



**MenABCWY for the prevention of  
Invasive Meningococcal Disease  
caused by serogroups A, B, C, W and Y**

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Global Medical Lead Neisseria Vaccines

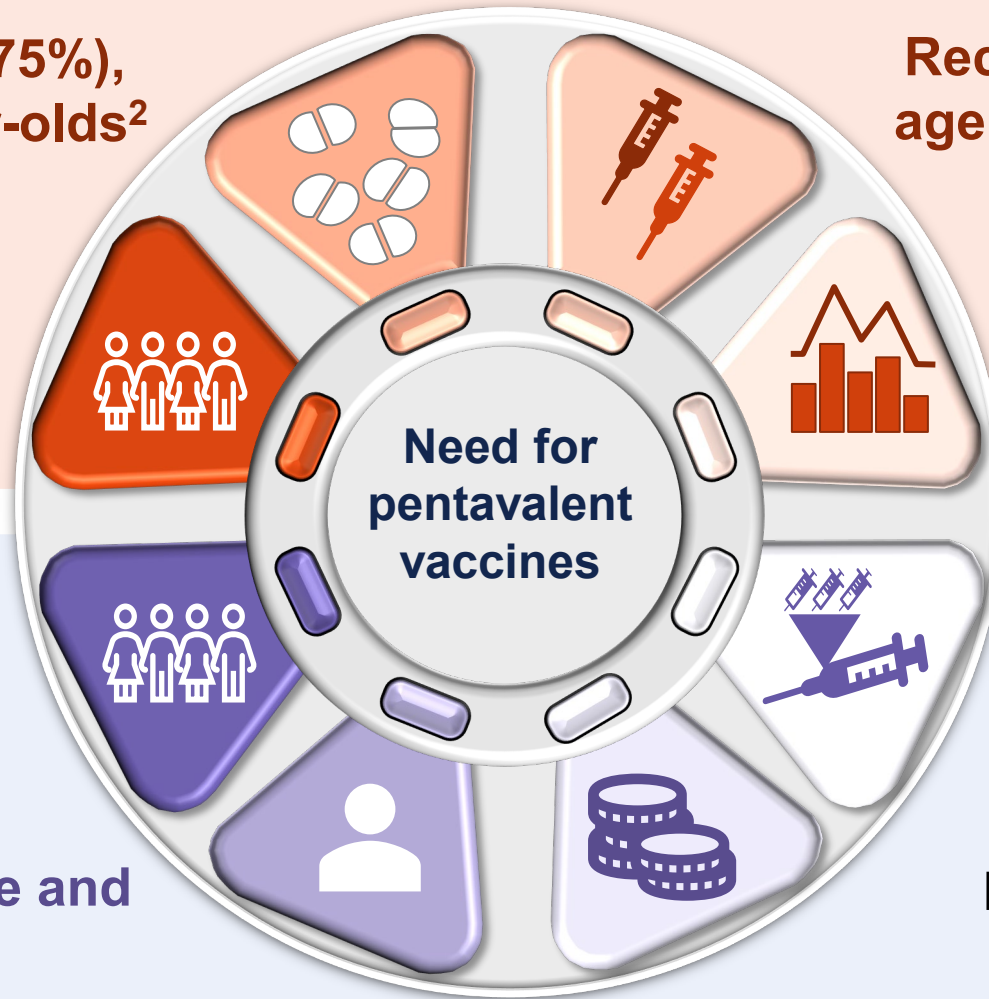
# Concerted Prevention of IMD in Adolescents and Young Adults

Out of 5 serogroups: **B (75%), CWY(25%)** in 16-23-year-olds<sup>2</sup>

IMD is an uncommon but potentially **devastating disease**<sup>1</sup>

Reduce **overall burden of pain and discomfort**<sup>6</sup>

Improved **convenience and compliance**<sup>6</sup>



Recommendations based on age and high-risk conditions<sup>3</sup>

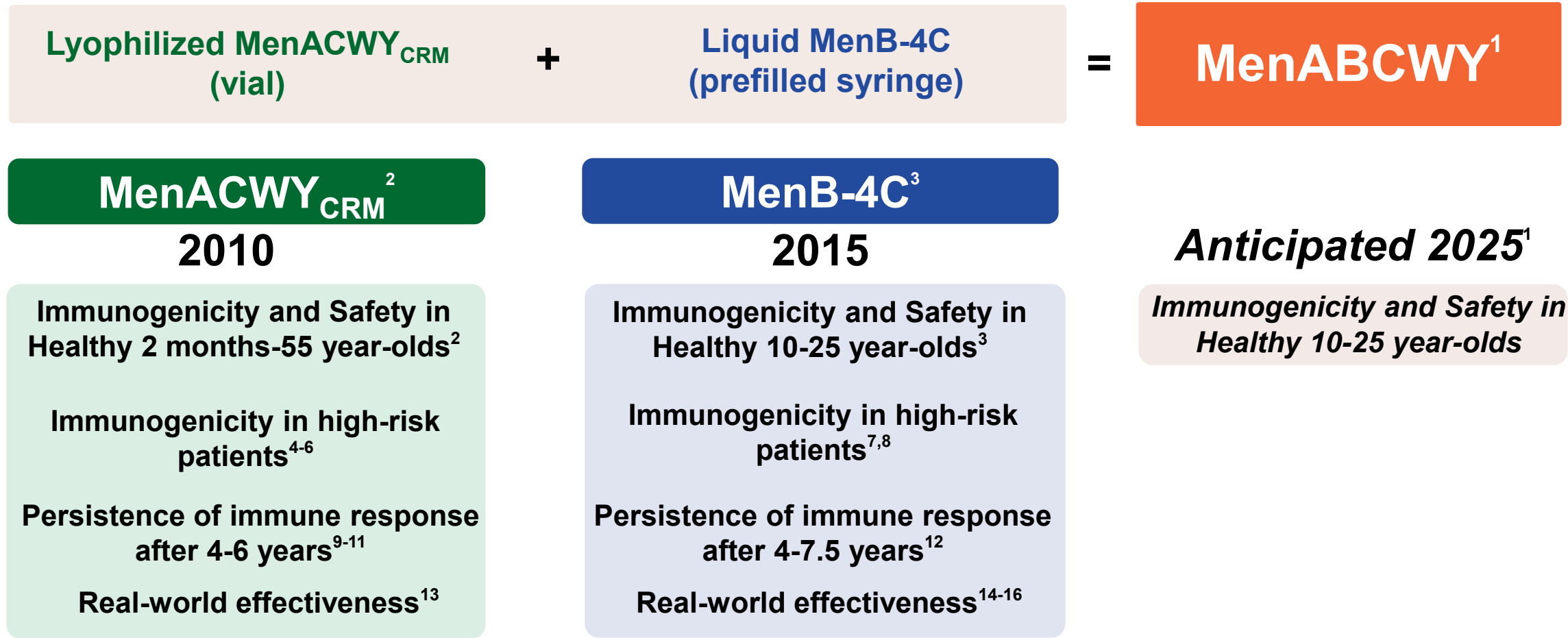
**Low vaccination coverage** for those at high-risk and persistent disparities<sup>4,5</sup>

Improve **vaccination coverage rates**<sup>5</sup> to meet the greatest medical need

Potentially better overall **economic value**<sup>6</sup>

1. Mbaeyi S, et al. *JAMA Pediatr* 2020; 174 (9):843-851; 2. Enhanced Meningococcal Disease Surveillance Reports 2015-2022; 3. CDC Immunization Schedule 2024; 4. Pingali C, et al. *MMWR Morb Mortal Wkly Rep* 2023; 72(34):912-919; 5. Marshall G, et al. *Clin Infect Dis* 2022, 75(1):155-158; 6. Kroger A, et al. General Best Practice Guidelines for Immunization. [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf]. Accessed on February 28<sup>th</sup>, 2024.

# MenABCWY Program Built on Antigenic Components of MenACWY<sub>CRM</sub> (Menveo) and MenB-4C (Bexsero)



1. GSK Press Release April 16, 2024. <https://www.gsk.com/en-gb/media/press-releases/gsk-s-5-in-1-meningococcal-abcwy-vaccine-candidate-accepted-for-regulatory-review-by-us-fda/>; 2. Prescribing Information for [MENVEO](#); 3. Prescribing Information for [BEXSERO](#); 4. Isitt C et al, *HIV Med.* 2023; 24(9):979-989; 5. Kimura A et al, *Clinical and Vaccine Immunology.* 2011; 18(3):483-486; 6. Findlow J et al, *Vaccine.* 2015; 33(29):3322-30; 7. Martinon-Torres F et al, *Pediatrics.* 2018; 142(3): e207174250; 8. Robin C et al, *Clin Microbiol Infect.* 2022, 28(12):1609-1614; 9. Tipton et al, *Vaccine.* 2019; 37(42):6171-6179; 10. Baxter et al, *Pediatr Infect Dis J.* 2014; 33(11):1169-1176; 11. Jacobson et al *Pediatr Infect Dis J.* 2013; 32(4):e170-177; 12. Watson PS et al. *Expert Review of Vaccines.* 2019; 18:4, 343-352; 13. Hyoun Im J et al, *Vaccine.* 2020; 38 (730-732); 14. McMillan M et al, *Clin Infect Dis.* 2021; 73(1):e233-7; 15. Wang B et al *Lancet Infect Dis.* 2022; 22:1011-20; 16. Wang B et al. *J Infect.* 2023; 22:S0163-4453

# MenABCWY Program Built on Antigenic Components of MenACWY<sub>CRM</sub> (Menveo) and MenB-4C (Bexsero)

Lyophilized MenACWY<sub>CRM</sub>  
(vial)

+

Liquid MenB-4C  
(prefilled syringe)

=

MenABCWY<sup>1</sup>

## MenABCWY Proposed Indication<sup>2</sup>

*Vaccine indicated for active immunization to prevent invasive disease caused by *Neisseria meningitidis* serogroups A, B, C, W, and Y in individuals **10 through 25 years** of age*

*Administer **2 doses** (0.5 mL each) intramuscularly at least **6 months apart***

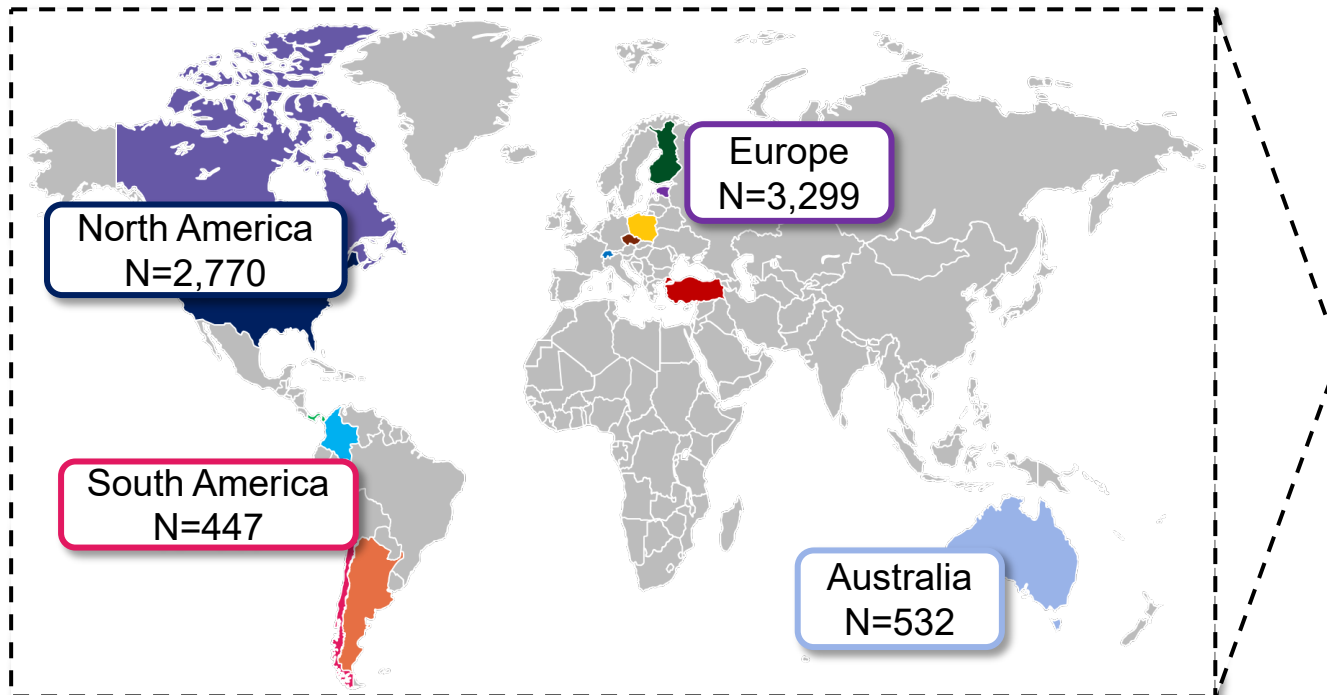
1. GSK Press Release April 16, 2024. <https://www.gsk.com/en-gb/media/press-releases/gsk-s-5-in-1-meningococcal-abcwy-vaccine-candidate-accepted-for-regulatory-review-by-us-fda/>;


2. MenABCWY Candidate Vaccine Draft Prescribing Information, February 2024

# Comprehensive MenABCWY Clinical Development Program

## 12 Studies, >7,000 Participants, 13 Countries

- 10 completed Ph1-2 studies: different formulations and administration schedules in ages 9 – 42 years<sup>1</sup>
- 2 completed Ph3 studies: safety and immunogenicity of MenABCWY in MenACWY-naïve and primed 10-25 yrs<sup>2-3</sup>
- 1 ongoing Phase 2 study: evaluating 2 doses administered 2 or 4 years apart in ages 11 – 14 years<sup>4</sup>



<u>Vaccine exposed set<sup>1</sup></u>	<b>N</b>
<b>MenABCWY (Total)</b>	<b>3,718</b>
 <b>MenABCWY</b>	<b>→ 1,216</b>
<b>MenB-4C</b>	<b>2,969</b>
<b>MenACWY<sub>CRM</sub></b>	<b>361</b>
<b>TOTAL</b> receiving ≥ 1 dose of study vaccine	<b>7,048</b>

1. GSK, Data on File 2024N555071; 2. Clinicaltrials.gov identifier [NCT04502693](https://clinicaltrials.gov/ct2/show/study/NCT04502693), accessed May 31<sup>st</sup>, 2024; 3. Clinicaltrials.gov identifier [NCT04707391](https://clinicaltrials.gov/ct2/show/study/NCT04707391), accessed May 31<sup>st</sup>, 2024; 4. Clinicaltrials.gov identifier [NCT05087056](https://clinicaltrials.gov/ct2/show/study/NCT05087056), accessed May 31<sup>st</sup>, 2024.

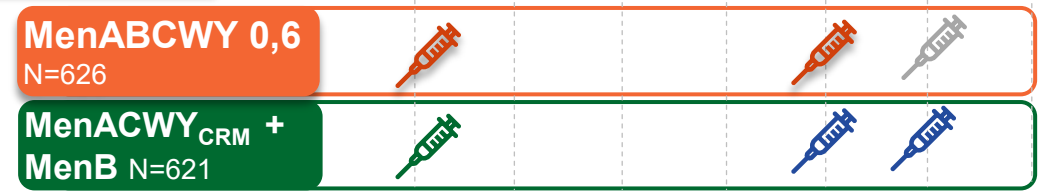
# Phase 3 Studies Assessed Safety and Immunogenicity of MenABCWY Compared to MenB-4C, MenACWY<sub>CRM</sub> Administered per CDC Schedule at Study Onset

**V72\_72**  
N=3,638

Month 0 1 2 3 6 7 12



**MenABCWY-019**  
N=1,247



## Study populations

10-25 years of age  
MenACWY-naïve

15-25 years of age  
MenACWY-primed\*

Healthy participants, without progressive, unstable or uncontrolled clinical conditions (including abnormal immune function)

MenB-naïve



N for each study arm depicts the exposed set. \*MenACWY-primed participants received dose of licensed MenACWY vaccine ≥ 4 years prior to study start  
Clinicaltrials.gov identifier [NCT04502693](https://clinicaltrials.gov/ct2/show/study/NCT04502693), accessed May 31<sup>st</sup>, 2024 and Clinicaltrials.gov identifier [NCT04707391](https://clinicaltrials.gov/ct2/show/study/NCT04707391), accessed May 31<sup>st</sup>, 2024.

# Demographics and Baseline Characteristics of Phase 3 Studies

		V72_72			MenABCWY-019	
		MenABCWY N=1,657	MenB-4C 0-6 N=906	MenACWY <sub>CRM</sub> N=178	MenABCWY N=626	MenACWY <sub>CRM</sub> N=621
<b>Median age</b>	<b>At 1<sup>st</sup> vaccination, years (range)</b>	<b>16 (9–26)</b>	<b>16 (9–26)</b>	<b>16 (10–25)</b>	<b>16 (15–25)</b>	<b>16 (15–25)</b>
<b>Age group</b>	<b>10–11 years</b>	320 (19%)	172 (19%)	27 (15%)	0	0
	<b>12–17 years</b>	666 (40%)	368 (41%)	76 (43%)	450 (72%)	441 (71%)
	<b>18–25 years</b>	671 (40%)	366 (40%)	75 (42%)	176 (28%)	180 (29%)
<b>Region</b>	<b>US</b>	491 (30%)	270 (30%)	52 (29%)	366 (59%)	365 (59%)
<b>Sex</b>	<b>Female</b>	933 (56%)	446 (49%)	100 (56%)	343 (55%)	325 (52%)
<b>Race</b>	<b>White</b>	1492 (90%)	791 (87%)	162 (91%)	474 (76%)	467 (75%)
	<b>Asian</b>	71 (4%)	60 (7%)	9 (5%)	22 (4%)	33 (5%)
	<b>Black or African American</b>	59 (4%)	29 (3%)	6 (3%)	94 (15%)	86 (14%)
	<b>Other</b>	35 (2%)	26 (3%)	1 (1%)	36 (6%)	38 (6%)
<b>Ethnicity</b>	<b>Not Hispanic or Latino</b>	1546 (93%)	852 (94%)	172 (97%)	447 (71%)	432 (69%)
	<b>Hispanic or Latino</b>	92 (6%)	41 (5%)	6 (3%)	179 (29%)	192 (31%)
	<b>Not reported</b>	19 (1%)	13 (1%)	0	0	0



# Evidence Supporting Safety and Immunogenicity of MenABCWY

## Serogroups A C W Y

## Serogroup B

Solicited and unsolicited adverse events after each dose of MenABCWY, MenB-4C or MenACWY<sub>CRM</sub>

Non-inferiority vs MenACWY<sub>CRM</sub>  
in MenACWY-naïve and -primed

**GSK's  
MenABCWY**

Immunogenicity of MenABCWY against  
110 serogroup B strains

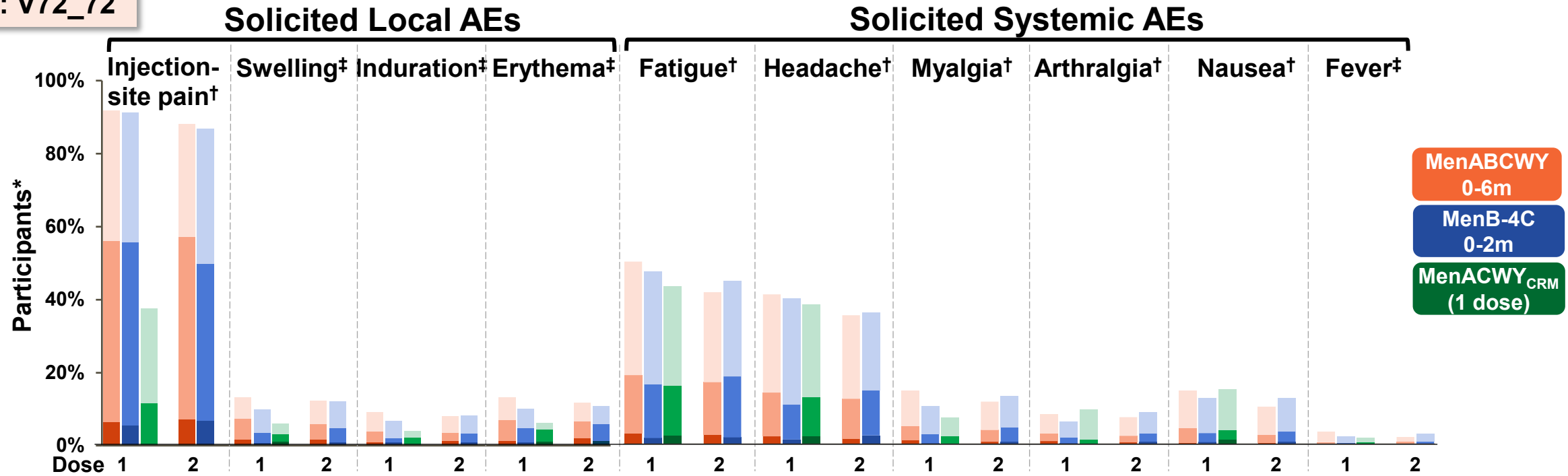
Immunological noninferiority  
of MenABCWY vs MenB-4C

Persistence and booster immune  
response up to 24 months



# Solicited Local and Systemic AEs within 7 Days, after Each Vaccination with MenABCWY, MenB-4C or MenACWY<sub>CRM</sub>

Phase 3: V72\_72



→ Generally **mild-to-moderate**, with mean **duration of 1-4 days**, depending on AE  
 → Occurred at similar rates after MenABCWY and MenB-4C, and higher than after MenACWY<sub>CRM</sub>  
 → No observed difference between 1<sup>st</sup> and 2<sup>nd</sup> dose MenABCWY

†Severity of symptom	‡Size (mm)	‡Fever (°C)
Mild – easily tolerated	25–50	38.0–38.9
Moderate – interferes with normal activity	51–100	39.0–39.9
Severe – prevents normal activity	>100	≥ 40.0

AE: adverse event; \*Number of participants varies by study vaccination: 1428-1638 for MenABCWY arm, 823-835 for MenB-4C and 178 for MenACWY. GSK, Data on File 2024N555060

# MenABCWY Demonstrated a Well-Tolerated Safety Profile Comparable to MenB-4C

<b>Integrated Safety Analysis (Pooled)</b> N =7,048	<b>MenABCWY</b> N=3,718 n (%)	<b>MenB-4C</b> N=2,969 n (%)	<b>MenACWY<sub>CRM</sub></b> N=361 n (%)
<b>Unsolicited AEs</b> (within 30 days of any vaccination)	1,072 <b>(29%)</b>	736 <b>(25%)</b>	47 <b>(13%)</b>
<b>Related*</b>	256 <b>(7%)</b>	155 <b>(6%)</b>	10 <b>(3%)</b>
<b>AEs leading to withdrawal</b>	8 <b>(0.2%)</b>	4 <b>(0.1%)</b>	0
<b>Medically attended AEs<sup>†</sup></b>	416 <b>(12%)</b>	302 <b>(11%)</b>	8 <b>(4%)</b>
<b>Related medically attended AEs<sup>†</sup></b>	22 <b>(0.6%)</b>	15 <b>(0.5%)</b>	0
<b>SAEs</b> (entire study period)	70 <b>(1.9%)</b>	58 <b>(2%)</b>	5 <b>(1.4%)</b>
<b>Related*</b>	3 <b>(0.1%)</b>	2 <sup>‡</sup> <b>(0.1%)</b>	0
<b>Deaths</b> (all unrelated)	1 <sup>§</sup>	2 <sup>¶</sup>	1 <sup>§</sup>

\*Assigned as related by investigator; † Medically attended flags for AEs are not available in studies V102P1, V102\_02, V102\_02E1 and V102\_03. Participants from these studies are not included. Therefore, the denominator is different for the 3 groups (MenABCWY N=3488, MenB N=2861, MenACWY N=213); ‡ 2 SAEs occurred in the MenB-4C arms of the studies included in the pooled safety analysis: 1 SAE followed a MenB-4C and 1 followed a MenACWY-CRM vaccination; §Suicide; ¶Deaths by poisoning and drug overdose; AE: adverse event; SAE: serious adverse event  
 GSK, Data on File 2024N555058.

# Evidence Supporting Safety and Immunogenicity of MenABCWY

## Serogroups A C W Y

## Serogroup B

Solicited and unsolicited adverse events after each dose of MenABCWY, MenB-4C or MenACWY<sub>CRM</sub>

**Non-inferiority vs MenACWY<sub>CRM</sub>  
in MenACWY-naïve and -primed**

**GSK's  
MenABCWY**

**Immunogenicity of MenABCWY against  
110 serogroup B strains**

**Immunological noninferiority  
of MenABCWY vs MenB-4C**

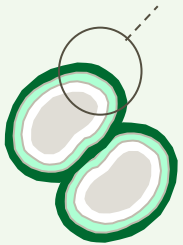
Persistence and booster immune  
response up to 24 months

# Assays Used to Infer Meningococcal Vaccine Protection

MenACWY  
Vaccines

## Vaccine targets

*N. meningitidis*  
capsule polysaccharide



Highly abundant,  
conserved  
antigens<sup>1</sup>

## Traditional hSBA

hSBA against serogroup-  
specific polysaccharide  
capsule reference strain  
**infers protection against all  
strains in serogroup<sup>2</sup>**

## Surrogate of protection:

titer  $\geq 4$  threshold for  
protection<sup>2,3,4,5,6</sup>

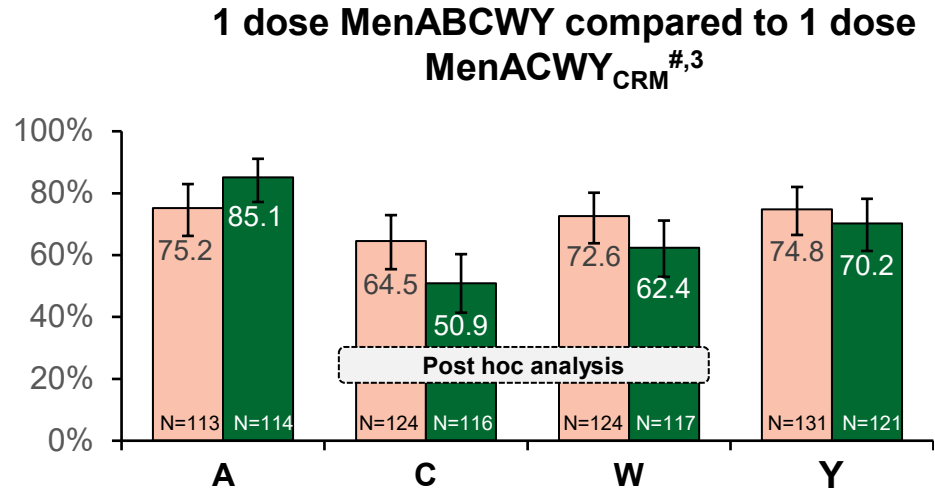
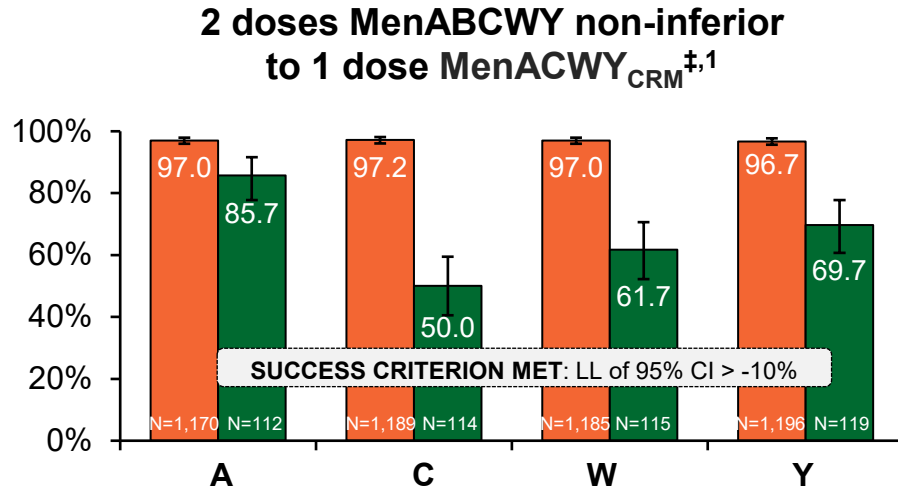
hSBA, human serum bactericidal assay

1. CDC, 2022. About meningococcal vaccines. <https://www.cdc.gov/vaccines/vpd/mening/hcp/about-vaccine.html>; 2. Donald RGK et al. *Hum Vaccin Immunother.* 2017;13:255–265; 3. Balmer P et al. *Postgrad Med.* 2020;132:184–191; 4. Goldschneider I, et al. *J Exp Med.* 1969;129(6):1307–1348; 5. Bröker M et al. *Vaccine.* 2009;27:5574–5580; 6. Ferlito et al. *Clin Exp Immunol.* 2018;194(3): 361–370; 6. Muzzi A et al. *MSphere.* 2022;e00385223

# MenABCWY Non-Inferior to MenACWY<sub>CRM</sub> in MenACWY-Naïve and MenACWY-Primed Participants

V72\_72:  
MenACWY-Naïve

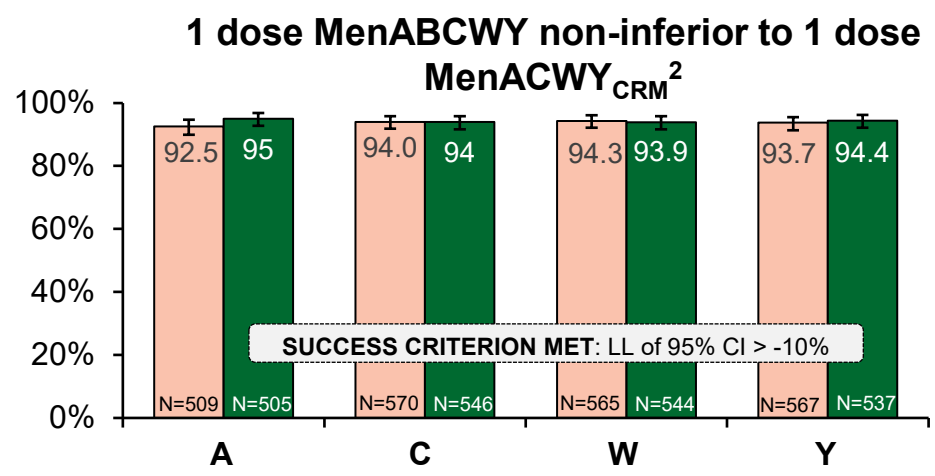
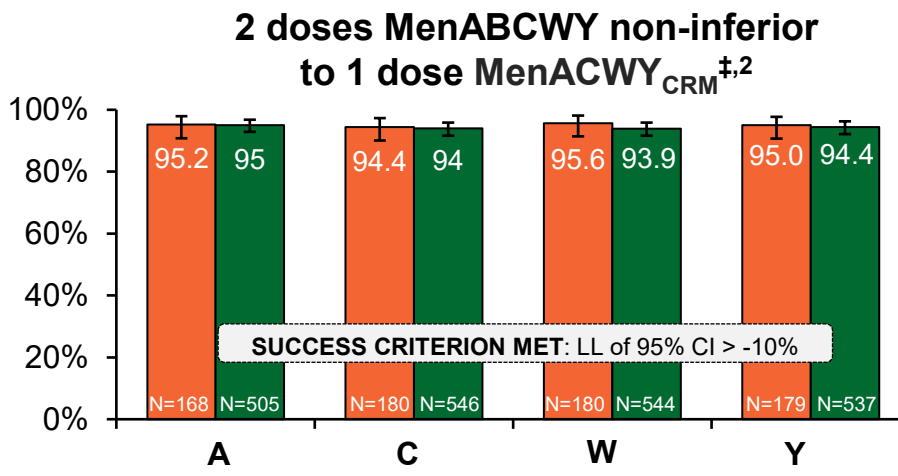
% with 4-fold Rise in hSBA Titers\*† (95% CI)



MenABCWY (2 doses)  
MenABCWY (1st dose)  
MenACWY (1 dose)

MenABCWY-019:  
MenACWY-Primed\*\*

% with 4-fold Rise in hSBA Titers\*† (95% CI)



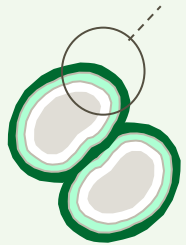
\*At 1 month after 1 or 2 doses of MenABCWY or after single MenACWY vaccination; †Defined as a post-vaccination titer ≥4-fold the LOD or ≥LLOQ, whichever is greater if pre-vaccination titer <LOD, a post-vaccination titer ≥4-fold the LLOQ if pre-vaccination titer ≥LOD and <LLOQ, and a post-vaccination titer ≥4-fold the pre-vaccination titer if pre-vaccination titer ≥LLOQ. LOD: 4 for MenA, MenC, MenW, and MenY. LLOQ = 12 for MenA; 8 for MenC; 8 for MenW; 10 for MenY, except for the post-hoc analysis for which LLOQs were 8 for MenA and 11 for MenC; ‡Licensure criteria agreed with CBER; # full set analysis; \*\*Primed participants had received a dose of MenACWY vaccine at least 4 years prior. CI – confidence interval, hSBA - human serum bactericidal assay, LOD – limit of detection; LLOQ – lower limit of quantitation  
1. Clinicaltrials.gov identifier [NCT04502693](https://clinicaltrials.gov/ct2/show/study/NCT04502693), accessed May 31<sup>st</sup>, 2024; 2. Clinicaltrials.gov identifier [NCT04707391](https://clinicaltrials.gov/ct2/show/study/NCT04707391), accessed May 31<sup>st</sup>, 2024; 3. GSK, Data on File 2024N555056.

# Assays Used to Infer Meningococcal Vaccine Protection

## Vaccine targets

### MenACWY Vaccines

*N. meningitidis*  
capsule polysaccharide



Highly abundant,  
conserved antigens<sup>1</sup>

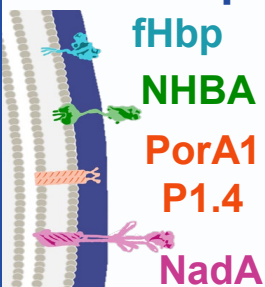
## Traditional hSBA

hSBA against serogroup-specific polysaccharide capsule reference strain **infers protection against all strains in serogroup<sup>2</sup>**

## enc-hSBA

### MenB Vaccines

*N. meningitidis*  
subcapsular\* proteins



Variable  
expression among  
disease-causing  
serogroup B  
strains<sup>3</sup>

hSBA **does not assess vaccine induced immune response** against many **diverse strains** expressing more than 1 antigen<sup>4</sup>

- GSK developed **enc-hSBA<sup>5</sup>** to test against multiple serogroup B strains
- **110 strains** randomly selected from 2000-2008 IMD cases, that continue to represent **95% of US disease causing serogroup B strains<sup>5</sup>** collected up to 2017

hSBA, human serum bactericidal activity; enc-hSBA, endogenous complements human serum bactericidal activity, Men, meningococcal serogroup; fHbp – factor H binding protein; NHBA – Neisserial Heparin Binding Antigen; NadA – Neisseria Adhesin A; PorA1 P1.4 – porin A1 P1.4. \*A MenB capsular vaccine was poorly immunogenic due to structural similarity between the capsule and human tissue<sup>5</sup>  
1. CDC, 2022. About meningococcal vaccines. <https://www.cdc.gov/vaccines/vpd/mening/hcp/about-vaccine.html>; 2. Donald RGK et al. *Hum Vaccin Immunother.* 2017;13:255–265; 3. Balmer P et al. *Postgrad Med.* 2020;132:184–191; 4. Kleinschmidt A et al. *NPJ Vaccines.* 2021;6:29; 5. Muzzi A et al. *MSphere.* 2022:e00385223

# enc-hSBA: Immune Response Against Diverse Serogroup B Strains in MenABCWY vs MenB-4C Arms

## Immunological Vaccine Effectiveness (IVE)

### Test-Based



$$IVE = (1 - \text{relative risk}) \times 100$$

Relative risk defined as the percentage of tests without bactericidal activity in the group receiving MenB-containing vaccine compared to controls

→ **informs on breadth of MenB vaccine strain coverage at a population level**

### Responder-Based



Percentage of participants whose sera killed  $\geq 70\%$  of strains tested<sup>†</sup>

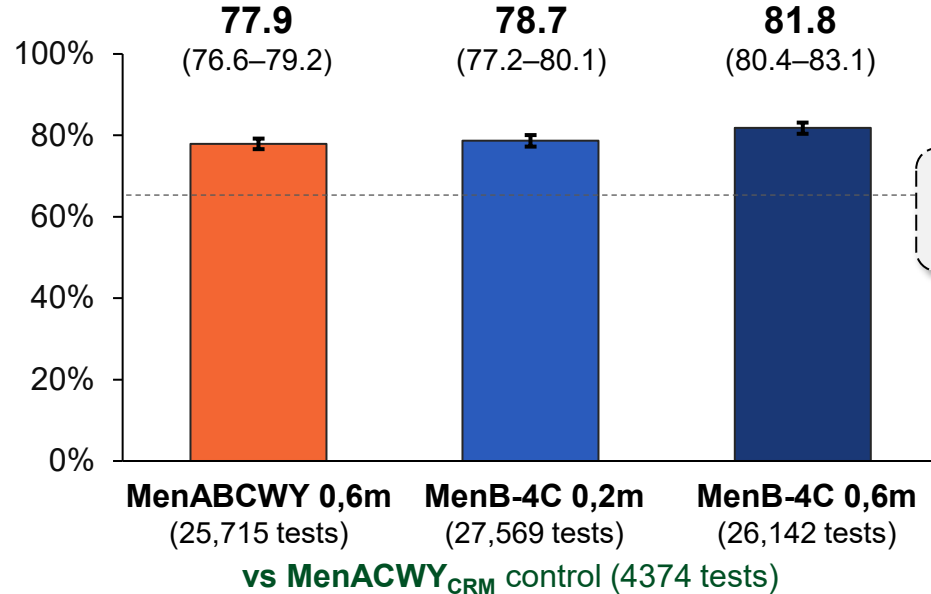
→ **percentage of participants achieving broad protection against serogroup B strains**

<sup>\*</sup>relative risk = ratio between % of tests lacking bactericidal activity against 110-strain panel in group receiving MenB-containing vaccine and control (MenACWY vaccine); <sup>†</sup>Target number of strains tested for each participant was 35 strains out of the 110 strains panel. MenB: meningococcal serogroup B; enc-hSBA: endogenous complement serum bactericidal activity; IVE: immunological vaccine effectiveness  
Welsch et al, *Vaccine*. 2018;36(15): 5309-5317; Clinicaltrials.gov identifier [NCT04502693](https://clinicaltrials.gov/ct2/show/study/NCT04502693), accessed May 31<sup>st</sup>, 2024

# enc-hSBA: Immune Response against Diverse Serogroup B Strains after 2 doses of MenABCWY or MenB-4C

## Test-Based IVE

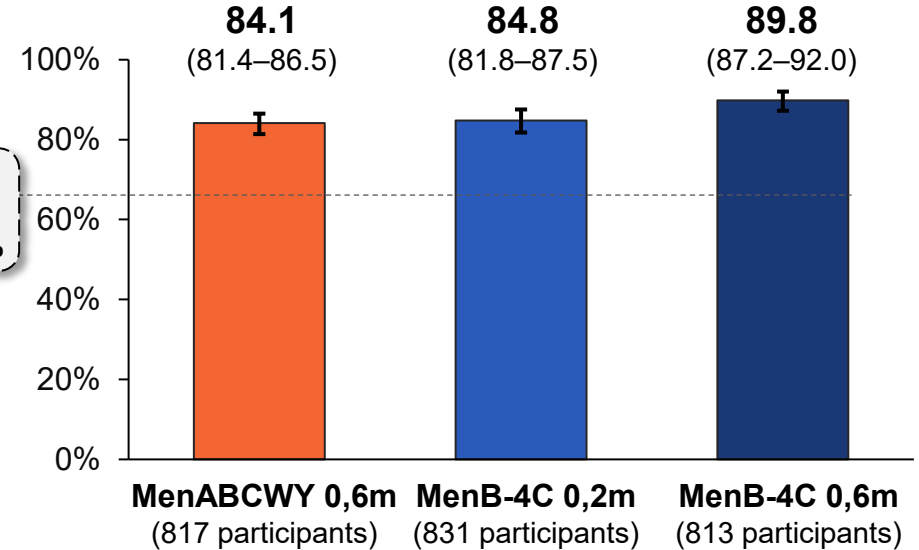
→ Informs breadth of MenB vaccine strain coverage at a population level



**SUCCESS  
CRITERION MET:  
LL of 97.5% CI > 65%**

## Responder-Based IVE

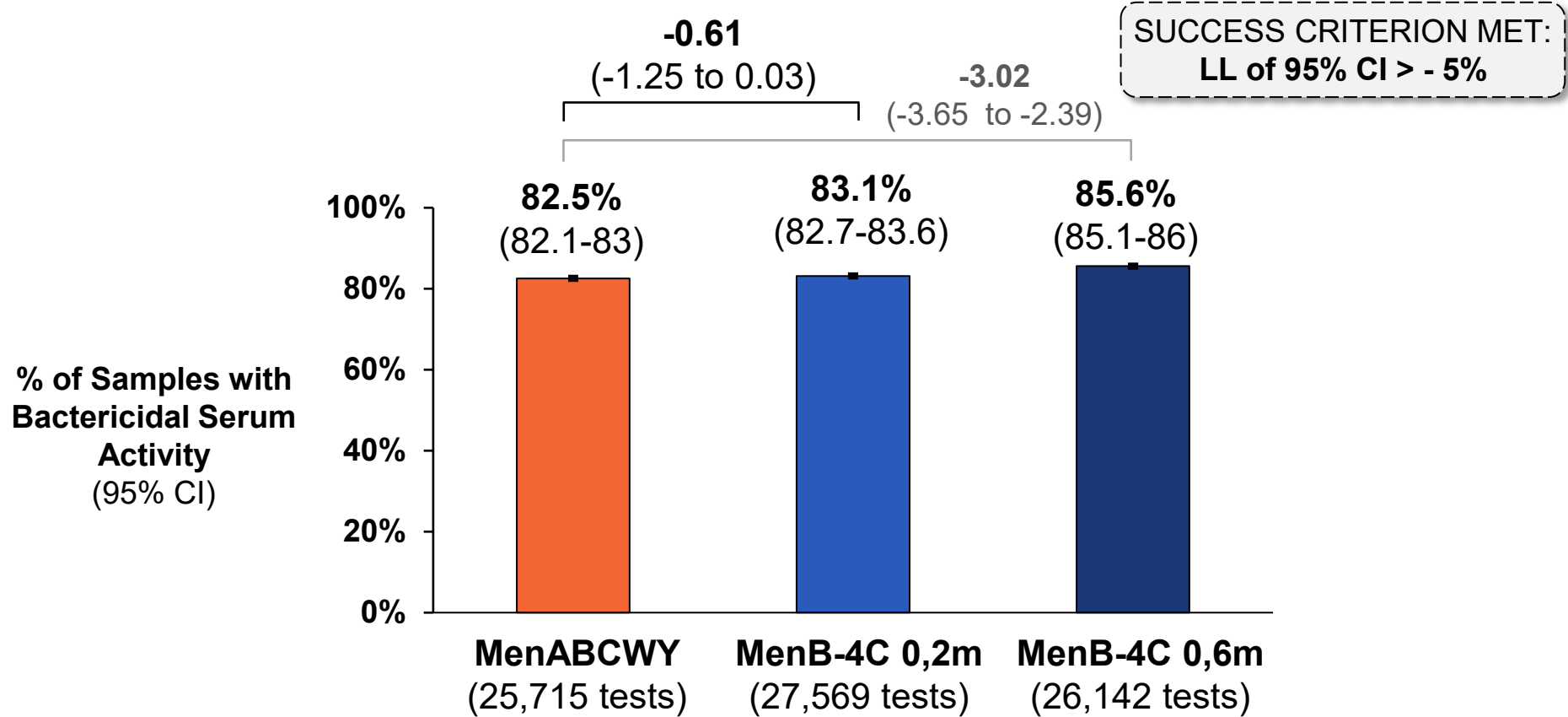
→ % participants achieving broad protection against serogroup B strains



**MenABCWY achieved breadth of bactericidal effect against a diverse and broad panel of serogroup B strains, similar to MenB-4C 2-dose administered 2 or 6 months apart**



# enc-hSBA: Noninferiority of Immune Response against Diverse Serogroup B Strains in MenABCWY vs MenB-4C



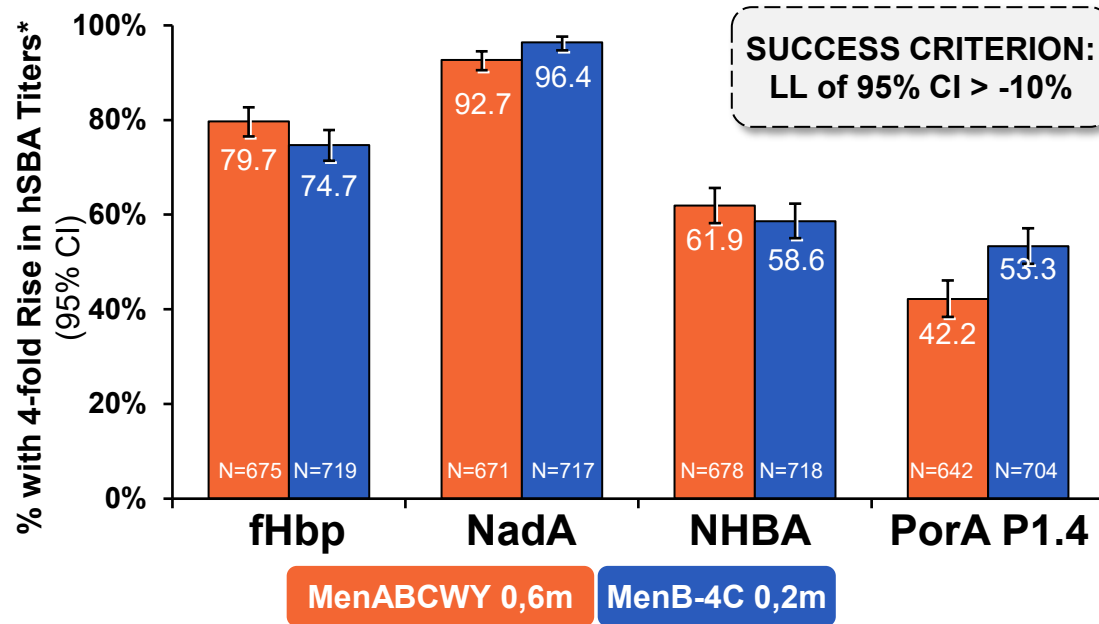
**MenABCWY was noninferior to MenB-4C, based on bactericidal effects against diverse strains assessed by enc-hSBA assay**

\*The 3 MenB-4C schedules were hierarchically tested for IVE in the order: MenB-4C 0-2-6m → MenB-4C 0-6m → MenB-4C 0-2m. The 0-2m schedule was the last schedule to meet the predefined success criterion (LL of 97.5% CI > 65%) and was hence chosen as the comparator for the MenABCWY 0-6m schedule for all subsequent statistical analyses. LL, lower limit  
 Clinicaltrials.gov identifier [NCT04502693](https://clinicaltrials.gov/ct2/show/study/NCT04502693), accessed May 31<sup>st</sup>, 2024

# hSBA: MenABCWY Immune Response Against Serogroup B Reference Strains

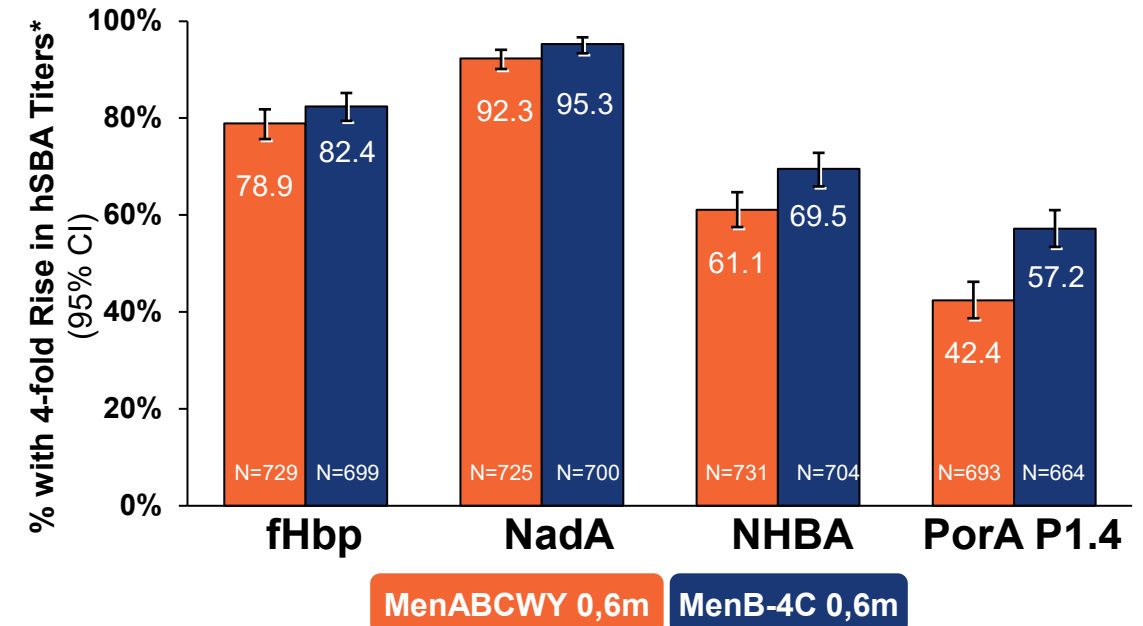
## MenABCWY 0,6m vs MenB-4C 0,2 m

Group difference: 5.02 (0.6 to 9.4)    -3.68 (-6.2 to -1.3)    3.31 (-1.8 to 8.4)    -11.06 (-16.3 to -5.7)  
(95%CI)



## MenABCWY 0,6m vs MenB-4C 0,6 m

Group difference: -3.53 (-7.6 to 0.6)    -3.01 (-5.6 to -0.5)    -8.31 (-13.2 to -3.4)    -14.80 (-20.0 to -9.5)  
(95%CI)



- Secondary endpoint not met because success criterion not met for all 4 strains
- MenABCWY elicited comparable immune responses for 3 reference strains vs MenB-4C 0,2 and 2 reference strains vs MenB-4C 0,6m.

\*At 1 month after 2<sup>nd</sup> MenABCWY or 2<sup>nd</sup> MenB-4C vaccination, relative to baseline. 4-fold rise in hSBA titer for each strain was defined as a post-vaccination titer  $\geq 4$ -fold the LOD or  $\geq$ LLOQ, whichever is greater if pre-vaccination titer  $<$ LOD, a post-vaccination titer  $\geq 4$ -fold the LLOQ if pre-vaccination titer  $\geq$ LOD and  $<$ LLOQ, and a post-vaccination titer  $\geq 4$ -fold the pre-vaccination titer if pre-vaccination titer  $\geq$ LLOQ. LOD – limit of detection; LLOQ – lower limit of quantitation; LOD: fHbp: 3; NadA: 6; NHBA: 4; PorA P1.4: 4. LLOQ: fHbp: 5; NadA: 15; NHBA: 4; PorA P1.4: 6. fHbp, factor H binding protein; hSBA, human serum bactericidal assay; LL, lower limit; LOD – limit of detection; LLOQ – lower limit of quantitation; NadA, *Neisseria* adhesin A; NHBA, Neisserial heparin-binding antigen; Por A P1.4, porin A

Clinicaltrials.gov identifier [NCT04502693](https://clinicaltrials.gov/ct2/show/study/NCT04502693), accessed May 31<sup>st</sup>, 2024

# Evidence Supporting Safety and Immunogenicity of MenABCWY

## Serogroups A C W Y

## Serogroup B

Solicited and unsolicited adverse events after each dose of MenABCWY, MenB-4C or MenACWY<sub>CRM</sub>

Non-inferiority vs MenACWY<sub>CRM</sub>  
in MenACWY-naïve and -primed

**GSK's  
MenABCWY**

Immunogenicity of MenABCWY against  
110 serogroup B strains

Immunological noninferiority  
of MenABCWY vs MenB-4C

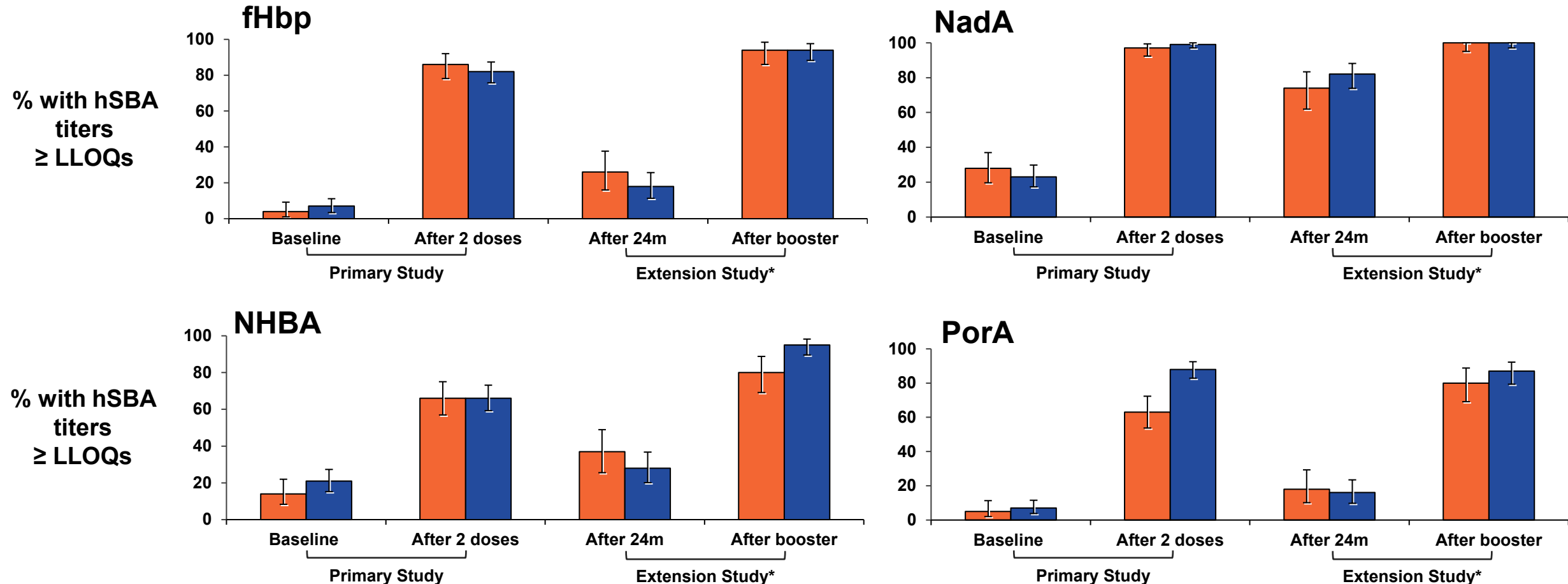
**Persistence and booster immune  
response up to 24 months**

# Persistence After 24 months and Booster Response of MenABCWY Demonstrated Against Serogroup B Reference Strains

Study 15E1

MenABCWY 0,6m (n=74)

MenB-4C 0,2m (n=126)



\*For follow-on group: blood draws were done at baseline and 5 days after booster dose. For the Matched Naive group: blood draws were baseline (prevaccination), 1 month after 1st dose and 5 days after 2nd dose. fHbp, factor H binding protein; hSBA, serum bactericidal assay using human complement; LLOQ, lower limit of quantitation; NadA, Neisseria adhesin A; NHBA, Neisseria heparin binding antigen; PorA, porin A. The LLOQs were 8.0 (fHbp), 8.6 (NadA), 8.9 (NHBA), 8.2 (PorA).  
Vesikari T et al. *Hum Vaccin Immunother.* 2021;17(11):4689-4700

# MenABCWY Summary

- Combines two well-established vaccines licensed in the US - MenB-4C, MenACWY<sub>CRM</sub>
- Clinical program demonstrated safety and immunogenicity in adolescents and young adults
- Tested against a broad panel of 110 serogroup B strains, representing 95% of US serogroup B disease-causing strains
- Demonstrated persistence of immune response up to 24 months

# Summary of Data for Policy Considerations

- 2 doses of MenABCWY can protect against serogroups A,B,C W,Y
- Achieves broad coverage against strains causing endemic and outbreak disease, to meet the current and evolving US epidemiology
  - Offers the opportunity to improve vaccination coverage in adolescents and young adults
  - Represents the evolution of IMD as **one vaccine-preventable disease**

**MenABCWY allows for prevention of IMD with one vaccine**

**Thank you!**

**Investigators, study site personnel,  
study participants, and their families**

