HIV vaccines (mRNA-1644 & mRNA-1574)

Last updated: September 13th, 2023

Modality	Program	ID#	Preclinical development	Phase 1	Phase 2	Phase 3	Commercial	Moderna rights
Latent	CMV vaccine	mRNA-1647						Worldwide
	EBV vaccine (to prevent infectious mononucleosis)	mRNA-1189						Worldwide
	EBV vaccine (to address EBV sequelae)	mRNA-1195						Worldwide
	HSV vaccine	mRNA-1608						Worldwide
	VZV vaccine	mRNA-1468						Worldwide
Infectious disease vaccines	HIV vaccines	mRNA-1644						Worldwide IAVI funded
		mRNA-1574						Worldwide IAVI/others funded
Enteric	Norovirus vaccines	mRNA-1403						Worldwide
		mRNA-1405						Worldwide
Bacterial	Lyme vaccines	mRNA-1975						Worldwide
		mRNA-1982						Worldwide
Public health	Zika vaccine	mRNA-1893						Worldwide BARDA funded
	Nipah vaccine	mRNA-1215						Worldwide NIH funded



Human immunodeficiency virus (HIV) overview

 HIV is the virus responsible for acquired immunodeficiency syndrome (AIDS), a lifelong, progressive illness with no effective cure

Disease burden:

- 38 million worldwide are currently living with HIV²; 1.2 million in the U.S.³
- Approximately 1.5 million <u>new infections</u> are acquired worldwide each year, and ~650,000 people die²
- Primary routes of transmission are sexual intercourse and IV drug use, putting young adults at highest risk of infection³
- From 2010 to 2015, a total of \$562.6 billion was spent globally on care, treatment, and prevention of HIV⁴, representing significant economic burden
- Target population: Young adults with focus on high-risk populations
- Unmet need: No approved HIV vaccine and no effective cure

HIV & AIDS disease progression^{1,2}

Acute HIV infection

Highly contagious Fever, chills
Rash
Sore throat
Fatigue, muscle aches
Mouth ulcers

Chronic HIV infection

Clinical latent but still able to infect others Frequently asymptomatic

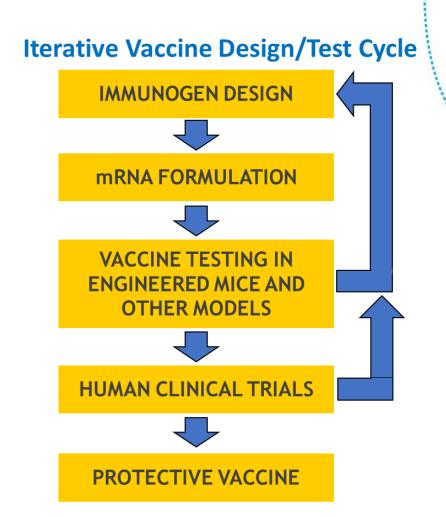
AIDS

CD4 count <200 cells/mm Rapid weight loss
Fevers, night sweats
Extreme fatigue
Opportunistic infections
(e.g. candidiasis,
Kaposi's sarcoma)
Death

¹HIV. Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/basics/whatishiv.html. Accessed 17Dec2020. ²HIV Global Statistics. https://www.hiv.gov/hiv-basics/overview/data-and-trends/global-statistic s. Accessed 16Dec2020. ³Centers for Disease Control and Prevention. HIV Surveillance Report, 2018 (Updated); vol.31. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2020. Accessed 18Dec2020. ⁴Global Burden of Disease Health Financing Collaborator Network. Spending on health and HIV/AUDS: domestic spending and development assistance in 188 countries, 1995-2015. Lancet 2018;391:1799-829.

HIV: Two complementary approaches in the clinic that tackle key challenges for making HIV vaccines

Target B cells that produce broadly neutralizing Native like HIV trimers antibodies mRNA-1644 mRNA-1574



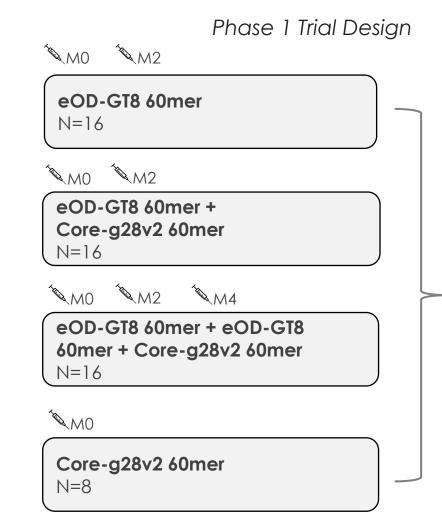


HIV Vaccine (mRNA-1644): Germline targeting approach



mRNA-1644

- Phase 1, randomized, open-label study to evaluate the safety and immunogenicity of eOD-GT8 60mer mRNA Vaccine and Core-g28v2 60mer mRNA Vaccine in HIV-1 uninfected adults
- The induction of bnAbs is widely considered to be a goal of HIV vaccination
- Testing hypothesis that sequential administration of priming and boosting HIV immunogens delivered mRNA can induce specific classes of B-cell responses and guide their early maturation toward broadly neutralizing antibody (bnAb) development
- Immunogens being tested were developed by scientific teams at IAVI and Scripps Research
- mRNA -1644 phase 1 trial is ongoing



moderno

56 Adults

(18–50 years)

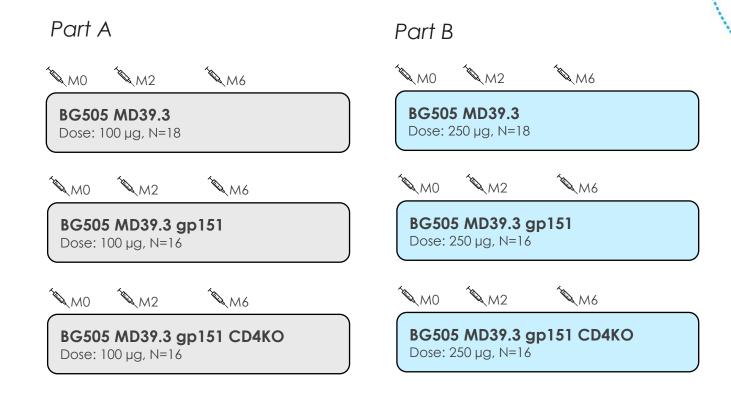
HIV vaccine (mRNA-1574): Trimer approach



mRNA-1574

- Open-label, multicenter, randomized Phase 1 study to evaluate the safety and immunogenicity of experimental HIV trimer mRNA vaccines (BG505 MD39.3, BG505 MD39.3 gp151, and BG505 MD39.3 gp151 CD4KO)
- Primary hypothesis is that the soluble and membrane-bound HIV envelope trimer mRNA vaccines will be safe and well-tolerated by HIV-uninfected individuals and will elicit autologous neutralizing antibodies
- Envelope trimers being evaluated in this study were developed by William Schief, Ph.D. (professor at Scripps Research and director at IAVI) and colleagues
- mRNA-1574 phase 1 trial is ongoing

Phase 1 Trial Design





Forward-looking statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, including regarding: Moderna's clinical trials; hypotheses being tested in the trials of mRNA-1644 and mRNA-1574; and expected market opportunity. In some cases, forward-looking statements can be identified by terminology such as "may," "should," "expects," "intends," "plans," "aims," "anticipates," "believes," "estimates," "predicts," "potential," "continue," or the negative of these terms or other comparable terminology, although not all forward-looking statements contain these words. The forward-looking statements in this presentation are neither promises nor guarantees, and you should not place undue reliance on these forward-looking statements because they involve known and unknown risks, uncertainties and other factors, many of which are beyond Moderna's control and which could cause actual results to differ materially from those expressed or implied by these forward-looking statements. These risks, uncertainties and other factors include those described in Moderna's most recent Annual Report on Form 10-K filed with the U.S. Securities and Exchange Commission (SEC) and in subsequent filings made by Moderna with SEC, which are available on the SEC's website at www.sec.gov. Except as required by law, Moderna disclaims any intention or responsibility for updating or revising any forward-looking statements in this presentation in the event of new information, future developments or otherwise. These forward-looking statements are based on Moderna's current expectations and speak only as of the date referenced on the first page.

