

Introduction of World 1st Inhalation Vaccine

11th COVID-19 Vaccine Approved as WHO EUL



https://extranet.who.int/pqweb/vaccines/vaccinescovid-19-vaccine-eul-issued

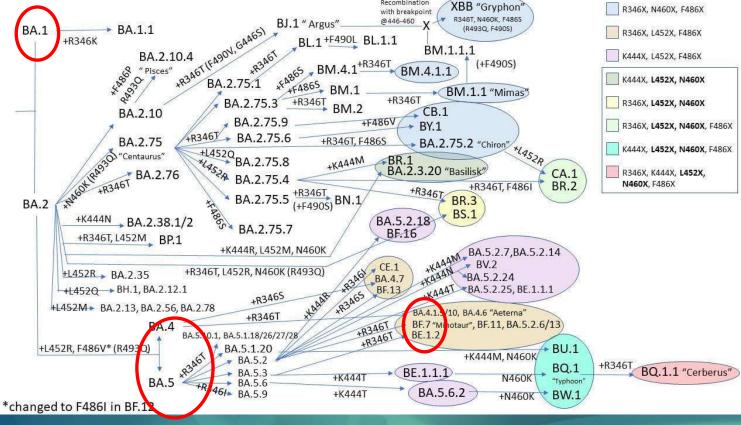
Current Vaccine Cannot Stop the Virus

New Covid variant BF.7 spreading rapidly and could be dominant within weeks

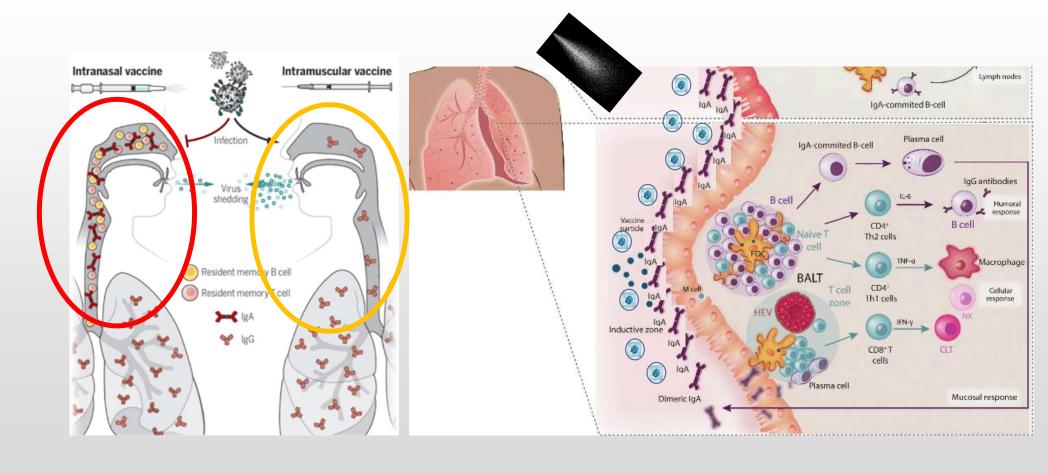
The variant comes as we head into winter, when case numbers could surge

HOWE By Neil Shaw Network Content Editor

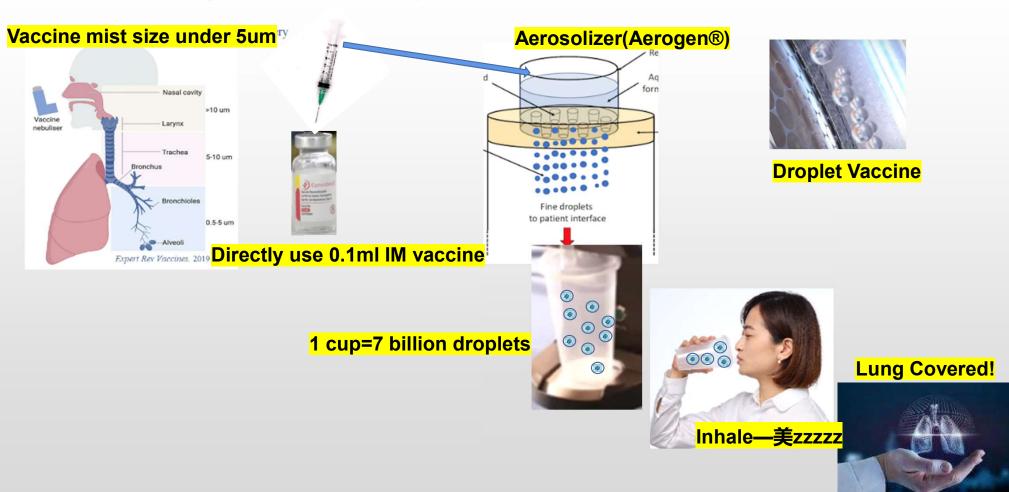
14.07, 22 SEP 2022 | UPDATED 07:54, 23 SEP 2022



Fight Virus in Local Lung Area: IgA-Invisible MASK!



Turning the liquid injectable vaccine to small droplet



Heterologous booster Safety and Cellular immunity

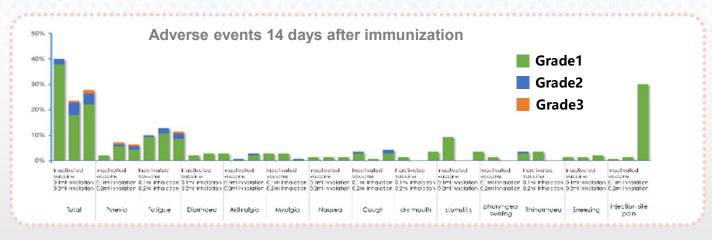


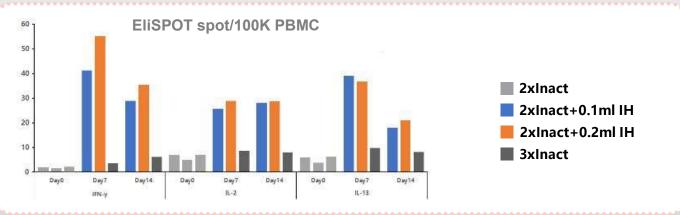
Safety

The total incidents of adverse effects lower than Inactivated vaccine



Induce a high level of cellular immunity than inactivated vaccine

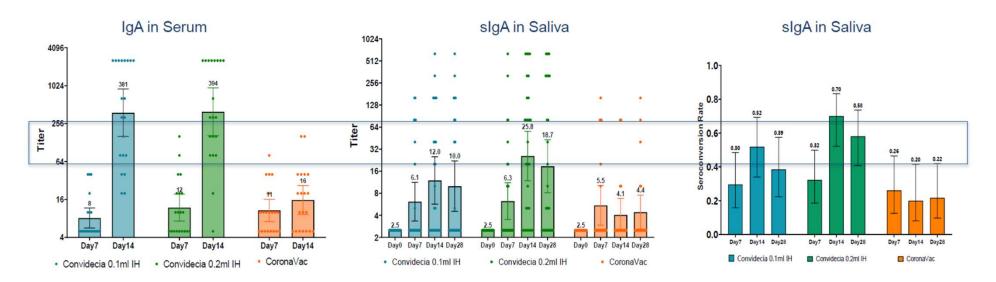




Lancet Respir Med (Accepted)

Heterologous booster (NCT05043259) — S-RBD IgA Antibody

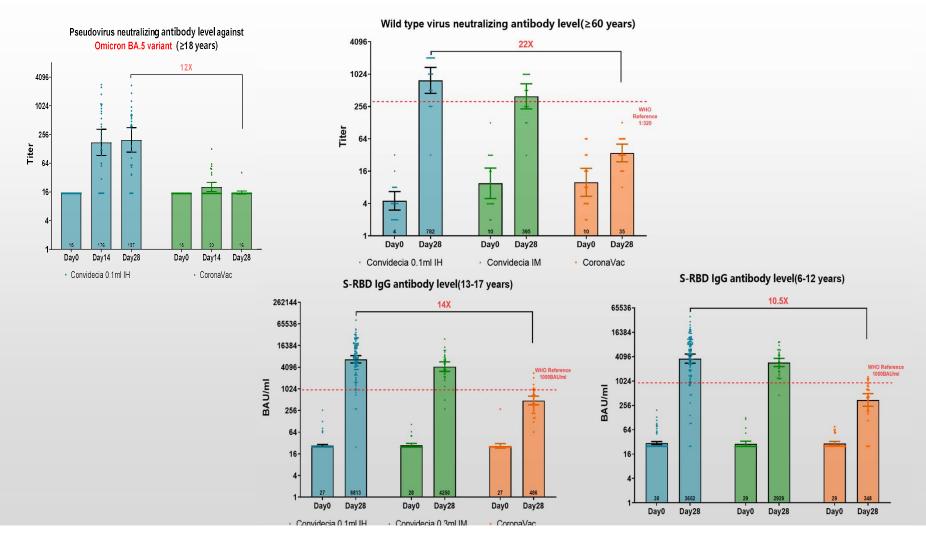
IH route



CoronaVac: inactivated COVID-19 vaccine

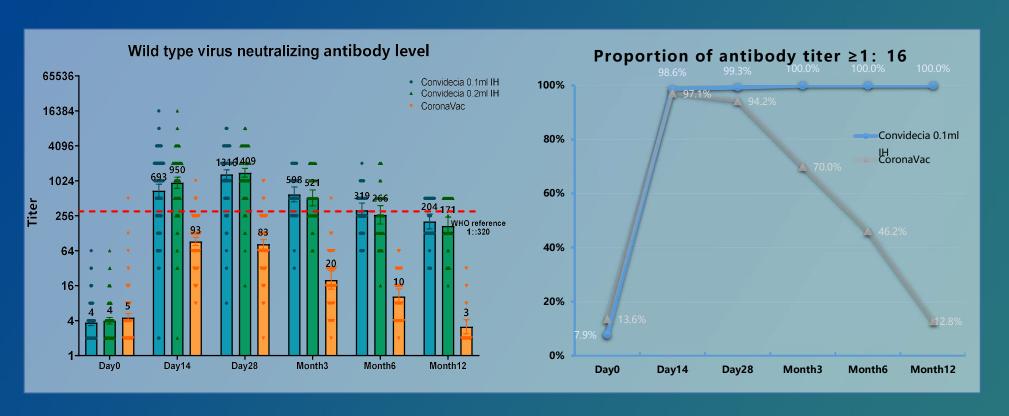
0.1 or 0.2ml IH booster dose can stimulate high levels of serum and secretory IgA (sIgA) antibody, much higher than the level of Inactivated vaccine as homologous booster.

Heterologous booster Humoral Immune response IgG and Neutralizing Antibody





Prolonged NAb Level (1 year) Against Original Strain (Boost Schedule)



Summary

- Vaccination in Lung Area by Inhalation is safety and effective
- Break down the Vaccine to microdroplet by Nebulizer can reduce the dose
- Inhalation Vaccination can induce slgA, which potentially Stop the Virus entry
- Inhalation Vaccination can induce the better system immune response then muscle injection
- The prove of concept can be applied to all other respiratory related infection virus vaccine development
- Everybody Love No-Needle World!