

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

Coden USA: WJPRAP

Volume 15, Issue 1, 211-220.

Review Article

Impact Factor 8.453 ISSN 2277-7105

VACCINES: DIFFERENT TYPES AND HOW THEY WORK

Shivam Kaushal¹, Utsav Singh², Pranshu Chaurasiya³, Satyam Verma⁴, Sakshi*⁵, ⁶Dr. Alok Kumar Shukla

^{1,2,3,4}Research Scholar, Babu Sunder Singh College of Pharmacy, Lucknow.

⁵Assistant Professor, Babu Sunder Singh College of Pharmacy, Lucknow.

⁶Director, Babu Sunder Singh College of Pharmacy, Lucknow.

Article Received on 05 Dec. 2025, Article Revised on 26 Dec. 2025, Article Published on 01 Jan. 2026

https://doi.org/10.5281/zenodo.18092728

*Corresponding Author Sakshi

Assistant Professor, Babu Sunder Singh College of Pharmacy, Lucknow.



How to cite this Article: Shivam Kaushal¹, Utsav Singh², Pranshu Chaurasiya³, Satyam Verma⁴, Sakshi*⁵, Dr. Alok Kumar Shukla⁶. (2026) VACCINES: DIFFERENT TYPES AND HOW THEY WORK. World Journal of Pharmaceutical Research, 15(1), 211-220. This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

The effectiveness of vaccinations depends on how they interact with the immune system. Simplifying these interactions is the aim of this chapter. The goal is to provide the immunological foundation that should guide vaccination strategies and vaccine creation. The early inflammatory reactions that take place at the injection site following vaccine delivery have a significant impact on the outcome of immunization. Therefore, vaccination formulations that may capture vaccine antigens, travel to draining lymph nodes (dLNs), and deliver vaccine peptides to specific T cells may have an impact on the first activation pattern of dendritic cells. Furthermore, free antigen may go to the B-cell zone after diffusing to the dLNs and being absorbed by subcapsular macrophages. Vaccine characteristics have a significant impact on this mechanism as well as the development of germinal centres and extrafollicular responses,

which are essential to the outcome of humoral responses. One of the most important aspects of vaccine efficacy is the duration of protection. Usually, the deciding criteria are the quality of memory produced by priming doses and antibody persistence. The progressive development of both T-cell and B-cell memory allows sufficient time to elapse before boosting. Responses to live viral vaccines are more broadly dispersed, and exposure to vaccine antigens is often prolonged. This may have a major effect on the formation and maintenance of immunological memory. Knowing the T- and B-cell machinery should make it easier to determine the optimal pathways for protective immunization responses. The

Vol 15, Issue 1, 2026. ISO 9001: 2015 Certified Journal www.wjpr.net 211 vaccination is among the biggest medical innovations in history. A vaccine is a biological preparation that provides active protection against a particular infectious illness. The agent stimulates the body's immune system to recognize and eradicate the agent and any related microbes that it could encounter in the future. The procedure of giving vaccinations is called vaccination. Vaccination is the most effective method of preventing infectious illnesses. Vaccines can be administered by injections, tablets, liquids, and nasal sprays. The immune system reacts to a natural illness by developing a simmer response to antigens in vaccinations. They replicate a dead virus or bacterium to cause the sickness.

KEYWORD: Inactivated vaccine, toxoid, conjugated, RNA/nucleic Acid, Live-attenuated.

INTRODUCTIONS

A vaccination is a biological preparation that strengthens the body's defences against illness.^[1] It induces the production of memory cells and antibodies by delivering a weakened or dead version of a disease-causing pathogen into the body.^[2] This prepares the body to respond quickly and effectively if it is later exposed to the disease. Before you come into touch with the virus, vaccination is an easy, secure, and efficient technique to protect yourself against dangerous infections.^[3]

World Health Organization (WHO): A vaccine instructs the body's immune system to make antibodies against disease without causing the sickness or its symptoms. A vaccine provides acquired defence against a particular disease. Usually, bacteria, viruses, specific cells, and chemicals make vaccines.^[4] Examples include dead tissue, egg proteins, DNA, etc.

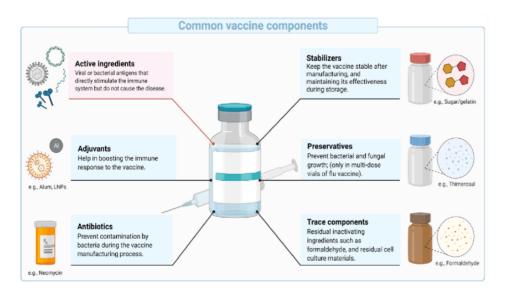


Fig. 1: Common Vaccine Components.

Vaccine types

Vaccines come in a variety of forms, including:

- ➤ Killed/Inactivated
- > Toxoid
- Conjugated
- RNA/nucleic Acid
- ➤ Live -attenuated

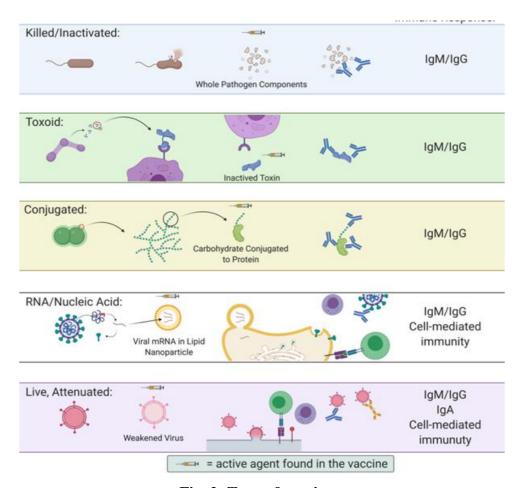


Fig. 2: Type of vaccines.

Inactivated Vaccines: Inert vaccinations also known as dead vaccines. The pathogen that causes a disease is killed by inactivated vaccinations. ^[5] The body is not protected (immune) by these immunizations. Unlike live vaccinations, these vaccines are not significantly impacted by host body antibodies. These immunizations serve as a preventative measure. ^[6]

- Rabies
- Flu (shot alone)
- Polio (shot only)

• Hepatitis A

They are made up of: -Protein or other small pieces taken from a bacteria or virus

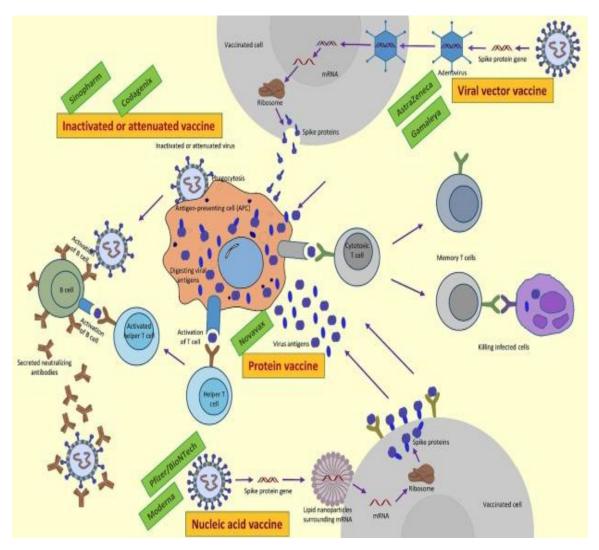


Fig. 3: Type of Inactive vaccines and working.

Toxoid vaccines:- A toxoid vaccination is a bacterial toxin that has been rendered non-toxic while still eliciting an immunological response.^[7] Toxoid vaccines employ toxoids to trigger an immune response that guards against illness brought on by toxins released by certain bacteria.^[8] The body can develop an immune response and sustain immunogenicity by utilizing toxoid, but as toxoid is a weaker type of toxin, it cannot cause any toxicity diseases.^[9] Toxoid vaccines are more stable and less vulnerable to light, temperature, and humidity-induced harm.^[10] These vaccines are exotoxins that have been rendered inactive. To render the exotoxins inactive, heat or chemical treatment is applied.

Example: -Tetanus, Diphtheria bacterial vaccine etc

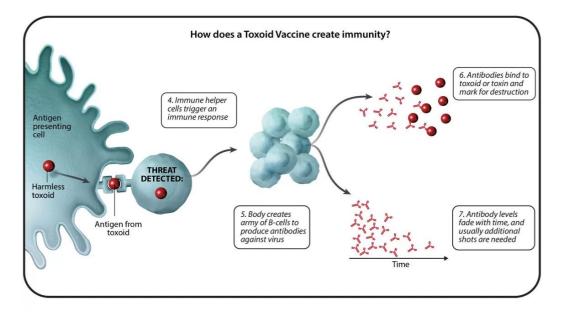


Fig. 4: How to Toxoid vaccine create immunity.

Conjugated vaccines:- conjugated vaccines are a type of bacterial vaccine that combines carrier protein together antigen polysaccharide to the create effective immune response.^[11] These vaccines cause infectious diseases, such as those cause by haemophiles influenzae (HI) type B (HIB) these vaccines are most effective form of immunization for children under one to three years old. Specific components of the germ, like as its protein, sugar, or capsid, are used in conjugated vaccines.^[12] They are targeted to the essential component of the germ and provided a highly potent immune response. The three primary carrier proteins used in conjugated vaccines are tetanus toxoid (TT), diphtheria toxoid (DT), and non-toxic mutants of diphtheria toxin (CRM 197).^[13]

Example: - Haemophiles influenzae type B (HIB) vaccines, pneumococcal vaccines etc.

RNA/nucleic Acid: - A vaccine that uses genetic material from an immune response or a virus that causes disease is called an RNA nucleic acid vaccine.^[14] Nucleic acid vaccinations are a new method that has been authorized for use in humans. These vaccines are designed to prevent viral diseases like HIV and the Zika virus.^[15]

Nucleic acid-based vaccines: [DND and RNA vaccines] are relatively novel vaccine platforms made by modifying nucleic acids to produce multiple copies of the target proteins of the viral antigen following vaccination.^[16] RNA vaccines encode the target antigen in messenger RNA (mRNA) or self-amplifying RNA (saRNA), which are molecular templates that cellular factories utilize to make proteins.^[17]

Example: - Zika virus, HIV and Covid-19 etc.

Live – **attenuated vaccines**: -A live–attenuated is a vaccine that use a pathogen or germ to create the strong immune response. This vaccine consists of live, whole viruses or bacterial cells.^[18] Live attenuated is the closest thing to a natural infection, this vaccine is a good "teacher" of the immune response.^[19]

For immunization, one dosage of the live vaccine is adequate. The attenuated organism can multiply in the body and provide antigenic stimulus and serves both of primary a boosted dose. These organisms are suspensions of drug organism with virulence reduced.^[20]

People with weakened immune systems shouldn't receive live-attenuated vaccines

- Pregnancy
- * Redaction
- Leukaemia and lymphoma
- ❖ Anti metabolic agent

Example:-mumps, chickenpox and measles (vaccine against) etc.

Live attenuated virus vaccines Live attenuated virus Weakened vaccines contain functioning SARS-CoV-2 copies of the virus that have been weakened. Antigenpresenting The virus does not cause disease, but it can still replicate inside the body and induce an immune response. Helper T cell Antigen Immune response and memory

Fig. 5: Live attenuated virus vaccines.

How to Work vaccines

MOA

Vaccines reduce the risk of infection by working with the body natural defences to safely develop immunity to disease.^[21]

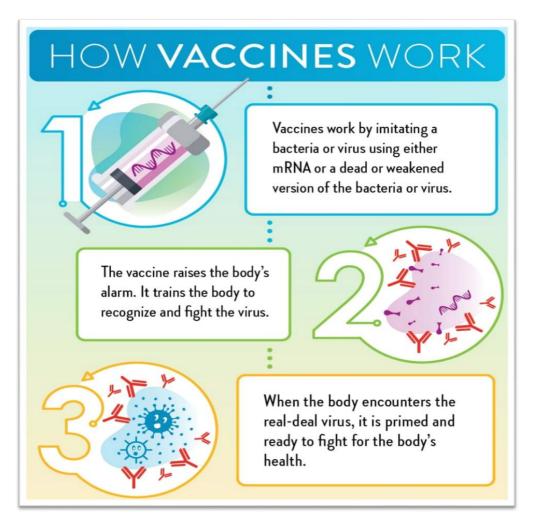


Fig. 6: How to work vaccines.

- 1) Vaccine work by imitating a virus or bacteria using the mRNA or dead disease bacterial.
- 2) Then introduce into the patient by injection.
- 3) Triggered the white blood cells to produce antibodies and fight the diseases.
- 4) If patient encounters diseases later then neutralise antibodies the invading cells.

Side effect of vaccines

In addition to general symptoms like fever, moderate fever, chills, lethargy, acute exhaustion, and occasionally vomiting, vaccination side effects typically include redness, swelling, or discomfort at the injection site.

www.wjpr.net Vol 15, Issue 1, 2026. ISO 9001: 2015 Certified Journal 217

Merits and Demerits of vaccine

Merits

- 1. Safety for Moms and Babies: Many vaccines are safe for pregnant and breastfeeding women. Getting a shot while pregnant helps the mother pass on protective germ-fighting cells (antibodies) to her baby, giving the newborn vital early protection.
- **2.** Less Severe Sickness: If you do catch the illness, like COVID-19, the vaccine's biggest job is to make your symptoms much milder. This means you're far less likely to end up in the hospital, need a ventilator, or die.
- **3. Fast Protection:** Your immune system gets a quick head start. The vaccine works to build **fast immunity** so your body is ready to fight in just a couple of weeks, rather than having to wait until you get sick.
- **4. Long-Term Defence:** Vaccination gives your immune system a chance to study the germ. This training creates long-lasting immune memory, so your body stays prepared to quickly recognize and defeat the real infection for a prolonged time.

Demerits

- 1. They Need to Stay Freezing Cold: Many vaccines require careful cold storage (often called a "cold chain"). If they get too warm, they spoil and stop working. This makes transporting them to every corner of the world very difficult and expensive.
- **2.** They Cost a Lot to Make: Developing and manufacturing vaccines involves high production costs. This is because the research, testing for safety, and the factory equipment needed are all very complex and expensive.
- **3. Safety Checks are Constant:** With any new science, there are potential safety concerns to address, like making sure the ingredients or the genetic material used don't have unexpected, long-term effects on the body. Scientists check for toxicity and other issues constantly.
- **4. Making Them Quickly is Hard:** There are restrictions on how quickly output can be raised for some types of injections, such as those that use a viral carrier (a "viral vector"). Growing and preparing the necessary biological components in the enormous amounts required for worldwide immunization campaigns is technically extremely difficult.

Significances

1. Vaccines costs prevent the serious health complications vaccines protect the spread of preventable diseases

www.wjpr.net Vol 15, Issue 1, 2026. ISO 9001: 2015 Certified Journal 218

- 2. It protects us from infectious disease.
- 3. Vaccines help your body in learning how to protect it from viruses.
- 4. Vulnerable groups, like the elderly, young children, and people with compromised immune systems, are protected by vaccinations.

REFERENCE

- 1. Ansari A, Madan A, Prakash D. Vaccine development—a complex science. EPRA Int J Multidiscip Res., 2021; 7: 34-7.
- 2. Spiering MJ. Primer on the immune system. Alcohol research: current reviews, 2015; 37(2): 171.
- 3. Lotfi H, Mazar MG, Ei NM, Fahim M, Yazdi NS. Vaccination is the most effective and best way to avoid the disease of COVID-19. Immunity, Inflammation and Disease, Aug. 2023; 11(8): e946.
- 4. Collins FM. Vaccines and cell-mediated immunity. Bacteriological reviews, Dec. 1974; 38(4): 371-402.
- 5. Andey T, Soni S, Modi S. Conventional vaccination methods: Inactivated and live attenuated vaccines. Advanced Vaccination Technologies for Infectious and Chronic Diseases, Jan. 1, 2024; 37-50.
- 6. Yadav DK, Yadav N, Khurana SM. Vaccines: present status and applications. InAnimal biotechnology, Jan. 1, 2020; 523-542. Academic Press.
- 7. Gupta S, Pellett S. Recent developments in vaccine design: from live vaccines to recombinant toxin vaccines. Toxins, Sep. 8, 2023; 15(9): 563.
- 8. Angsantikul P, Fang RH, Zhang L. Toxoid vaccination against bacterial infection using cell membrane-coated nanoparticles. Bioconjugate chemistry, Dec. 14, 2017; 29(3): 604-12.
- 9. Profet M. The function of allergy: immunological defense against toxins. The Quarterly review of biology, Mar. 1, 1991; 66(1): 23-62.
- 10. Dumpa N, Goel K, Guo Y, McFall H, Pillai AR, Shukla A, Repka MA, Murthy SN. Stability of vaccines. Aaps Pharmscitech, Jan. 4, 2019; 20(2): 42.
- 11. Finn A. Bacterial polysaccharide–protein conjugate vaccines. British medical bulletin, Jan. 1, 2004; 70(1): 1-4.
- 12. Rappuoli R, De Gregorio E, Costantino P. On the mechanisms of conjugate vaccines. Proceedings of the National Academy of Sciences, Jan. 2, 2019; 116(1): 14-6.

www.wjpr.net Vol 15, Issue 1, 2026. ISO 9001: 2015 Certified Journal

219

- 13. Bröker M, Costantino P, DeTora L, McIntosh ED, Rappuoli R. Biochemical and biological characteristics of cross-reacting material 197 (CRM197), a non-toxic mutant of diphtheria toxin: Use as a conjugation protein in vaccines and other potential clinical applications. Biologicals, Jul. 1, 2011; 39(4): 195-204.
- 14. Geall AJ, Mandl CW, Ulmer JB. RNA: the new revolution in nucleic acid vaccines. InSeminars in immunology, Apr. 1, 2013; 25(2): 152-159. Academic Press.
- 15. Taslem Mourosi J, Awe A, Jain S, Batra H. Nucleic acid vaccine platform for DENGUE and ZIKA flaviviruses. Vaccines, May 24, 2022; 10(6): 834.
- 16. Melo AR, de Macêdo LS, Invenção MD, de Moura IA, da Gama MA, de Melo CM, Silva AJ, Batista MV, Freitas AC. Third-generation vaccines: features of nucleic acid vaccines and strategies to improve their efficiency. Genes, Dec. 4, 2022; 13(12): 2287.
- 17. Blakney A. The next generation of RNA vaccines: self-amplifying RNA. The Biochemist, Aug. 13, 2021; 43(4): 14-7.
- 18. Pier GB. Vaccines and vaccination. Immunology, Infection, and Immunity, Apr. 8, 2004: 497-528.
- 19. Andey T, Soni S, Modi S. Conventional vaccination methods: Inactivated and live attenuated vaccines. Advanced Vaccination Technologies for Infectious and Chronic Diseases, Jan. 1, 2024: 37-50.
- 20. Bhattacharya S, Bohara VS, Sevda S, Kumar S. Vaccine and vaccine types. InBioreactor Design Concepts for Viral Vaccine Production, Jan. 1, 2024; 73-82. Academic Press.
- 21. Zepp F. Principles of vaccine design—lessons from nature. Vaccine, 2010; AugC14-24.