee Members then vote on the nominated papers and the paper receiving the majority of votes is selected as the paper of the month.

APRIL 2026 PAPER OF THE MONTH

Immunogenicity and Safety of vYF, a Yellow Fever Vaccine - A Phase 2 Trial.

N Engl J Med. 2026 Apr 9;394(14):1399-1408. doi: 10.1056/NEJMoa2505665. PMID: 41950474.

Authors
Feroldi E, Mulligan MJ, Talaat KR, Tan CS, Paolino K, Edupuganti S, Collins MH, George SL, Davis M, Essink B, Jeanfreau R, Peterson J, Fried D, Minutello AM, Orlando S, Korejwo J, Rojas A, Dufournet M, Machabert T, Devlin L, Frago C; vYF Vaccine Study Team.

Abstract
Background: A next-generation, live-attenuated yellow fever vaccine, vYF, was developed in Vero cells to improve vaccine supply and availability. The safety of and immune response to vYF as compared with those of the licensed yellow fever vaccine, YF-VAX, are unclear.

Methods: In this year 1 interim analysis of a phase 2, observer-blinded, randomized, active-controlled trial, we randomly assigned healthy adults 18 to 60 years of age in a 2:1 ratio to receive vYF or YF-VAX as a single vaccine injection on day 1. Neutralizing antibody titers were measured on day 29, month 6, and year 1. The primary analysis focused on the per-protocol population, which included participants with no history of yellow fever infection or vaccination and with no protocol deviations. Noninferiority would be shown if the lower limit of the two-sided 95% confidence interval of the between-group difference in the percentage of participants with seroconversion was greater than -5 percentage points on day 29.

Results: A total of 568 participants were enrolled: 382 in the vYF group and 186 in the YF-VAX group; 329 and 156 participants, respectively, were included in the per-protocol population for the noninferiority analysis. Seroconversion by day 29 occurred in 99.7% of participants receiving vYF and 99.4% of those receiving YF-VAX (difference, 0.3 percentage points; 95% confidence interval, -1.2 to 3.2, which met the criterion for noninferiority). Neutralizing antibody geometric mean titers were similar in the two vaccine groups, peaking on day 29 (in the vYF group, 1:2654 among participants with no history of yellow fever infection or vaccination and 1:1312 among participants with a history of yellow fever infection or vaccination; in the YF-VAX group, 1:3147 and 1:1079, respectively), then decreasing through 1 year after vaccination (in the vYF group, 1:401 among participants with no history of yellow fever infection or vaccination and 1:490 among participants with a history of yellow fever infection or vaccination; in the YF-VAX group, 1:548 and 1:646, respectively). No major safety concerns were identified. The safety profiles were similar in the two

vaccine groups: solicited adverse events were reported by 208 of 367 participants (56.7%) in the vYF group and 113 of 185 participants (61.1%) in the YF-VAX group, and unsolicited adverse events were reported by 99 of 379 participants (26.1%) and 39 of 186 participants (21.0%), respectively.

Conclusions: In this trial, vYF had immunogenicity and safety profiles similar to those of YF-VAX. (Funded by Sanofi; ClinicalTrials.gov number, NCT04942210.).

MAY 2026 PAPER OF THE MONTH

Efficacy and Safety of an mRNA Seasonal Influenza Vaccine in Adults

N Engl J Med. 2026 May 7;394(18):1803-1813. doi: 10.1056/NEJMoa2516491.
PMID: 42090792

Authors
Leroux-Roels I, Huang G, Ferguson M, Kohli A, Clark R, Bickel M, Soens M, Du E, Pucci A, Hicks B, Eschen C, Das R, Wilson E; Fluent Trial Investigators.

Abstract
Background: Seasonal influenza causes substantial illness and death in adults 50 years of age or older, even with current vaccines. An investigational messenger RNA (mRNA)-based vaccine called mRNA-1010 encodes hemagglutinin glycoproteins from World Health Organization-recommended influenza strains.

Methods: In this phase 3, double-blind, active-controlled trial, we randomly assigned adults 50 years of age or older to receive trivalent mRNA-1010 (37.5 μg, which includes 12.5 μg of each strain) or a licensed standard-dose comparator. The primary efficacy end point was relative vaccine efficacy against reverse-transcriptase-polymerase-chain-reaction (RT-PCR)-confirmed, protocol-defined influenza-like illness caused by influenza A or B, from at least 14 days after vaccination through the end of the influenza season. Hypothesis testing was conducted hierarchically to assess noninferiority (lower boundary of the 95% confidence interval [CI], >-10%), superiority (lower boundary of the 95% CI, >0%), and a higher level of superiority (lower boundary of the 95% CI, >9.1%).

Results: A total of 40,703 participants received mRNA-1010 (20,350 participants) or the standard-dose comparator (20,353 participants); the median follow-up was 181 days (range, 1 to 227). RT-PCR-confirmed, protocol-defined influenza-like illness was observed in 411 of 20,179 recipients of mRNA-1010 (2.0%) and 557 of 20,124 recipients of the standard-dose comparator (2.8%), which corresponds to a relative

vaccine efficacy of 26.6% (95% CI, 16.7 to 35.4), thereby meeting the criteria for noninferiority, superiority, and higher-level superiority. Solicited adverse reactions were more frequent with mRNA-1010 than with the standard-dose comparator (injection-site pain in 65.8% vs. 29.8%, fatigue in 45.1% vs. 20.3%, headache in 37.8% vs. 18.0%, and myalgia in 35.4% vs. 11.6%); most reactions were mild to moderate and transient. Serious adverse events were reported in 2.2% of the recipients of mRNA-1010 (with three events considered by the investigator to be vaccine-related) and in 1.9% of the recipients of the standard-dose comparator (with two events considered by the investigator to be vaccine-related).

Conclusions: In this trial, mRNA-1010 was superior to standard-dose licensed vaccines for prevention of RT-PCR-confirmed, protocol-defined influenza-like illness in adults 50 years of age or older. Solicited adverse reactions were more frequent with mRNA-1010. (Funded by Blackstone Life Sciences and Moderna; Fluent ClinicalTrials.gov number, NCT06602024.).

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To apply for the ISV Member benefit of a 15% discount to the Article Publishing Charge for the open access journal, Human Vaccines and Immunotherapeutics, contact info@isv-online.org to be provided with the guide and instructions. (A 50% discount is applicable to scientists from lower-middle-income countries; researchers from low-income countries are eligible for a full waiver (100% discount).

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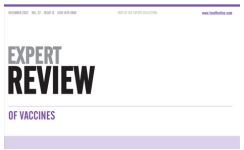

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Funds are used to support the society's programming initiatives focused on scientific information exchange and enabling the participation of under-represented researchers, particularly from low-income countries.

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