
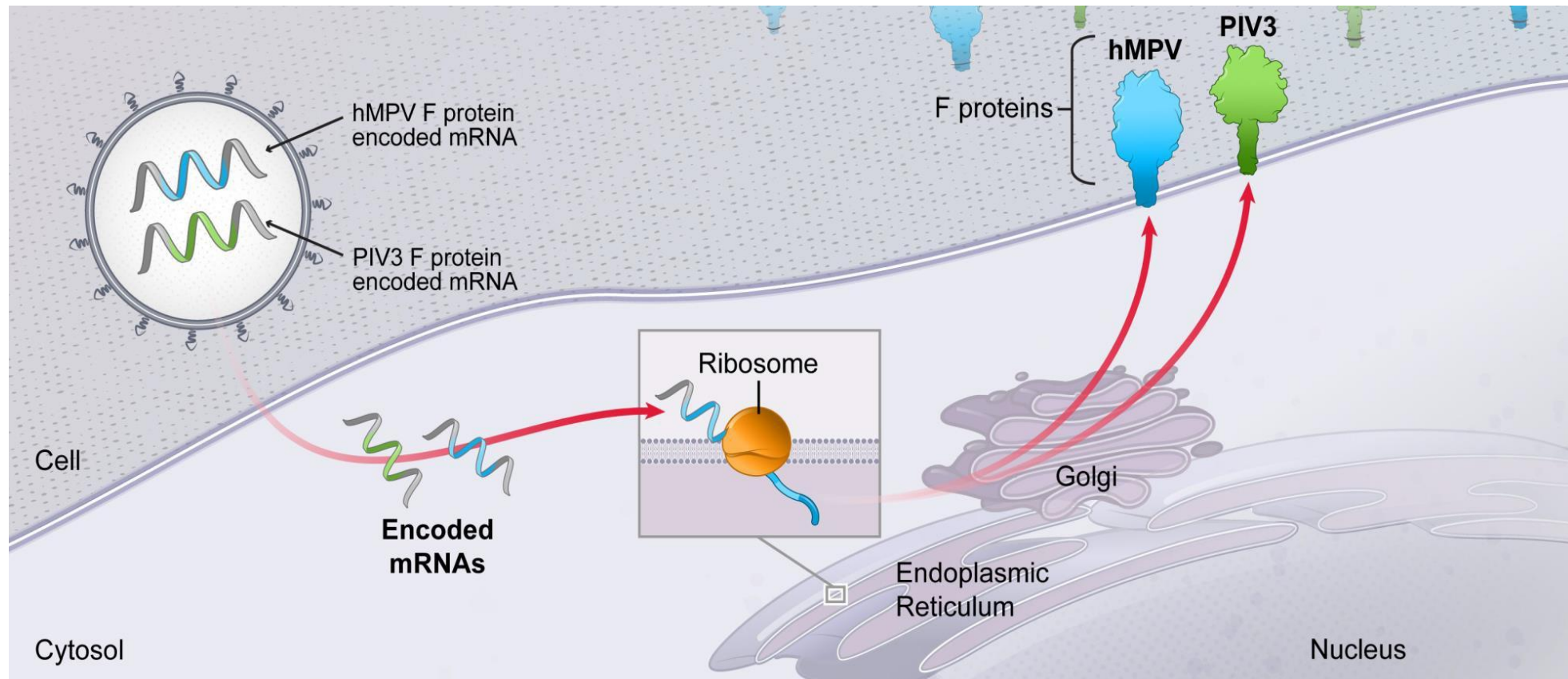


Moderna's Respiratory Vaccines: hMPV/PIV3 vaccine (mRNA-1653)

Last program update: February 24, 2022

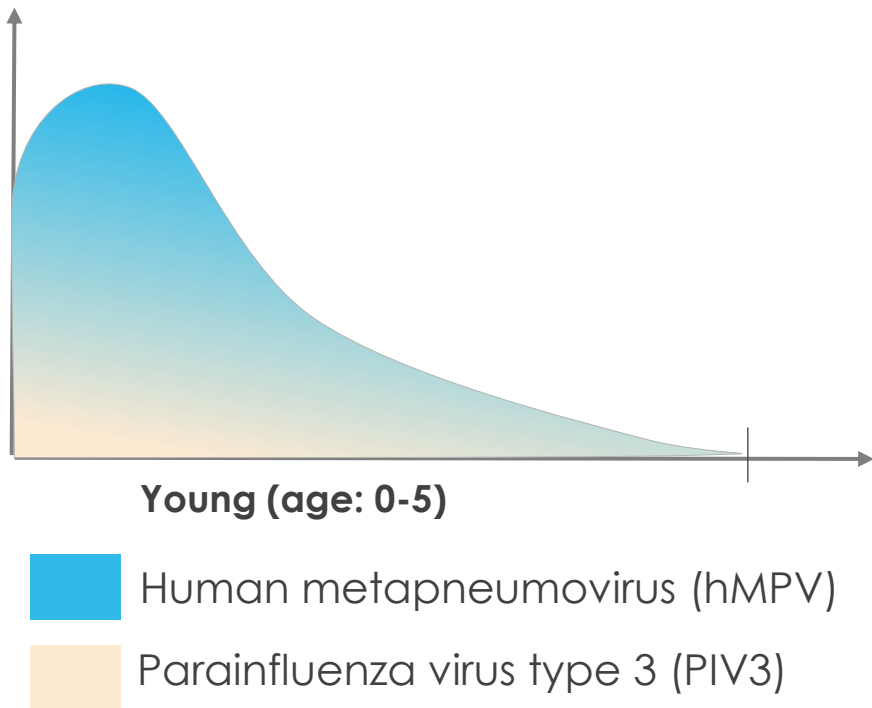
Modality	Program	ID #	Preclinical development	Phase 1	Phase 2	Phase 3	Commercial	Moderna rights
Adults  Prophylactic vaccines	COVID-19 vaccine	mRNA-1273/Spikevax®						Worldwide
		mRNA-1273.351	Beta variant					Worldwide
		mRNA-1273.617	Delta variant					Worldwide
		mRNA-1273.211	Beta variant + wild-type					Worldwide
		mRNA-1273.213	Beta + Delta variant					Worldwide
		mRNA-1273.529	Omicron variant					Worldwide
		mRNA-1273.214	Omicron + wild-type					Worldwide
		mRNA-1283	Next generation (2-5 °C)					Worldwide
	Flu vaccine	mRNA-1010	Phase 3 prep					Worldwide
		mRNA-1011						Worldwide
		mRNA-1012						Worldwide
		mRNA-1020						Worldwide
		mRNA-1030						Worldwide
	COVID + Flu vaccine	mRNA-1073						Worldwide
	Older adults RSV vaccine	mRNA-1345						Worldwide
Adolescents & Pediatrics	COVID-19 vaccine (adolescents)	mRNA-1273	TeenCOVE					Worldwide
	COVID-19 vaccine (pediatrics)	mRNA-1273	KidCOVE					Worldwide
	Pediatric RSV vaccine	mRNA-1345						Worldwide
	Pediatric hMPV + PIV3 vaccine	mRNA-1653	Phase 1b					Worldwide
	Pediatric RSV + hMPV vaccine	mRNA-1365						Worldwide

hMPV/PIV3 vaccine (mRNA-1653) combines mRNAs encoding antigens from two different viruses



Human metapneumovirus (hMPV) and parainfluenza virus type 3 (PIV3) represent a high unmet need in young children

Burden of hMPV/PIV3
(illustrative)



Most hMPV or PIV3-associated hospitalizations in children occur under 2 years old

Hospitalization rates in children < 5 years old in the U.S.:

- hMPV: 1.2 per 1,000
- PIV3: 0.5 per 1,000

hMPV/PIV3 infection sequelae:

- High fever
- Otitis media
- Thick nasal discharge
- Breathing difficulties, coughing
- Croup
- Pneumonia
- Bronchiolitis

hMPV/PIV3 vaccine (mRNA-1653) Phase 1b fully enrolled

Overview

- To evaluate the safety and immunogenicity of mRNA-1653 when administered to adults and to children 12-59 months of age with serologic evidence of prior exposure to hMPV and PIV3

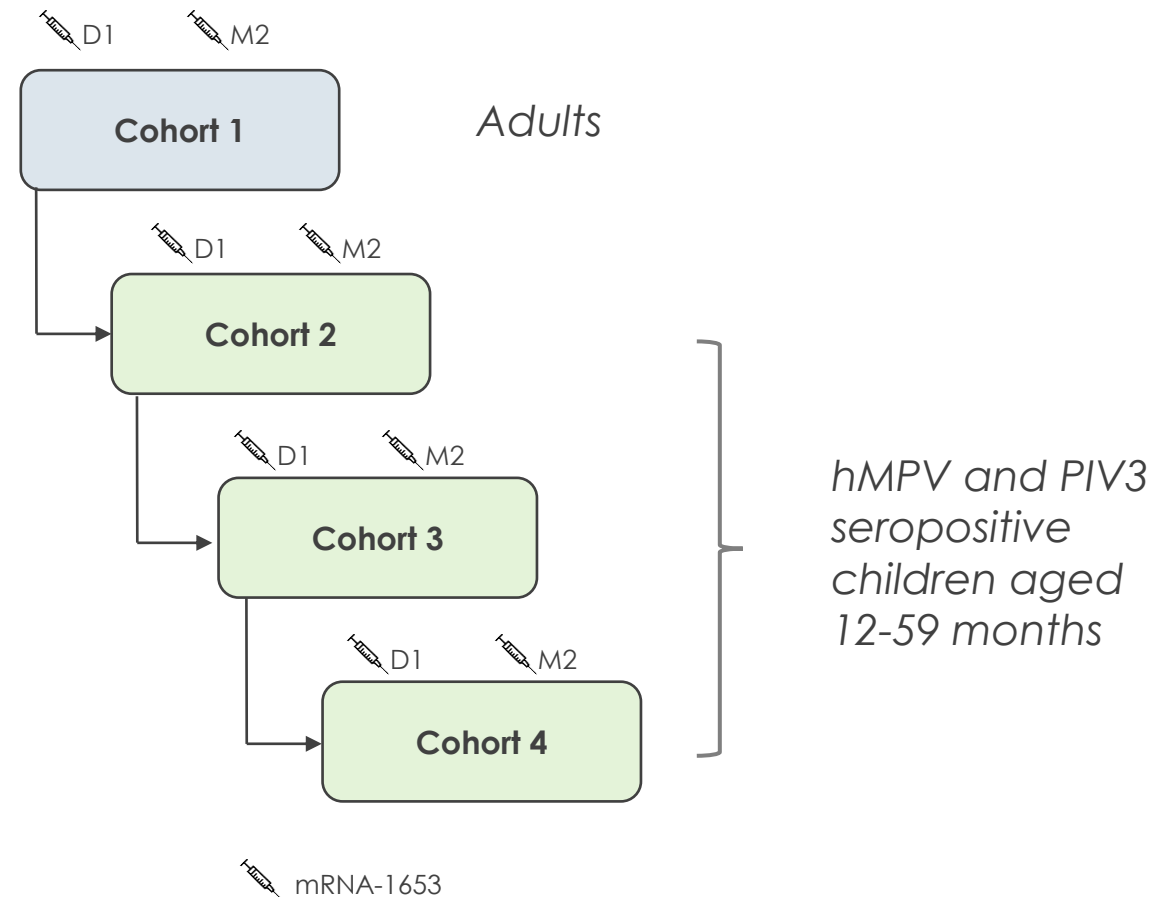
Outcome Measures

- Safety and immunogenicity
 - Neutralizing antibodies against hMPV and PIV3

Trial progress

- Interim data from the adult cohort in this study corroborated the data shared in 2019 from our first Phase 1 study (hMPV and PIV3 neutralization titers were boosted ~6X and ~3X baseline, respectively)
- Recent interim data also show that mRNA-1653 boosts hMPV and PIV3 titers in seropositive children

Phase 1 trial design



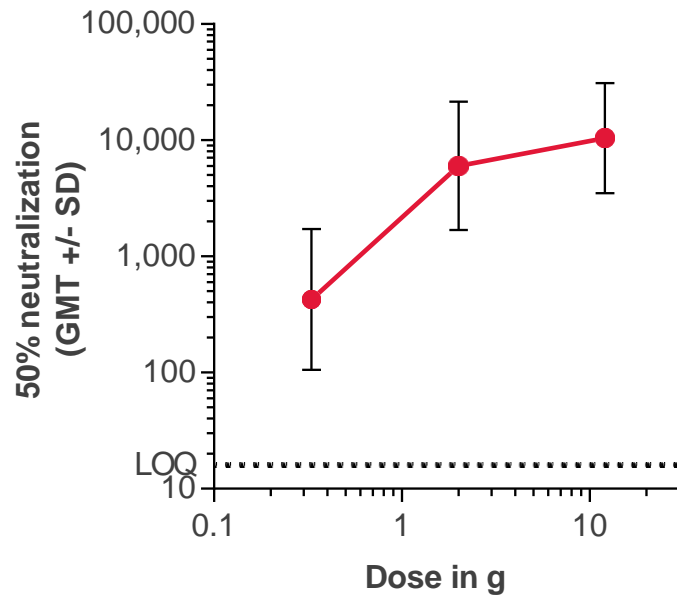
Preclinical and Phase 1 clinical data

hMPV/PIV3 vaccine (mRNA-1653)

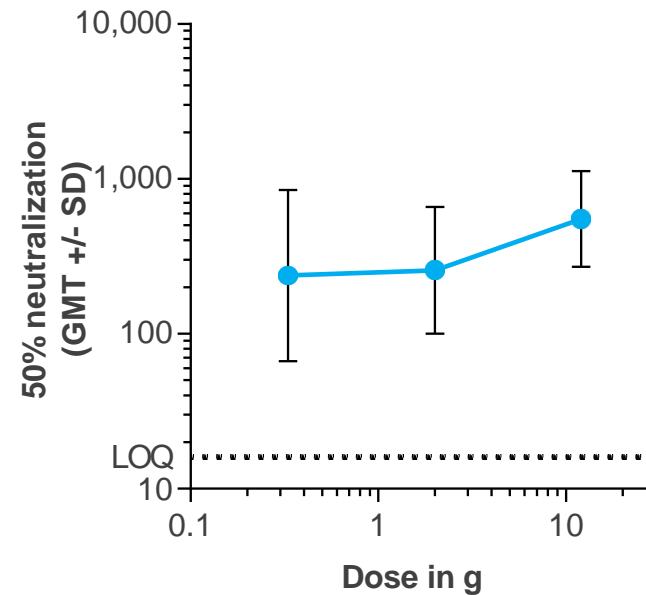
Preclinical data – combo vaccine generates neutralizing titers against each virus

Species:
Mouse

hMPV neutralizing titers with
hMPV/PIV3 mRNA vaccine



PIV3 neutralizing titers with
hMPV/PIV3 mRNA vaccine



Pre-clinical studies of hMPV and PIV3 combination vaccine demonstrated ability to generate robust neutralizing antibody titers. In separate experiments in NHP (not shown) vaccination conferred protection against hMPV or PIV3 viral challenge

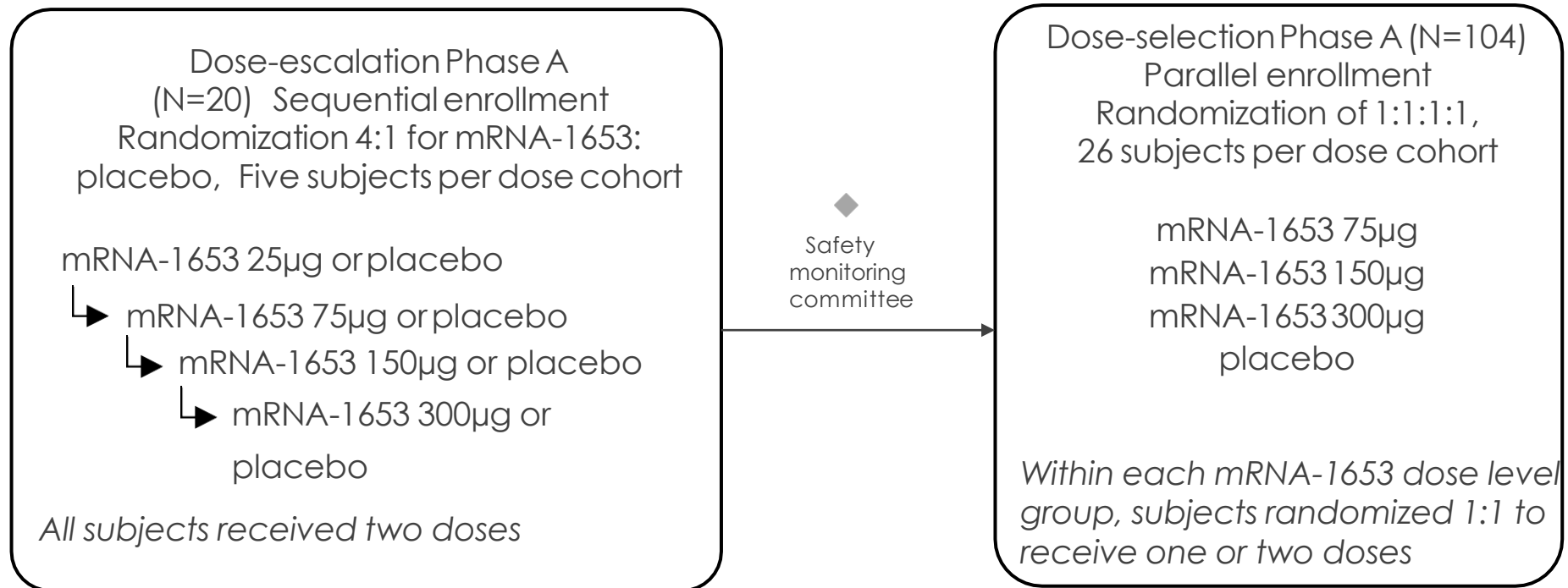
hMPV/PIV3 vaccine (mRNA-1653)

Preclinical data – combo vaccine generates neutralizing titers against each virus

Key Objectives

- Evaluate safety and immunogenicity through 12 months after the second vaccination
- Select optimal dose and vaccination schedule for further clinical development

Dosing schedule: Day 1 and month 1



hMPV/PIV3 vaccine (mRNA-1653)

Phase 1 in healthy adults; Interim results, through 1 month

Unsolicited Adverse Events, Through 28 Days After Each Vaccination Exposed Set

Dose Level (µg)	25	75		150		300		Placebo
Dose Schedule	2-dose	1-dose	2-dose	1-dose	2-dose	1-dose	2-dose	
N	4	13	17	13	17	13	17	30
≥ 1 event	3 (75.0)	3 (23.1)	5 (29.4)	4 (30.8)	5 (29.4)	6 (46.2)	7 (41.2)	5 (16.7)
≥ 1 related event	0	0	1 (5.9)	1 (7.7)	3 (17.6)	3 (23.1)	3 (17.6)	0
≥ 1 Grade 3+ event	0	0	0	0	0	1 (7.7)	2 (11.8)	0
≥ 1 related Grade 3+ event	0	0	0	0	0	1 (7.7)	2 (11.8)	0
≥ 1 SAE	0	0	0	0	0	0	0	0
≥ 1 medically-attended event	0	1 (7.7)	1 (5.9)	0	0	5 (38.5)	3 (17.6)	0
≥ 1 AESI	0	0	0	0	0	0	0	0
≥ 1 AE leading to withdrawal	0	0	0	0	0	0	0	0

Reported as: number of subjects reporting event (% of subjects reporting event)

N = number of subjects enrolled in the specified treatment group; SAE = serious adverse events; AESI = adverse events of special interest

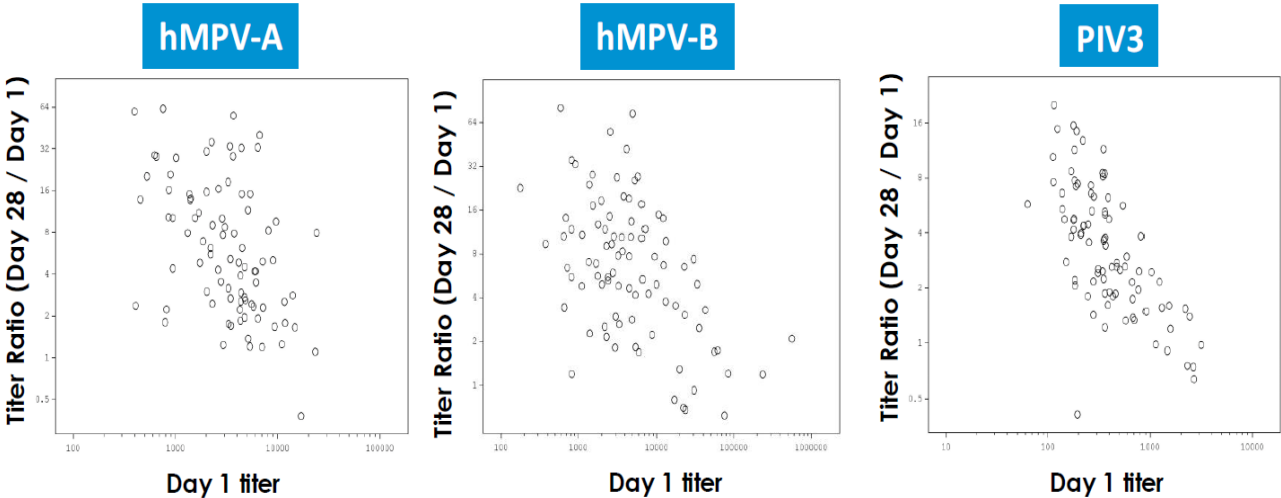
Safety and tolerability

- mRNA-1653 was found to be generally well tolerated at all dose levels
- No serious adverse events (SAEs), adverse events of special interest, or adverse events leading to withdrawal were reported
- Injection site pain was the most commonly reported solicited adverse event and grade 3 adverse event

hMPV/PIV3 vaccine (mRNA-1653)

Phase 1 in healthy adults; Interim results, through 1 month

Relationship Between Baseline Titer and Response to First mRNA-1653 Vaccination (Day 28 / Day 1 Titer Ratio)



- mRNA-1653 tended to induce a greater boost in neutralizing antibody in subjects with lower baseline titers
- 1 month after a single vaccination, hMPV and PIV3 neutralization titers were ~6x and ~3x baseline, respectively

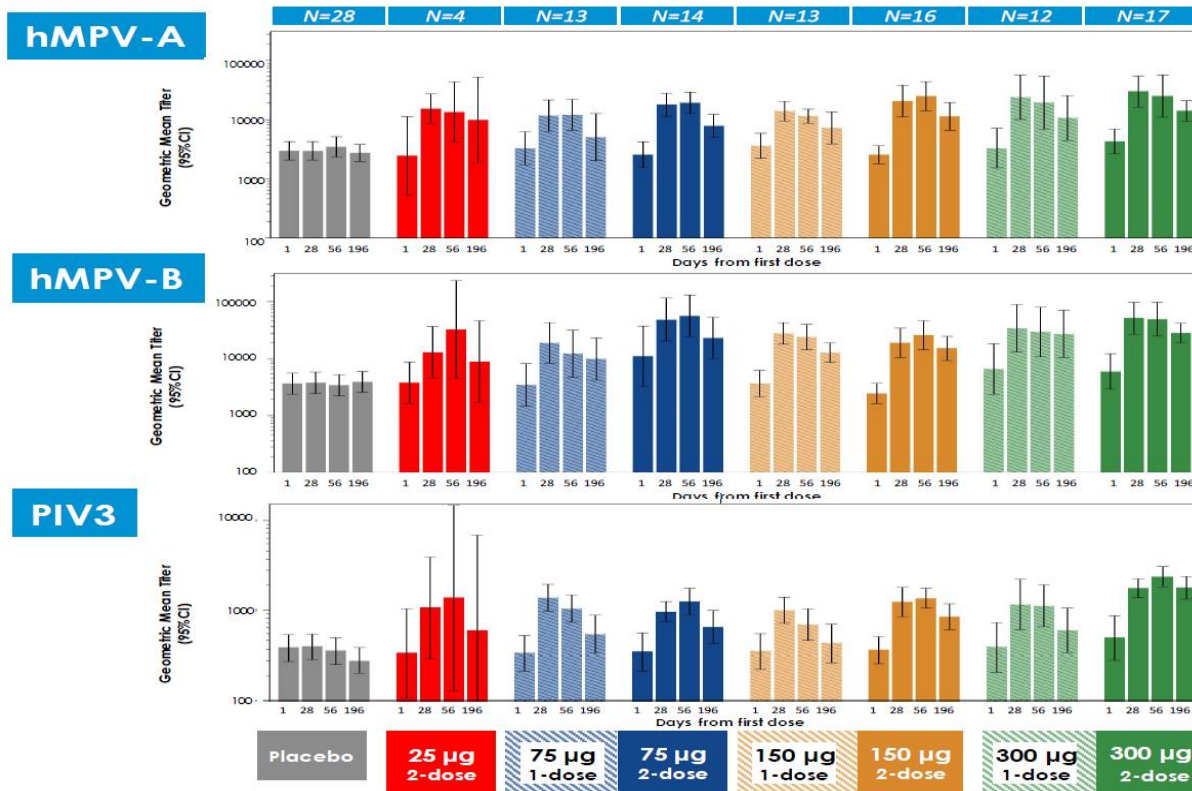
Geometric Mean Titer Ratio Day 28 / Day 1

	total mRNA N=90	Placebo N= 28
hMPV-A	6.04	1.00
hMPV-B	6.33	1.04
PIV3	3.24	1.03

hMPV/PIV3 vaccine (mRNA-1653)

Phase 1 in healthy adults; Interim results, through 7 months

Neutralizing Antibody Titers Through Day 196 by Dose Level and Regimen



Immunogenicity

- Single vaccination boosted serum neutralization titers against hMPV and PIV3 at all dose levels tested
- Second vaccination did not further boost antibody titers, suggesting a single vaccination was sufficient to achieve a plateau in neutralizing antibodies in this pre-exposed population
- Second interim data show antibody titers remained above baseline at all dose levels at 7 months after vaccination

hMPV/PIV3 vaccine (mRNA-1653)

Phase 1 in healthy adults; Summary interim results, through 7 months

Safety and tolerability

- mRNA-1653 was found to be generally well tolerated at all dose levels
- No serious adverse events (SAEs), adverse events of special interest, or adverse events leading to withdrawal were reported
- Injection site pain was the most commonly reported solicited adverse event and grade 3 adverse event

Immunogenicity

- Single vaccination boosted serum neutralization titers against hMPV and PIV3 at all dose levels tested
- mRNA-1653 was found to be generally well tolerated at all dose levels
- Neutralizing antibodies against hMPV and PIV3 present at baseline in all subjects, consistent with prior exposure to both viruses
- 1 month after a single vaccination, hMPV and PIV3 neutralization titers ~6x and ~3x baseline, respectively
- Second vaccination did not further boost antibody titers, suggesting a single vaccination was sufficient to achieve a plateau in neutralizing antibodies in this pre-exposed population
- Second interim data show antibody titers remained above baseline at all dose levels at 7 months after vaccination

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