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Urgent need arises for SARS vaccine

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New cases of SARS-like virus prompts for new vaccine

Singapore: The World Health Organization (WHO) reported four new cases of SARS-like virus in Saudi Arabia and Qatar, and the Department of Health in Singapore reported one additional case. When the first two cases were reported, BioRadar, a UK-based biotechnology company focused on predicting and preventing viral pandemics, published data on October 5, 2012, showing a rise in the genomic Replikin Count of the human SARS virus to the same levels of 2002 that preceded the lethal 2003 SARS outbreak.

At the Healthcare Emergency Management Program held by Boston University School of Medicine, US, Dr Samuel Bogoch, senior distinguished scholar of the university stated that the recent WHO and Singapore reports, coupled with the rise of the genomic Replikin Count to the same elevated range found in 2002 before the 2003 SARS outbreak, have prompted renewed calls for immediate trials of newly available synthetic Replikin vaccine, specifically developed for this unique viral strain.

An analysis of the current virus's genomic Replikin Count has revealed the count to be increased significantly above the preceding low "resting" levels of 2004-11. The identification of the modified virus, as being responsible for new cases of SARS-like respiratory virus, has raised concerns over the risk of the disease spreading. These concerns may be justified given the observed rise in the virus' genomic Replikin Count.

The established pattern of genomic Replikin Counts increasing to high levels, accompanied by sporadic lethal human cases, followed by an outbreak of rapidly replicating spreading lethal human disease, was also found in six other correct predictions in influenza made one-to-two years in advance. The geographic locations of these outbreaks were also specified, as in lethal outbreaks of H5N1 in 2006-07 in Indonesia and in Cambodia. Similarly, the highest Replikin Counts in foot and mouth disease (FMD) virus in 52 years predicted the current outbreaks of FMD in Asia and the Middle East one year in advance.

It is unusual for two currently lethal viruses with rising Replikin Counts, namely H5N1 and the SARS-like viruses, to be of

concern at the same time with regard to further spread as outbreaks or pandemics. The possibility of preventing the development of influenza and coronavirus virus outbreaks and pandemics is being considered for the first time because quantitative changes in the genome have been shown in seven instances to predict strain-specific outbreaks and the particular geographic locations where outbreaks will occur.

The observation of increasing Replikin Counts provides time to prepare an optimal public health response, time to prepare vaccines and other therapies specific to the oncoming organism, in sufficient quantity, and time to adequately test and distribute the vaccine before the hit-and-run outbreak has begun to disappear as happened in 2009.

In addition, the new Replikins synthetic vaccines provide distinct advantages over traditional vaccines. They are tailored to the specific Replikins in the current threatening organism, solid-phase synthesized completely free of biologicals, thus containing no bio-contaminants, synthesized in seven days instead of eight months, and effective when shipped freeze-dried, not requiring refrigeration, and at an estimated cost for seven billion people of 10 cents per person compared with the cost of $14 per person for the biological vaccines purchased for the 2009 influenza pandemic (USA GAO).

The Replikins data suggests that any vaccines, which might be active against H5N1 (such as synthetic Replikin Trans FluVaccine 2012) and against the SARS-like virus (such as synthetic Replikin Vaccine SARS 2012), should be produced and tested as soon as possible. For these reasons, the company Replikins is announcing that both of these vaccines are now available for testing by government health agencies and medical schools.