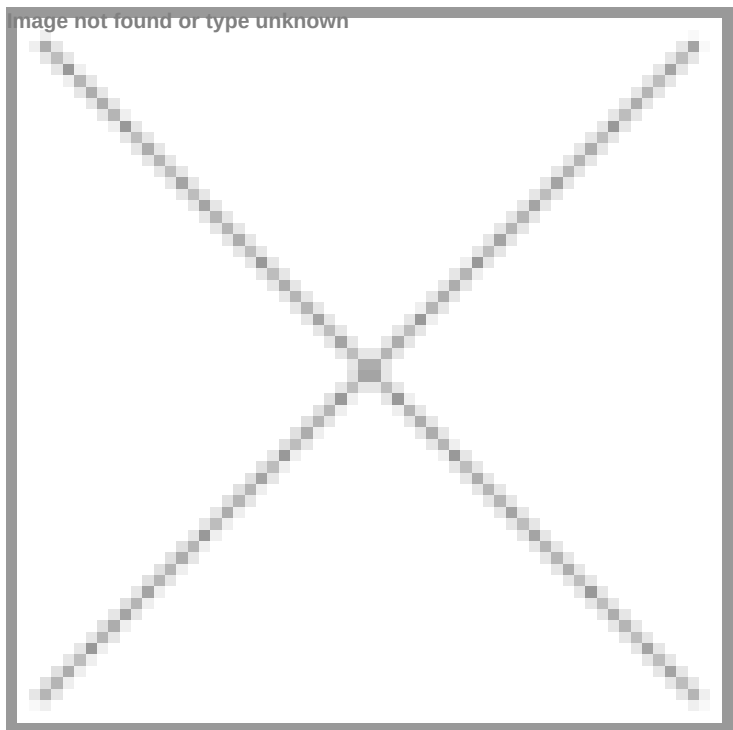


Sanofi to acquire Vicebio, expanding respiratory vaccines pipeline

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The acquisition brings an early-stage combination vaccine candidate for respiratory syncytial virus (RSV) and human metapneumovirus (hMPV)



Sanofi has entered into an agreement to acquire Vicebio Ltd, a privately held biotechnology company headquartered in London, UK. The acquisition brings an early-stage combination vaccine candidate for respiratory syncytial virus (RSV) and human metapneumovirus (hMPV), both respiratory viruses, and expands the capabilities in vaccine design and development with Vicebio's 'Molecular Clamp' technology.

The vaccine candidate complements Sanofi's position in the respiratory vaccines space where the company is present in flu and RSV prevention. It allows Sanofi to offer increased physician and patient choice in RSV and hMPV by adding a non-mRNA vaccine to its pipeline.

In addition, the acquisition adds 'Molecular Clamp', an innovative technology that stabilizes viral proteins in their native shape, enabling the immune system to recognize and respond to them more effectively. This approach enables quicker development of fully liquid combination vaccines that can be stored at standard refrigeration temperatures (2–8°C), eliminating the need for freezing or freeze-drying, thereby simplifying manufacturing and distribution. Furthermore, fully liquid vaccines can be made available in prefilled syringes, enhancing ease of use, safety, and operational efficiency across healthcare settings.

Vicebio's pipeline includes VXB-241, a bivalent vaccine candidate targeting RSV and hMPV, currently in an exploratory

phase 1 study in older adults, and VXB-251, a preclinical trivalent vaccine candidate targeting RSV, hMPV and parainfluenza virus Type 3 (PIV3). RSV, HMPV and PIV3 are leading causes of lower respiratory tract infections such as pneumonia. While often causing overlapping symptoms such as cough, fever, and respiratory distress, these viruses are antigenically distinct, frequently co-circulating and contributing to seasonal surges in respiratory illness that can lead to older adult frailty, hospitalization and, in some cases, death.