Bird flu is coming to humans…this treatment is ready!

Scientists have always understood that H5N1 was a few mutations away and getting closer as it evolved into becoming a potential pandemic threat. Influenza viruses change even more rapidly than the SARS-COV-2 (COVID-19) virus did. Now Dr. Wilson of Scripps have conclusively shown that the dairy cow H5N1 virus strain H5N1 A 2.3.4.4.b (A/Texas/37/2024) is only one mutation ("Q226L") away from being able to become a "human sialic acid receptor" targeting virus, not surprisingly
https://www.scripps.edu/news-and-events/press-room/2024/20241205-wilson-paulson-h5n1.html

There are already unexplained H5N1 human cases in North America, and, alarmingly, at least one of them had mutation in the virus's HA protein at position 226, that Scripps identified as the "hot spot" for improved human transmission
https://www.statnews.com/2024/12/05/h5n1-bird-flu-study-journal-science-raises-alarm-potential-human-transmission/

As in the past, when the virus strain changes so radically, previously developed vaccines and antibodies will certainly lose effectiveness, no matter what the “pundits” keep harping on. The public has experienced this very recently.

In contrast, the NanoViricides approach captures the virus no matter how much it mutates. This is because the nanoviricides drug mimics the *human side* of the equation, not the virus side as the vaccines and antibodies do.

In particular, we have demonstrated that our clinical drug candidate NV-387 is capable of effectively attacking all four of the current major threats, namely, Influenza, COVID, MPox, and RSV!

Our studies with a very pathogenic Influenza virus, H3N2, have demonstrated NV-387 is substantially more effective in combatting the virus compared to existing therapies, namely oseltamivir (Tamiflu), peramivir (Rapivab), and baloxavir (Xofluza)! All of these small chemicals are susceptible to viruses becoming resistant, whereas the virus is highly unlikely to escape NV-387.

Moreover, NV-387 actually is expected to bind strongly to H5N1, precisely because of its extremely high pathogenicity. This is because the site that causes the extreme pathogenicity of H5N1 when infecting humans, called the “polybasic site” is where NV-387 is expected to have even stronger binding to the virus than the other sites on the virus. Therefore, we are confident that NV-387 will work against H5N1 much better than any other drug or antibody, and will continue to work even as all of the other approaches fail as they have almost always failed during pandemics.