INTREPID ALLIANCE

INTERNATIONAL READINESS FOR PREVENTING INFECTIOUS VIRAL DISEASE

MAY 12, 2026

# 5th Edition of the Antiviral Landscape

## Executive Summary

JIM DEMAREST, RICHARD MACKMAN, LEE RUGGIERO, & JOHN POTTAGE

INTREPID Alliance. Executive Summary – Antiviral Clinical and Preclinical Development Landscape – 5th Edition. 12 MAY 2026. Available at intrepidalliance.org.

# Disclaimer

The INTREPID Alliance is a not-for-profit consortium of innovative biopharmaceutical companies and affiliates committed to accelerating antiviral research, aiming to ensure that we have a stronger pipeline and are better prepared for future pandemics.

As part of our efforts, the INTREPID Alliance maintains and publishes a centralized list of promising investigational candidate compounds, with the purpose of knowledge-sharing and to support better pandemic preparedness. These compounds have been selected based on objective, scientific criteria, using publicly available sources, and at arm's length from commercial influence of our member companies. See criteria listed in the report "Antiviral Clinical Development Landscape and Promising Clinical Compounds." The designation of certain compounds as promising is based upon currently available information, and exclusively upon an assessment against these criteria. "Promising" is not a promotional claim. Candidate compounds have not been assessed by regulatory authorities to be safe and efficacious for the treatment of disease in humans. Our content is designed to be factual, informative, and non-commercial. It is not designed or intended to advertise or promote any pharmaceutical product or therapy or to advance the commercial interests of any company.

# Introduction

- **The global antiviral R&D landscape is now in its 5th Edition (data as of January 2026).**
  - Previous editions include 1st (November 2023 data), 2nd (March 2024), 3rd (July 2024), and 4th (Dec 2024).
  - The 3rd Edition was the first to include analyses of preclinical compounds.
  - In view of the evolving global viral disease situation, led by the WHO, we have added two viral families to our landscape; *Poxviridae* in the 3rd and *Phenuiviridae* in the 5th Editions.
- **Our scientific evaluation of publicly available information is used to categorize compounds in a manner aligned with the overall R&D process, using established definitions found at the INTREPID Alliance website.**
  - Approved antivirals
  - Potential Indication Expansions, clinical and preclinical exploratory
  - Unapproved, investigational antivirals in clinical development
  - Preclinical compounds with no human exposure or clinical data
  - Archived or Discontinued
- **In this 5th Edition update, we highlight recent progress in the antiviral R&D landscape:**
  - New additions to the Approved, Clinical, and Preclinical sections
  - Changes in the phase of development; advancements to the next phase; or moving to archive or discontinued status

# Updating the Antiviral Landscape

## Only publicly available information is used to update the landscape

## New additions based on information from:

- New public disclosures
- Addition of *Phenuiviridae* viral family; Heartland virus, Rift Valley fever virus, and SFTSV
- New entries in Airfinity database
- INTREPID Alliance engagement with AViDD Centers

## Changes in stage of development (clinical or preclinical) include:

- Regulatory decisions: Approvals or Compassionate Use designations
- Advancing to the next phase of development (clinical or preclinical)
- Entering clinical development from preclinical
- Moving to Archived or Discontinued (clinical or preclinical)

*As of January 2026. SFTSV: Severe fever with thrombocytopenia syndrome virus. AViDD Centers: Antiviral Drug Discovery Centers for Pathogens of Pandemic Concern, U.S. National Institutes of Health.

# Three New Antiviral Approvals for Influenza

## No new approvals for COVID-19

### Number of distinct, approved antivirals from July 2024 to January 2026*

| Compound Category | COVID-19 or Non-COVID-19 | Landscape Edition (Data Cut-Off) | | |
|---|---|---|---|---|
| | | 3rd (Jul 2024) | 4th (Dec 2024) | 5th (Jan 2026) |
| Approved | COVID-19 | 12 | 12 | 12 |
| | Non-COVID-19 | 10** | 10** | 13** |
| | | 22 | 22 | 25 |

**(n=4) compounds approved for both COVID-19 and Influenza are only counted for COVID-19.

*Additional detailed information is available starting on pages 34-35 of the 5th Edition of the antiviral R&D landscape.*

*As of January 2026.

# The Number of Investigational Clinical Compounds Has Remained Relatively Stable for COVID-19 and Non-COVID-19 Viral Disease Indications

A marked 2.24-fold increase in preclinical compounds for Non-COVID-19 is noted since 3rd Edition.

**Number of distinct, unapproved antivirals from July 2024 to January 2026***

| Compound Category | COVID-19 or Non-COVID-19 | Landscape Edition (Data Cut-Off) | | |
|---|---|---|---|---|
| | | 3rd (Jul 2024) | 4th (Dec 2024) | 5th (Jan 2026) |
| Clinical Total | | 43 | 38 | 45 |
| Promising | COVID-19 | 7[a] | 6 | 6 |
| | Non-COVID-19 | 4 | 6 | 6 |
| Watch & Wait | COVID-19 | 20 | 16 | 21 |
| | Non-COVID-19 | 12[b] | 10[b] | 12[b] |
| Preclinical Total | | 101 | 110 | 147 |
| Preclinical | COVID-19 | 72 | 75 | 82 |
| | Non-COVID-19 | 29[c] | 35[c] | 65[d] |
| | | 144 | 148 | 192 |

[a]One of these compounds is also counted in the clinical potential indication expansion evaluations.
[b]One of these compounds is in clinical evaluation for 2 viral disease indications.
[c]Five of these compounds are under preclinical evaluation for >1 viral disease indication.
[d]Nine of these compounds are under preclinical evaluations for >1 viral disease indication.

*Additional detailed information is available starting on pages 28 and 54 of the 5th Edition of the antiviral R&D landscape.*

*As of January 2026.

# Indication Expansion (IE) Evaluations Assessing Potential Broad-Spectrum Activity for Non-COVID-19 Viral Diseases Have Increased Over Time

## Little to no change in evaluations for COVID-19 is noted.

### Number of clinical and preclinical evaluations from July 2024 to January 2026*

| Compound Category | COVID-19 or Non-COVID-19 | Landscape Edition (Data Cut-Off) | | |
|---|---|---|---|---|
| | | 3rd (Jul 2024) | 4th (Dec 2024) | 5th (Jan 2026) |
| IE - Clinical | COVID-19 | 3 | 2 | 1 |
| | Non-COVID-19 | 8 | 11 | 16 |
| IE - Preclinical Exploratory | COVID-19 | 4 | 1 | 2 |
| | Non-COVID-19 | 22 | 22 | 28 |
| | | 37 | 36 | 47 |

- The number of evaluations for COVID-19 remains limited (n=3).
- For non-COVID-19 (n=44), favipiravir (12) or remdesivir (8) have the most evaluations.

*Additional detailed information is available on page 36 of the 5th Edition of the antiviral R&D landscape.*

*As of January 2026.

# Potential Indication Expansions: 5th Edition*

## Approved compounds

| | | Potential Indication Expansions (n=35) | | |
|---|---|---|---|---|
| **Compound** | **Current Approval** | **Preclinical Exploratory (n=22)** | **Clinical (n=13)** | **TOTAL** |
| **Favipiravir** | COVID-19; Influenza; SFTSV | Hendra virus; Marburg; Yellow fever (x2); Zika; Hantavirus; Heartland virus; Rift Valley fever | Lassa fever (Ph2); Ebola (Ph2); Crimean Congo hem. fever (Ph2 x2) | 12 |
| **Remdesivir** | COVID-19 | Lassa fever; MERS-CoV; SARS-CoV-1; Hendra virus; Marburg; Dengue; Yellow fever | Ebola (Ph3) | 8 |
| **Adefovir** | Hepatitis B | Mpox | - | 2 |
| **Etravirine** | HIV | West Nile; Chikungunya | - | 2 |
| **Molnupiravir** | COVID-19 | - | Influenza (Ph2); Dengue (Ph2) | 2 |
| **Brincidofovir (IV)** | Smallpox | - | Human Adenovirus (Ph2) | 1 |
| **Brincidofovir (Oral)** | Smallpox | - | Mpox (Ph3) | 1 |
| **Cidofovir** | CMV | Smallpox/other pox | Mpox (Ph2) | 1 |
| **Daclatasvir** | Hepatitis C | COVID-19 | - | 1 |
| **Oseltamivir** | Influenza | - | COVID-19 (Ph3) | 1 |
| **Sofosbuvir** | Hepatitis C | Zika | - | 1 |
| **Tiratricol** | THRS | Yellow fever | - | 1 |
| **Trifluridine** | HSV-1, HSV-2 | - | Mpox (Ph2) | 1 |
| **Zanamivir** | Influenza | - | Dengue (Ph2) | 1 |

*As of January 2026. SFTSV: Severe fever with thrombocytopenia syndrome virus; THRS: Thyroid Hormone Resistance Syndrome.

# Potential Indication Expansions: 5th Edition*

## Investigational compounds (n=12 evaluations with 6 unapproved antivirals)

| | | Potential Indication Expansions (n=12) | | |
|---|---|---|---|---|
| **Compound** | **Primary Indication** | **Preclinical Exploratory (n=8)** | **Clinical (n=4)** | **TOTAL** |
| **Aloxistatin** | Neurodegen. disease + oncology | Mpox | - | 1 |
| **Filociclovir** | Cytomegalovirus | Human Adenovirus | - | 1 |
| **Galidesivir** | Multiple virus infections | Marburg | - | 1 |
| **NV-387** | Multiple virus infections | Measles; Smallpox/other pox | Mpox (Ph2) | 3 |
| **Obeldesivir** | Multiple virus infections | MERS-CoV; SARS-CoV-1 | Ebola, Marburg, and Ebola-Sudan (all Ph2) | 5 |
| **Rupintrivir** | Rhinovirus | COVID-19 | - | 1 |

- Only one COVID-19 evaluation is noted.
- For non-COVID-19 (n=11), obeldesivir (n=5) has the most evaluations followed by NV-387.

*As of January 2026. SFTSV: Severe fever with thrombocytopenia syndrome virus; THRS: Thyroid Hormone Resistance Syndrome.

# Archived or Discontinued Antiviral Compounds

## Number of distinct antiviral compounds July 2024 to January 2026*

| Compound Category | COVID-19 or Non-COVID-19 | Landscape Edition (Data Cut-Off) | | |
|---|---|---|---|---|
| | | 3rd (Jul 2024) | 4th (Dec 2024) | 5th (Jan 2026) |
| Clinical Total | | 3 | 24 | 26 |
| Archived | COVID-19 | 0 | 1 | 1 |
| | Non-COVID-19 | 3 | 7 | 8 |
| Discontinued | COVID-19 | 0 | 5 | 6 |
| | Non-COVID-19 | 0 | 11 | 11 |
| Preclinical Total | | 25 | 61 | 81 |
| Archived | COVID-19 | 18 | 18 | 25 |
| | Non-COVID-19 | 7 | 38[a] | 49 |
| Discontinued | COVID-19 | 0 | 1 | 1 |
| | Non-COVID-19 | 0 | 4[b] | 6 |
| | | 28 | 85 | 107 |

[a]One compound is also counted in Preclinical COVID-19 Archived.
[b]One of these compounds was under preclinical evaluation for >1 viral disease indication.

- The marked increase from 3rd to 4th Editions was due to a change in methodology for categorizing Archived and Discontinued compounds.
- The 5th Edition increase in archived preclinical compounds for COVID-19 and Non-COVID-19 was primarily related to an indefinite pause in activity due to business decisions.

*As of January 2026.

*Additional detailed information is available starting on page 112 of the 5th Edition of the antiviral R&D landscape.*

# New Additions from 4th to 5th Editions: Clinical (n=23)*

## Compounds that were not previously captured in the antiviral R&D landscape

| Virus Family | Indication | N | Phase 1 | Phase 2 | Phase 3 | Indication Expansions | | Regulatory Designation |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Preclinical Exploratory | Clinical | |
| *Coronaviridae* | COVID-19 | 5 | Apo-Si-K170A-C76<br>CMX990 | HL-21<br>Ratutrelvir | | Daclatasvir | | |
| *Orthomyxoviridae* | Influenza | 4 | | EV25<br>WXSH-0208 | Deunoxavir marboxil | | | Triazavirin (Approval) |
| *Filoviridae* | Ebola-Sudan | 1 | | | | | Obeldesivir (Ph2) | |
| *Flaviviridae* | Dengue | 1 | | | | | Molnupiravir (Ph2) | |
| | West Nile | 1 | | | | Etravirine | | |
| | Yellow fever | 2 | | | | Favipiravir/6-MMPr<br>TRIAC | | |
| | Zika | 1 | | | | Sofosbuvir | | |
| *Paramyxoviridae* | Nipah | 1 | | | | | | Favipiravir (Comp. Use) |
| *Phenuiviridae* | Heartland virus | 1 | | | | Favipiravir | | |
| | Rift Valley fever | 1 | | | | Favipiravir | | |
| | SFTSV | 1 | | | | | | Favipiravir (Approval) |
| *Poxviridae* | Mpox | 3 | | | | Aloxistatin | Brincidofovir-Oral (Ph3)<br>Trifluridine (Ph2) | |
| *Togaviridae* | Chikungunya | 1 | | | | Etravirine | | |

*Additional detailed information is available starting on page 32 of the 5th Edition of the antiviral R&D landscape.*

*As of January 2026.
SFTSV: Severe fever with thrombocytopenia syndrome virus.

# Changes in Antiviral Clinical Development Pipeline: INTREPID Alliance 5th Edition*

## Compounds that advanced in development or are now archived or discontinued

| Virus Family | Indication | Compound | Discontinued | Archived | Preclinical | Preclinical Exploratory | Phase 1 | Phase 2 | Phase 3 | Approved |
|---|---|---|---|---|---|---|---|---|---|---|
| *Coronaviridae* | COVID-19 | Amantadine | D/C | | | | | | App AV-IE | |
| | | Ibuzatrelvir | | | | | | Prom | Prom | |
| | | P315V | | | | Pot. Cand. | | W&W | | |
| *Orthomyxoviridae* | Influenza | CD388 | | | | | | Prom | Prom | |
| | | Onradivir (ZSP 1273) | | | | | | | Prom | App ONA |
| | | Pixavir marboxil (TG-1000) | | | | | | | Prom | App ONA |
| | | Seloxavir marboxil (ZX-7101A) | | | | | | | Prom | App ONA |
| | | VNT-101 | | | | Pot. Cand. | W&W | | | |
| *Filoviridae* | Ebola | Obeldesivir (GS-5245) | | | | Inv AV-IE | | Inv AV-IE | | |
| | Marburg | | | | | Inv AV-IE | | Inv AV-IE | | |
| *Flaviviridae* | Dengue | Mosnodenvir | D/C | | | | | W&W | | |
| | Yellow fever | AT-752 | | Archived | | Inv AV-IE | | | | |
| *Nairoviridae* | CCHF | Remdesivir | | Archived | | App AV-IE | | | | |
| *Paramyxoviridae* | Nipah | Remdesivir | | | | App AV-IE | | | | App AV-IE Comp. Use |
| *Poxviridae* | Mpox | NV-387 | | | | | Inv AV-IE | Inv AV-IE | | |

- 3 compounds achieved regulatory approval for Influenza.
- 2 preclinical compounds advanced into clinical development: COVID-19 & Influenza.

*As of January 2026. CCHF: Crimean-Congo Hemorrhagic fever.

# New Additions from 4th to 5th Editions: Preclinical (n=48)*

## Compounds that were not previously captured in the antiviral R&D landscape

| Virus Family | Indication | N | Hit | Early Lead | Late Lead | Potential Candidate |
|---|---|---|---|---|---|---|
| *Coronaviridae* | COVID-19 | 13 | **mCNW330**<br>**MWAC-3429** | **AVI-4206**<br>Compound 18<br>MIC1930<br>**RA-0002112**<br>SCR005<br>SCR007 | 3N39v4-Fc (mRNA)<br>**AVI-4516**<br>**AVI-4773**<br>**AVI-6451** | **Nanosota-9** |
| | MERS-CoV | 2 | - | - | AVI-4516<br>AVI-4773 | - |
| *Orthomyxoviridae* | Influenza | 4 | - | Oral replication Inhibitor (ORI)<br>MIC1930<br>Ro-3306 | DS-22-inf-009<br>DS-22-inf-021 | - |
| *Filoviridae* | Ebola | 2 | - | - | **Nanosota-EB1** | **Nanosota-EB2** |
| *Flaviviridae* | Dengue | 6 | - | DHFLV_003B<br>ZXH-2-107<br>ZXH-8-004 | ASAP-0029002<br>DV-B-120 | mCOT466 |
| | West Nile | 1 | - | DHFLV_003B | - | - |
| | Yellow fever | 4 | - | AT-2490 | LRP1-Fc Decoy<br>LRP4-Fc Decoy<br>VLDLR-Fc Decoy | - |
| | Zika | 3 | - | DHFLV_003B<br>**MWAC-4001** | **ASAP-0036543** | - |
| | Pan-flavivirus | 1 | MMV1791425 | - | - | - |
| *Nairoviridae* | CCHF | 1 | kCOT923 | - | - | - |
| *Paramyxoviridae* | Measles | 1 | - | - | - | **GHP-88310 (EIDD-3608)** |
| | Nipah | 1 | - | - | 4'-Fluorouridine | - |
| *Phenuiviridae* | Heartland virus | 1 | - | - | - | 4'-Fluorouridine |
| | Rift Valley fever | 1 | G202-0362 | - | - | - |
| | SFTSV | 1 | - | - | - | VV251 |
| *Picornaviridae* | Enterovirus | 2 | - | **ASAP-0023152** | Compound 21 | - |
| | Rhinovirus | 2 | - | Pan-viral protease | Compound 21 | - |
| *Poxviridae* | Smallpox/Other pox | 1 | - | - | UMM-766 | - |

*Additional detailed information is available starting on page 62 of the 5th Edition of the antiviral R&D landscape.*

*As of January 2026; Compounds in **bold** are from NIAID-funded AViDD Centers.

CCHF: Crimean-Congo Hemorrhagic fever; SFTSV: Severe fever with thrombocytopenia syndrome virus.

# Changes in Antiviral Preclinical Development Pipeline: INTREPID Alliance 5th Edition*

## Compounds that advanced in development or are now archived or discontinued

| Virus Family | Indication | Compound | Prior Preclinical Status | 5th Edition Status |
|---|---|---|---|---|
| *Coronaviridae* | COVID-19 | 3N39v4-Fc (chimeric protein) | Late Lead | Archived |
| | | CDI-45205 | Potential Candidate | Archived |
| | | COR803 | Potential Candidate | Archived |
| | | GC376 | Potential Candidate | Archived |
| | | HT-002 | Late Lead | Archived |
| | | Pan-coronavirus protease | Hit | Archived |
| | | P315V | Potential Candidate | Clinical Phase 2 |
| | MERS-CoV | Pan-coronavirus protease | Hit | Archived |
| | SARS-CoV-1 | Pan-coronavirus protease | Hit | Archived |
| *Flaviviridae* | Dengue | Compound 24a | Late Lead | Archived |
| | | Compound 28a | Late Lead | Archived |
| | | Dengue protease | Hit | Archived |
| | | JNJ-A07 | Late Lead | Archived |
| | | Pan-flavivirus protease | Hit | Archived |
| | West Nile | Pan-flavivirus protease | Hit | Archived |
| | Yellow fever | Pan-flavivirus protease | Hit | Archived |
| | Zika | Saliphylhalamide | Late Lead | Archived |
| *Orthomyxoviridae* | Influenza | VNT-101 | Potential Candidate | Clinical Phase 1 |
| *Togaviridae* | Chikungunya | Chikungunya protease | Early Lead | Archived |

- 2 compounds advanced to clinical development.
  - 1 for COVID-19 and 1 for Influenza
- A higher number of compounds moving to archived is consistent with the rates of attrition in early drug development.

*As of January 2026.

*Additional detailed information is available starting on page 63 of the 5th Edition of the antiviral R&D landscape.*

# Diverse Representation of Antiviral R&D Program Leads for Clinical and Preclinical Antivirals*

| Stage of Development | | Type of Antiviral R&D Program Lead | | |
|---|---|---|---|---|
| | | Total | Biotech/Pharma | Research Institute |
| **Clinical** (Unapproved: Promising and Watch & Wait) | # | 46 | 41 | 5 |
| | *%* | | *89* | *11* |
| **Preclinical** (Hits, Early & Late Leads, and Potential Candidates) | # | 161 | 47 | 114 |
| | *%* | | *29* | *71* |

- Some antiviral R&D program leads are involved with >1 distinct antiviral compound or indication.
- Consistent with the increased resources required, Biotech/Pharma represent **89%** of the ongoing clinical stage activity for investigational compounds in clinical development.
- Research Institutes (**71%**) and Biotech/Pharma (**29%**) were directing preclinical antiviral R&D.
- The antiviral R&D program leads are based in **38** different countries.
  - 1 clinical only; 30 preclinical only; 7 both clinical and preclinical
- Excludes Approved, Indication Expansions, Archived, and Discontinued.

*As of January 2026. Research Institute: university, government- sponsored entity, contract research organization.
Clinical antivirals include those that are in clinical development for a lead indication.
Preclinical antivirals include those that have no clinical or human exposure data.

# Takeaways Regarding the Evolution of the Antiviral R&D Landscape (I)

## Additions of Viral Families or Viral Disease Indications

- The *Phenuiviridae* viral family was added to the 5th Edition.
- Preclinical compounds specific for enteroviruses were added.
- Three families have no clinical or preclinical evaluations; *Adenoviridae*, *Hantaviridae*, *Peribunyaviridae*.

## Clinical

- There were 3 new antiviral approvals for Influenza and none for COVID-19.
- 5 of 12 clinical phase compounds categorized by INTREPID Alliance as Promising have advanced forward in development:
  - 3 Promising achieved regulatory approval for Influenza.
  - 2 Promising moved from Phase 2 to Phase 3.
- The majority of the Promising and Watch & Wait compounds are under evaluation for COVID-19 and Influenza.
  - There is still a gap in phase-2-ready Non-COVID-19/Non-Influenza antivirals

*As of January 2026.

# Takeaways Regarding the Evolution of the Antiviral R&D Landscape (II)

## Preclinical

- Changes in the preclinical landscape highlight recent efforts toward identifying antivirals for Non-COVID-19 indications.

## Indication Expansions

- The increase in potential indication expansions with approved or investigational compounds shows expanding efforts to explore broad-spectrum potential of antivirals with existing clinical experience.

## Antiviral R&D Program Leads

- There is a diverse representation of antiviral R&D program leads for clinical and preclinical antivirals.

*As of January 2026.

# INTREPID Alliance Antiviral Landscape: 5th Edition*
# Clinical and Preclinical Phase Evaluations Across 14 Priority Viral Families

As of January 2026, only 6 of 14 priority viral families have ongoing clinical evaluations
11 of 14 priority viral families have ongoing preclinical evaluations.

## Primarily Respiratory Transmission

| Viral Family | Disease Indication (n)** Preclinical (123) | Clinical (40) |
|---|---|---|
| *Adenoviridae* | X | X |
| *Coronaviridae* | • **COVID-19 (82)**<br>• **MERS-CoV (7)**<br>• SARS-CoV-1 (4)<br>• Seasonal CoV (1) | • **COVID-19 (27)** |
| *Orthomyxoviridae* | • **Influenza (18)** | • Influenza (10) |
| *Paramyxoviridae* | • Hendra virus (1)<br>• Measles (1)<br>• **Nipah virus (4)**<br>• Parainfluenza (1) | X |
| *Picornaviridae* | • **Enterovirus (2)**<br>• **Rhinovirus (2)** | • Polio (2)<br>• Rhinovirus (1) |

## Primarily Vector/Contact-Mediated Transmission

| Viral Family | Disease Indication (n)** Preclinical (38) | Clinical (6) |
|---|---|---|
| *Arenaviridae* | • Junin virus (1)<br>• Lassa fever (1) | • Lassa fever (2)<br>• Chapare hem. fever (1) |
| *Filoviridae* | • Ebola (2) | X |
| *Flaviviridae* | • **Dengue (8)**<br>• **West Nile (1)**<br>• **Yellow fever (5)**<br>• **Zika (4)**<br>• **Pan-flavivirus (1)** | • Dengue (2) |
| *Hantaviridae* | X | X |
| *Nairoviridae* | • **Crimean Congo hem. fever (1)** | X |
| *Peribunyaviridae* | X | X |
| *Phenuiviridae* | • **Heartland virus (1)**<br>• **Rift Valley fever virus (1)**<br>• **SFTSV (1)** | X |
| *Poxviridae* | • Mpox (7)<br>• **Smallpox/Other (1)** | • Mpox (1) |
| *Togaviridae* | • Chikungunya (3) | X |

**Bold** disease indications: increase or new addition since 4th Edition

X = absence of preclinical or clinical phase antivirals

*As of January 2026; Excludes Approved Antivirals or Indication Expansions; *Phenuiviridae* added.
**Number of compounds in ongoing development. SFTSV: Severe fever with thrombocytopenia syndrome virus.

# Key Takeaways Driving the Call to Action

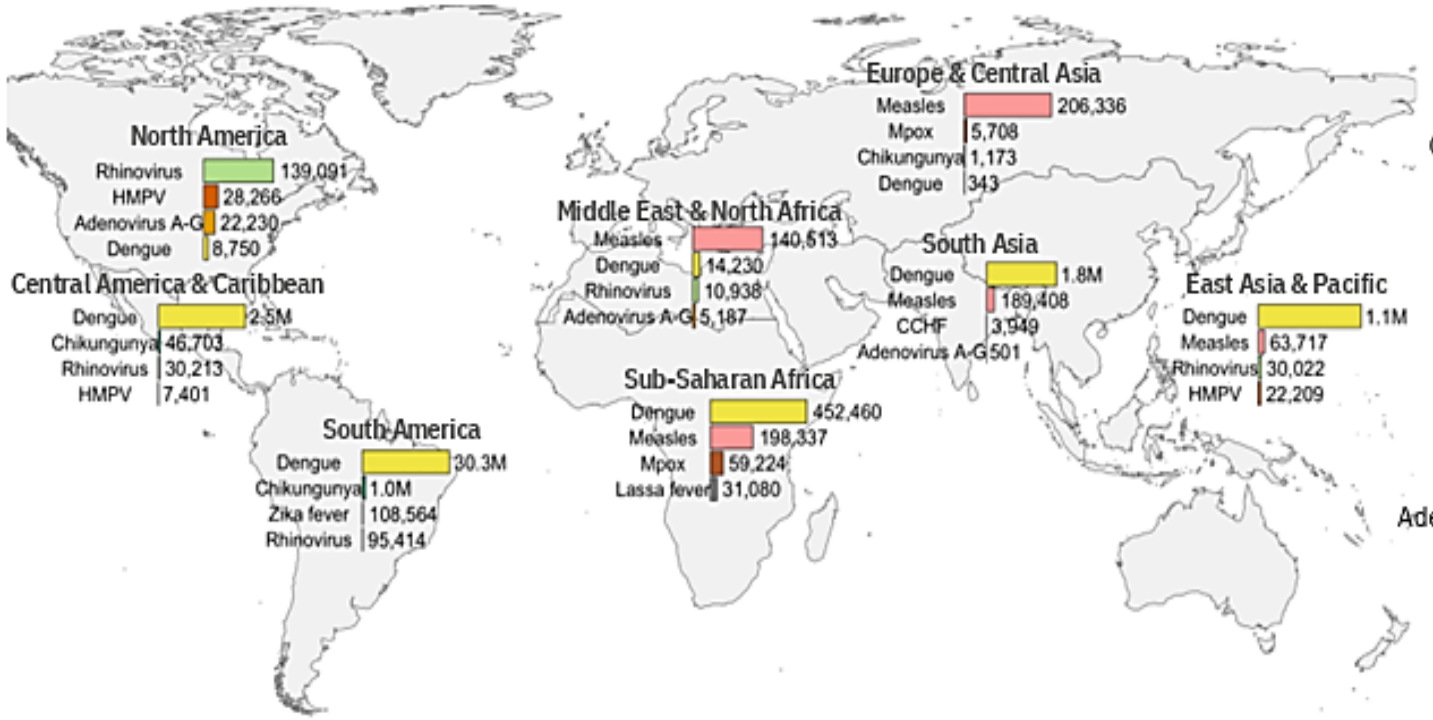
- **Longitudinal analyses shows some, but limited, progress** in preclinical and clinical antiviral R&D; however, significant gaps remain.
  - **Clinical.** The number of investigational clinical compounds has remained relatively stable for COVID-19 and Non-COVID-19 viral disease indications.
  - **Preclinical.** A marked 2.3-fold increase in preclinical compounds for Non-COVID-19 is noted since 3rd Edition.
    - This includes 15 new preclinical compounds from the U.S. NIAID-funded AViDD Centers.
  - **Broad Spectrum.** Indication Expansion (IE) evaluations exploring potential broad-spectrum activity against Non-COVID-19 viral diseases have grown over time.
  - **Approved.** 3 new Influenza antivirals.
- **Gaps remaining:**
  - Three families have no clinical or preclinical evaluations: *Adenoviridae, Hantaviridae,* and *Peribunyaviridae*.
  - Only 8 viral disease indications are in clinical evaluation across 6 of the 14 viral families.
  - Preclinical evaluations currently include 11 of 14 priority viral families.
- **Antiviral R&D Program Leads - Types and Geographies:**
  - Biotech and pharmaceutical companies dominate clinical-stage development (89%), reflecting the higher resource demands required in this space.
  - R&D programs across both clinical and preclinical are based in 40 different countries with clinical development leading from the U.S., China, Western Europe, and Japan predominating.
  - For preclinical antiviral research, Research Institutes* lead (71%) alongside Biotech/Pharma (29%).

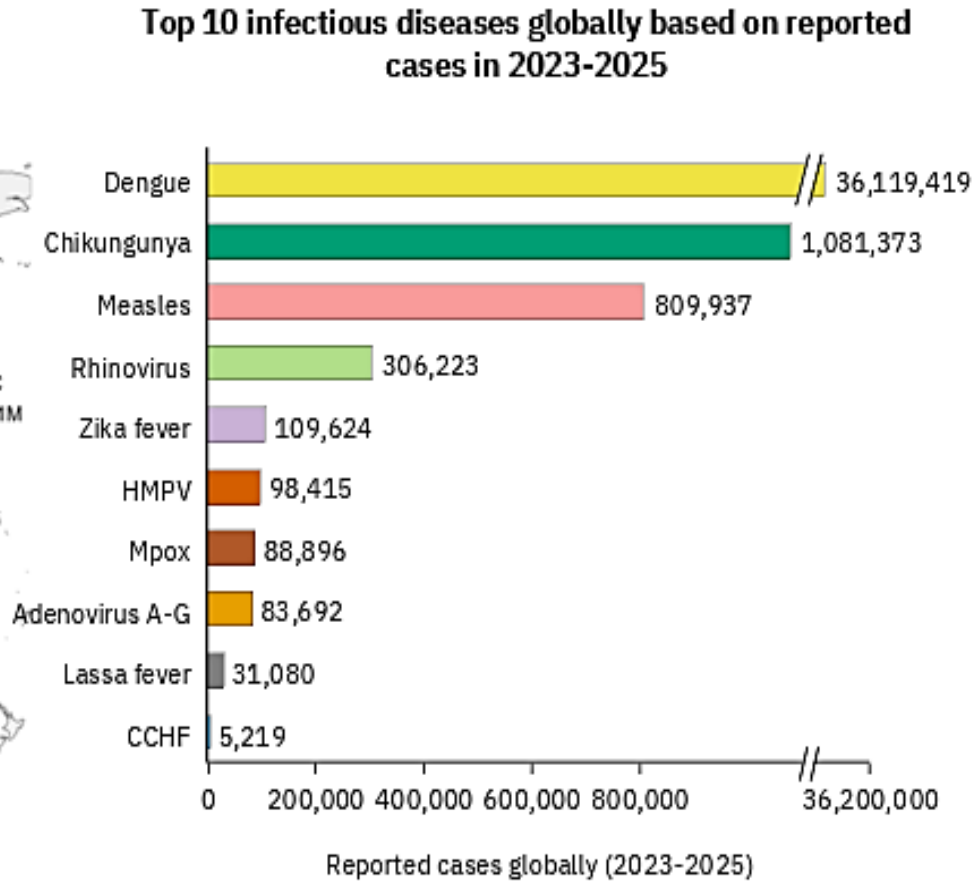
*Research Institutes: university, government- sponsored entity, contract research organization.

# Emerging & endemic viruses continue to present a constant risk

## Globally, dengue remains the dominant disease, reinforcing it as a high-priority for treatment development given the lack of approved therapies

Global overview of top viral infectious diseases by **total reported cases*** (2023-2025)




Adenovirus A-G | CCHF | Chikungunya | Dengue | HMPV | Lassa fever | Measles | Mpox | Rhinovirus | Zika fever



*Updated 2025. Dengue and mpox reports have increased case counts versus previously sent figures. CCHF: Crimean-Congo hemorrhagic fever; HMPV: Human metapneumovirus.

# Call to Action

- **There is a persisting urgent need to address R&D gaps/risks through funding and policymaking with a focus on viruses with pandemic potential as well as emerging viral diseases.**
- **Primary catalysts for immediate action:**
  - Attrition and time required to progress compounds through R&D stages
  - Clear gaps identified by the INTREPID Alliance antiviral landscape analysis
  - Uncertainties about some preclinical candidates
- **Positive steps forward:**
  - BARDA Smart Antiviral Prize with $100M to identify novel therapeutic solutions with broad-spectrum activity against *Togaviridae* and/or *Flaviviridae* families.
  - HORIZON Europe to fund development of SMAV for pathogens of epidemic potential.
  - DG HERA will invest EUR 20M to advance the development of at least two new medicines to treat Dengue.

INTREPID ALLIANCE

INTERNATIONAL READINESS FOR PREVENTING INFECTIOUS VIRAL DISEASE

# Interested in engaging with us?

**We welcome all feedback through our online portal. As with previous listings, developers are invited to submit non-confidential information on their compound candidates.**

For more information, contact nina@intrepidalliance.org.

intrepidalliance.org

linkedin.com/company/intrepid-alliance