

Pediatric respiratory syncytial virus (RSV) vaccine

Last program update: February 26, 2020

Modality	ID #	Program		Preclinical development	Phase 1	Phase 2	Phase 3 and commercial	Moderna rights
 Prophylactic vaccines	mRNA-1647	Cytomegalovirus (CMV) vaccine						Worldwide
	mRNA-1893	Zika vaccine						Worldwide <i>BARDA funded</i>
	mRNA-1172/ Merck V172	Respiratory syncytial virus (RSV) vaccine						Merck to pay milestones and royalties
	mRNA-1177	Respiratory syncytial virus (RSV) vaccine						
	mRNA-1653	hMPV/PV3 vaccine		Phase 1 (healthy volunteers)	Phase 1b (Age de-escalation) Seropositives			Worldwide
	mRNA-1345	Pediatric respiratory syncytial virus (RSV) vaccine <i>Future respiratory combo</i>						Worldwide
	mRNA-1189	Epstein-Barr virus (EBV) vaccine						Worldwide
	mRNA-1851	Influenza H7N9 vaccine						Worldwide <i>Advancing subject to funding</i>
mRNA-1273	Novel coronavirus (SARS-CoV-2) vaccine						Worldwide <i>CEPI funded</i>	

Pediatric respiratory syncytial virus (RSV) overview

- RSV is the leading cause of unaddressed severe lower respiratory tract disease and hospitalization in infants and young children worldwide
- **Disease burden:** Major cause of hospitalization due to respiratory infection
 - Hospitalization rate in children <5 years old in the U.S.: ~3:1000¹
 - Annually over 2 million medically attended RSV infections in children <5 years old in the U.S., more than 86,000 are hospitalized
 - Globally it is estimated over ~33 million episodes of acute lower-respiratory tract infection, 3.2 million hospitalizations and as many as 118,000 deaths per year
 - We estimate pediatric RSV results in ~\$2 billion in annual medical costs in the U.S.
- **Target population:** Young children
- **Unmet need:** No approved RSV vaccine

RSV infection

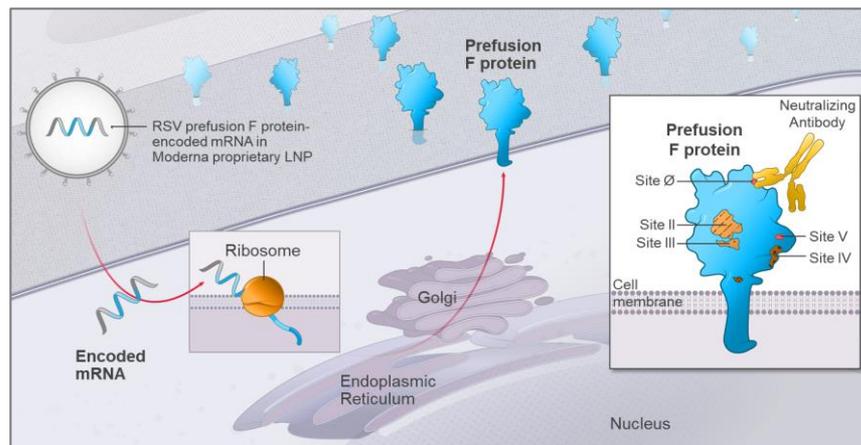
**Infancy,
childhood,
adulthood**

- Fevers
- Nasal congestion
Breathing difficulties
- Wheezing
- Chest congestion
- Bronchiolitis
- Pneumonia

¹Williams JV, Edwards KM, Weinberg GA, et al. Population-based incidence of human metapneumovirus infection among hospitalized children. *J Infect Dis.* 2010;201(12):1890-8.

Pediatric RSV vaccine (mRNA-1345)

- mRNA-1345 encodes for a stabilized prefusion F glycoprotein
- mRNA-1345 will use the same LNP as our hMPV/PIV3 (mRNA-1653) and CMV (mRNA-1647) vaccines
- We believe that neutralizing antibodies elicited by mRNA-1345 will lead to the reduction of medically attended RSV disease in young children (< 5 yrs)
- Intend to combine mRNA-1345 with mRNA-1653, our vaccine against hMPV and PIV3, to create a pediatric respiratory combination vaccine
- Current plan is to develop mRNA-1345 and mRNA-1653 independently through initial clinical studies and then combine prior to registration

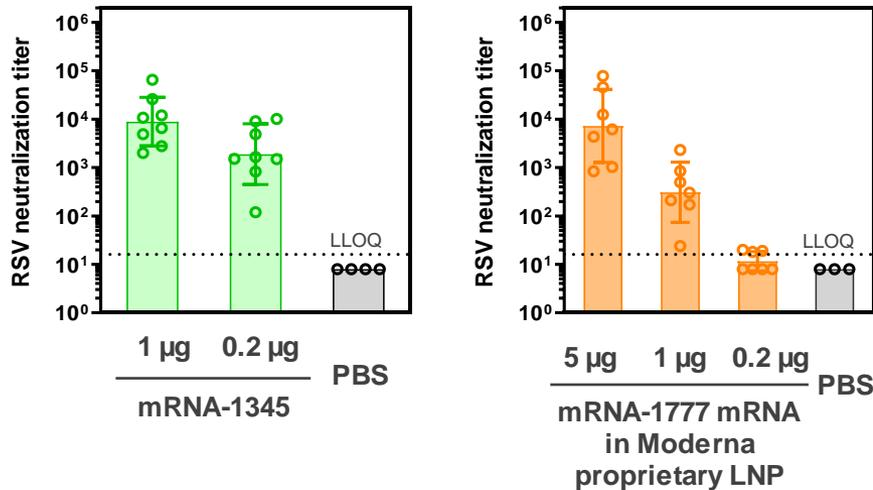


RSV <i>Respiratory syncytial virus</i>	hMPV <i>Human metapneumovirus</i>	PIV3 <i>Parainfluenza virus type 3</i>
Hospitalization rate in children < 5 years old in the U.S.: ~3:1000¹	Hospitalization rate in children < 5 years old in the U.S.: ~1.2:1000¹	Hospitalization rate in children < 5 years old in the U.S.: ~0.5:1000¹
In the aggregate, three diseases cause over 3 million medically attended infections annually in the US		



Pediatric RSV vaccine (mRNA-1345)

mRNA-145 is more immunogenic than our first RSV candidate (mRNA-1777)



Results shown here represent that the pediatric RSV vaccine (mRNA-1345) was significantly more immunogenic than mRNA-1777

The left panel below shows the results of a study in which mice were immunized with different dose levels of mRNA-1345 intramuscularly on study days 1 and 21 and RSV neutralizing antibody titers were measured in serum collected on day 33. The right panel shows the results of a similar mouse study conducted with mRNA from mRNA-1777 formulated in the same proprietary LNP as mRNA-1345.

Forward-looking statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, as amended including, but not limited to, statements concerning potential development candidate applications, development candidate activities, preclinical and clinical studies, regulatory submissions and approvals, risk management and estimates and forward-looking projections with respect to Moderna or its anticipated future performance or events. 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, among others: preclinical and clinical development is lengthy and uncertain, especially for a new category of medicines such as mRNA, and therefore Moderna’s preclinical programs or development candidates may be delayed, terminated, or may never advance to or in the clinic; no mRNA drug has been approved in this new potential category of medicines, and may never be approved; mRNA drug development has substantial clinical development and regulatory risks due to the novel and unprecedented nature of this new category of medicines; and 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 hereof.