AstraZeneca COVID-19 Vaccine (AZD1222)

ACIP COVID-19 Emergency Meeting
January 27, 2021

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VP Global Franchise Head, Infection
Forward-Looking Statements

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AGENDA

AZD1222 Adenoviral Platform, Clinical Development Plan & Phase I/II Data

US Phase III Study

Non-IND Phase III Efficacy and Safety Trials (Interim Analysis)

Vaccine Storage & Handling

Summary

Q&A
AstraZeneca committed to a partnership with Oxford University to ensure broad and equitable vaccine access globally, not for profit during the pandemic.

Vaccine immunogenicity, efficacy and safety were demonstrated in four Phase I-III non-IND trials in UK, Brazil & South Africa. Data from these trials supported MHRA (UK) Authorization for Temporary Supply.

Vaccine is supplied in 5 ml preservative free, non-latex multidose vials to be stored at 2-8°C for at least 6 months.

Phase III trial in the US is ongoing, enrollment is complete. This trial will be the primary basis for the EUA application with supporting data from the non-IND trials conducted outside the US.
AZD1222 Adenoviral Platform
Clinical Development Plan &
Phase I/II Data
### AZD1222: The Technology

<table>
<thead>
<tr>
<th>Feature</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-replicating chimp adenovirus-vectored vaccine expressing nCoV-19 spike</td>
<td>¹</td>
</tr>
<tr>
<td>Non-replicating due to E1 (and E3) gene deletion</td>
<td>²</td>
</tr>
<tr>
<td>Chimp adenovirus avoids issues with pre-existing immunity to human adenoviruses</td>
<td>²</td>
</tr>
<tr>
<td>Vaccine antigen encoded in the viral genome – not a structural part of the virion</td>
<td>³</td>
</tr>
<tr>
<td>Induces strong B- and T-cell responses after a single vaccination</td>
<td>¹</td>
</tr>
<tr>
<td>Prior to April 2020, 12 Phase I studies, 330 subjects vaccinated</td>
<td></td>
</tr>
<tr>
<td>Dose is $5 \times 10^{10}$ viral particles (vp) as an IM injection, 0.5 ml</td>
<td>¹</td>
</tr>
</tbody>
</table>

DNA = deoxyribonucleic acid; IM = intramuscular.
AZD1222 Clinical Development Plan

23 April 2020
Phase 1/2 N=1,077
(UK; Sponsor: University of Oxford)

23 June 2020
Phase 3 N=10,300
(Brazil; Sponsor: University of Oxford)

28 May 2020
Phase 2/3 N=12,330
(UK; Sponsor: University of Oxford)

28 August 2020
Phase 3 N=32,459*
(USA, Chile, Peru; Sponsor: AstraZeneca)

24 June 2020
Phase 1/2 N=2020
(South Africa; Sponsor: University of Oxford)

25 August 2020
Phase 2/3 N=1,600
(India; Sponsor: SIIPL/ICMR)

23 August 2020
Phase 1/2 N=256
(Japan; Sponsor: AstraZeneca)

02 September 2020
Phase 3 N=100
(Russian Federation; Sponsor: AstraZeneca)

30 October 2020
Phase 1 N=360
(Kenya; Sponsor: University of Oxford)

*Participants enrolled by January 15, 2021.

AZD1222 Induced Robust Antibody Responses At Levels In A Similar Range To Those Seen In Convalescent COVID-19 Patients In Phase I/II Study COV001

SARS-CoV-2 spike antibodies peaked one month after injection and were elevated after two doses in a similar range to convalescent sera.

Neutralizing activity against SARS-CoV-2 in 91% vaccines after a single dose and 100% after two doses in micro-neutralisation assay (IC80).

Spike antibody titres (ELISA units log scale)

Neutralising antibody titres inducing 80% virus neutralisation (log scale)

Days after vaccination

Dose 1

Dose 2

Convalescent sera

Baseline

Days after vaccination

0 14 28 56

0 28 42

0 28 35 56

0 28 42
Neutralizing activity against the SARS-CoV-2 virus is boosted after a second dose in older adults

Robust Humoral Response In Older Adults Receiving AZD1222 In COV002

Normalised MNA80

Days post vaccination

D0 D28 D42 D56

18-55 yrs, SDSD
56-69 yrs, SD
56-69 yrs, SDSD
70+ yrs, SD
70+ yrs, SDSD

Ramasamy M et al. Lancet. 2020
AZD1222 Induced A Robust Th1 Biased T-Cell Response In COV001 And COV002 Participants

### Th1 cytokines were induced following stimulation with overlapping SARS-CoV-2 peptides

<table>
<thead>
<tr>
<th>CD4 IFNγ</th>
<th>CD4 IL-2</th>
<th>CD4 TNF</th>
<th>CD4 any Th1 response</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>N:</th>
<th>AZD1222</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>53/17</td>
<td>53/16</td>
</tr>
<tr>
<td>D28 P1</td>
<td>53/16</td>
<td>52/16</td>
</tr>
<tr>
<td>D28 P2</td>
<td>52/16</td>
<td>52/16</td>
</tr>
</tbody>
</table>

D28 P1 = Day 28 post 1st Dose, D28 P2 = Day 28 post 2nd Dose. Boxplots display the median and 1st and 3rd quartiles. Th1 data result indicates percentage of CD69+ cells expressing IFNγ, IL-2, TNFα (or any Th1 cytokine) after stimulation with SARS-CoV-2 S1 peptide pool (similar results were seen with S2 peptide pool). Th2 data result indicates percentage of CD69+ cells expressing IL-4, IL-13 (or either Th2 cytokine). Background percentage was subtracted from the stimulated percentage prior to analysis. Stimulated percentages less than the background percentage were set to 0%.

### Limited Th2 cytokines were induced following stimulation with overlapping SARS-CoV-2 peptides

<table>
<thead>
<tr>
<th>CD4 IL-13</th>
<th>CD4 IL-4</th>
<th>CD4 any Th2 response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

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<td>52/16</td>
</tr>
<tr>
<td>D28 P2</td>
<td>52/16</td>
<td>52/16</td>
</tr>
</tbody>
</table>

Exploratory analysis, Unpublished results
AZD1222 Was Well Tolerated In Phase I/II Studies

Most AEs were mild to moderate in severity and majority resolved within 1 to 7 days

- Local and systemic reactions ~20% less frequent after the 2nd dose

AEs were similar in nature to those previously reported

- Injection site pain, feeling feverish, muscle ache and headache

Local and systemic reactions were more common in participants given AZD1222 than MenACWY

Less reactogenicity (local and systemic) in older adults

- >70 years about 30% fewer mild/moderate local reactions than <55 years
- >70 years about 20% fewer systemic reactions than <55 years

Phase III Study D8110C00001 To Evaluate Safety And Efficacy Of AZD1222 In Over 30,000 Volunteers

Start: 28 August 2020

**Randomized (2:1)**

N >30,000

- Given by intra-muscular injection, 0.5 ml
- Study ongoing in the US, Chile and Peru (NCT04516746. ClinicalTrials.gov website)
- Subjects 18+ yo
- 25% subjects 65+ yo

**AZD1222**

- 5x10^{10} viral particles
- 2 IM doses
- N=20,000

**Saline Placebo**

- 2 IM doses
- N=10,000

- Study enrollment diversity targets were selected in agreement with US Government/OWS recommendations.

IM = intramuscular; yo = years old.
Phase III Study D8110C00001 Case Definition Of Symptomatic COVID-19 Disease

**Primary efficacy endpoint:** *Symptomatic illness*

- First case of SARS-CoV-2 RT-PCR-positive symptomatic illness occurring > 14 days post administration of study intervention. Participants included if they meet following criteria at any point from Day 1 (initial visit) through Day 14

<table>
<thead>
<tr>
<th>Specificity (Pathogen Confirmation)</th>
<th>Category A: Lower respiratory tract involvement (one or more)</th>
<th>Category B: Systemic/other symptoms (two or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARS-CoV-2 confirmed</td>
<td>• Pneumonia diagnosed by chest x-ray, or CT scan</td>
<td>• Fever &gt; 37.8°C (100°F) or feverishness</td>
</tr>
<tr>
<td>Positive RT-PCR</td>
<td>• O$_2$ sat of ≤ 94% on room air or 2 percentage point drop from baseline</td>
<td>• New or worsening cough</td>
</tr>
<tr>
<td></td>
<td>• New or worsening dyspnea/shortness of breath</td>
<td>• Myalgia/muscle pain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Fatigue that interferes with activities of daily living</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Vomiting or diarrhea</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Anosmia or ageusia</td>
</tr>
</tbody>
</table>

**Safety endpoint:**

- Occurrence of adverse events:
  1) Incidence of AEs for 28 days post each dose
  2) Incidence of AEs, MAAEs, and AESIs from Day 1 post treatment throughout study

AE = adverse event; AESI = adverse event of special interest; MAAE = medically attended adverse events.
AstraZeneca Pharmaceuticals LP. Clinical Study Protocol (D8110C00001).
Phase III Study D8110C00001 Diversity And Enrollment

<table>
<thead>
<tr>
<th>Race</th>
<th>Enrolled^a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latin</td>
<td>11.2%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>9.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>5.3%</td>
</tr>
<tr>
<td>American Indian</td>
<td>1.8%</td>
</tr>
<tr>
<td>Hawaiian or Pacific Islander</td>
<td>0.4%</td>
</tr>
<tr>
<td>White</td>
<td>71.5%</td>
</tr>
</tbody>
</table>

^aUS enrollment only

<table>
<thead>
<tr>
<th>Age groups and comorbidities^b</th>
<th>Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+ years old</td>
<td>23.6%</td>
</tr>
<tr>
<td>&lt;65 years old</td>
<td>76.4%</td>
</tr>
<tr>
<td>Has comorbidity</td>
<td>57.8%</td>
</tr>
<tr>
<td>No comorbidity</td>
<td>42.2%</td>
</tr>
</tbody>
</table>

^bComorbidities include: Chronic Kidney Disease, COPD, Heart Failure, Coronary Artery Disease, Diabetes, Asthma, High Blood Pressure, Liver Disease, BMI 30+.

32,459 participants enrolled; 26,327 received second dose by Jan 21, 2021
Phase III Study D8110C00001 Clinical Hold Summary

• Study was initiated on 28 Aug and paused by AstraZeneca on 6 Sep. Clinical hold was issued on 9 Sep and lifted on 23 Oct; study restarted on 28 Oct

• The study was paused due to an event of transverse myelitis reported in the Phase II/III study conducted by the University of Oxford in the UK

• Information provided to FDA:
  • Additional details on neurological events in studies sponsored by AstraZeneca and University of Oxford
  • Analyses of available clinical safety data from AZD1222 and ChAdOx-1 viral vector platform studies

• Changes in study conduct implemented
  • Updated risk language in Informed Consent Form (ICF) and Investigator Brochure (IB)
  • Protocol changes
  • Establishment of independent expert neurology panel
  • Accelerated/increased safety reporting
Non-IND Phase II/III Program Interim Results (Data Cut: November 4th)
Interim Analysis Provided For Regulatory Approval: 23,745 Participants Across Four Studies

**Phase I/II** single-blinded, adults aged 18–55 yrs  
**Phase II/III** single-blinded, ≥18 years (including elderly)  
**Phase III** single-blinded, ≥18 years (including elderly)  
**Phase I/II** double-blinded, adults aged 18–65 yrs

**Primary endpoint:** Efficacy (number of virologically confirmed symptomatic cases of COVID-19 [NAAT positive])

• Global statistical analysis plan for pooling data developed  
• Prespecified analyses that would contribute to assessment of efficacy

11,636
- In UK/Brazil Phase 3 studies met inclusion criteria for the primary efficacy analysis  
- The median follow-up post-dose 1 and dose 2 was 132 and 63 days, respectively

23,745
- In all 4 studies met inclusion criteria for the safety analysis  
- The median follow-up (AZD1222 group) post-dose 1 and dose 2 was 105 and 62 days, respectively

The cutoff date for inclusion in the analysis was November 4, 2020, and the data lock date was November 21, 2020

NAAT = nucleic acid amplification test.

Summary of Phase III Interim Pooled Efficacy Analyses For AZD1222

In a diverse cohort (geographically and ethnically) pooled analysis demonstrated 70.4% (95.8% CI: 54.8% to 80.6%) efficacy at preventing symptomatic COVID-19

• Subgroup analysis with SD/SD demonstrated efficacy at preventing symptomatic COVID-19 of 62.1% (41.0% to 75.7%)

There were no hospitalizations or severe COVID-19 in vaccinated participants from 21 days after first dose

MenACWY = meningococcal group A, C, W, and Y conjugate vaccine; SAE = severe adverse event.
Across Four Studies, AZD1222 Exhibited A Favorable Safety Profile

Across all four studies, SAEs occurred in 168 participants (<1%), 79 of whom received AZD1222 (0.7%) and 89 of whom received MenACWY or saline control (0.8%). There were 175 SAEs, of which 4 were considered possibly related to intervention (either the experimental vaccine or the control).

**AZD1222 group**
- **Pyrexia**: 2 days after dose 1; treated with paracetamol and resolved the same day
- **Transverse myelitis**: 14 days after dose 2

**Control group**
- **Autoimmune hemolytic anemia**: 10 days after MenACWY
- **Transverse myelitis**: 2 months after first control dose

**Solicited Adverse Events**, the majority usually resolved within a few days of vaccination.
- Reactogenicity; the most frequently reported AEs were mild to moderate in severity including injection site tenderness (>60%); injection site pain, headache, fatigue (>50%); myalgia, malaise (>40%); pyrexia, chills (>30%); and arthralgia, nausea (>20%).
- Generally milder and reported less frequently after second dose and in older adults (≥65 years old)

Vaccine Storage And Handling
AZD1222 Storage And Administration

Storage

Refrigerator
- Store in refrigerator (2 to 8°C)
- Shelf life = 6 months
- Do not freeze
- Keep vials in outer carton to protect from light

Administration

Multi-dose Vial
- After first puncture cumulatively store up to 6 hours at room temperature or up to 48 hours at 2-8°C with total storage time not to exceed 48 hours.
- No dilution or reconstitution
Summary: AZD1222 offers a potential to address the Global COVID-19 Crisis

- AZD1222 induces robust immune responses against the SARS-CoV-2 S protein:
  - Spike Antibodies increased after a second dose with GMTs comparable to convalescent sera
  - Neutralizing Antibodies titers observed in all participants following 2\textsuperscript{nd} dose
  - Strong Th-1 biased CD4+ T Cell response observed
- US Phase III study ongoing with 32,459 participants enrolled with co-morbidities, older adults and diverse backgrounds
  - 26,327 received second dose by Jan 21, 2021
- Efficacy and safety were demonstrated in four Phase I-III studies in UK, Brazil and South Africa
- AZD1222 has the potential to address the SARS-CoV-2 pandemic and has been authorized in 18 countries (under emergency use or full approval as of January 25, 2021)

GMT = geometric mean titer.
Thank You
to our collaborators, investigators and subjects:

- University of Oxford
- BARDA
- NIAID
- DoD
- The AstraZeneca Team
- Clinical trial sites personnel and investigators
- All our trial participants
Phase II/III Program to evaluate safety and efficacy of AZD1222 in over 20,000 volunteers

**General selection criteria:**

**Key inclusion criteria:**
- Adults age ≥ 18 years
- Healthy or have medically-stable chronic diseases
- At increased-risk for exposure to SARS-CoV-2 and COVID-19

**Key exclusion criteria:**
- History of laboratory-confirmed COVID-19 infection

**Primary endpoints:**

**Efficacy endpoint:**
SARS-CoV-2 RT-PCR-positive symptomatic illness ≥ 15 days post second dose

**Safety endpoint:**
Occurrence of adverse events:
1) Incidence of AEs for 28 days post each dose
2) Incidence of AEs, MAAEs, and AESIs from Day 1 post treatment throughout study

AE = adverse event; AESI = adverse event of special interest.
Efficacy Based On Symptomatic, Virologically-Confirmed COVID-19 Cases > 14 Days Post 2nd Dose

<table>
<thead>
<tr>
<th></th>
<th>Total number of cases</th>
<th>AZD1222 n/N (%)</th>
<th>Control n/N (%)</th>
<th>VE (95% CI) unless indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>All LD/SD and SD/SD recipients</td>
<td>131</td>
<td>30/5807 (0.5%)</td>
<td>101/5829 (1.7%)</td>
<td>70.4% (54.8%, 80.6%)(^{a})</td>
</tr>
<tr>
<td>COV002 (UK)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LD/SD recipients</td>
<td>86</td>
<td>18/3744 (0.5%)</td>
<td>68/3804 (1.8%)</td>
<td>73.5% (55.5%, 84.2%)</td>
</tr>
<tr>
<td>SD/SD recipients</td>
<td>53</td>
<td>3/1367 (0.2%)</td>
<td>30/1374 (2.2%)</td>
<td>90.0% (67.4%, 97.0%)(^{b,c})</td>
</tr>
<tr>
<td>COV003 (Brazil) SD/SD</td>
<td>45</td>
<td>12/2063 (0.6%)</td>
<td>33/2025 (1.6%)</td>
<td>64.2% (30.7%, 81.5%)(^{b})</td>
</tr>
<tr>
<td>All SD/SD recipients</td>
<td>98</td>
<td>27/4440 (0.6%)</td>
<td>71/4455 (1.6%)</td>
<td>62.1% (41.0%, 75.7%)</td>
</tr>
</tbody>
</table>

\(^{a}\)95.8% CI used for primary analysis. \(^{b}\)Vaccine efficacy calculated from a reduced robust Poisson model that was not adjusted for age. All other models included an adjustment for age. \(^{c}\)P value for interaction term comparing LD/SD with SD/SD is P=0.010.

CI = confidence interval; LD = low dose (2.2×10\(^{10}\) vp); SD = standard dose (5×10\(^{10}\) vp); vp = virus particles.
## Longer Dose Interval Was Associated With Increased Spike-Binding Antibody Responses in Participants Seronegative At Baseline

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Baseline GMT (95% CI)</th>
<th>28 days after dose 1 GMT (95% CI)</th>
<th>28 days after dose 2 GMT (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SD/SD</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dose interval</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;6 weeks</td>
<td>(N=481) 60.51 (54.1, 67.7)</td>
<td>(N=479) 8734.08 (7883.1, 9676.9)</td>
<td>(N=443) 22222.73 (20360.5, 24255.3)</td>
</tr>
<tr>
<td>6–8 weeks</td>
<td>(N=137) 58.02 (46.3, 72.6)</td>
<td>(N=99) 7295.54 (5857.4, 9086.7)</td>
<td>(N=116) 24363.10 (20088.5, 29547.3)</td>
</tr>
<tr>
<td>9–11 weeks</td>
<td>(N=110) 48.79 (39.6, 60.1)</td>
<td>(N=87) 7492.98 (5885.1, 9540.2)</td>
<td>(N=106) 34754.10 (30287.2, 39879.8)</td>
</tr>
<tr>
<td>≥12 weeks</td>
<td>(N=154) 52.98 (44.4, 63.2)</td>
<td>(N=152) 8618.17 (7195.4, 10322.3)</td>
<td>(N=154) 63181.59 (55180.1, 72343.4)</td>
</tr>
<tr>
<td><strong>LD/SD</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dose interval</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;6 weeks</td>
<td>(N=3) 50.92 (3.9, 669.2)</td>
<td>(N=3) 7496.44 (1461.4, 38454.7)</td>
<td>(N=3) 22121.36 (8547.7, 57250.2)</td>
</tr>
<tr>
<td>6–8 weeks</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>9–11 weeks</td>
<td>(N=30) 64.09 (40.4, 101.6)</td>
<td>(N=30) 4803.21 (3255.7, 7086.4)</td>
<td>(N=29) 36928.89 (24509.6, 55641.2)</td>
</tr>
<tr>
<td>≥12 weeks</td>
<td>(N=35) 52.42 (37.7, 72.9)</td>
<td>(N=35) 6750.27 (4184.6, 10889.0)</td>
<td>(N=35) 66274.91 (49546.6, 88651.1)</td>
</tr>
</tbody>
</table>

Similar results were seen with the nAb responses by pseudoneutralisation assay.

nAb = neutralizing antibody.
COVID-19 Vaccine AstraZeneca, solution for injection in multidose container COVID-19 Vaccine (ChAdOx1-S [recombinant]).
Vaccine Efficacy Is Higher With a Longer Interval Between Doses

Subgroup analyses of vaccine efficacy as a function of dose interval showed a trend for increasing vaccine efficacy associated with longer dose interval.

### Vaccine efficacy by dose interval at interim analysis: COVID-19 cases: ≥15 days post second dose

<table>
<thead>
<tr>
<th>Case definition: Primary – any COVID-19</th>
<th>Participants with events, n (%)</th>
<th>Vaccine efficacy (%)</th>
<th>95% CI (%)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AZD1222 n / N (%)</td>
<td>Control n / N (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose interval</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8–11 weeks</td>
<td>9 / 1444 (0.62)</td>
<td>34 / 1488 (2.28)</td>
<td>72.85</td>
<td>(43.45, 86.97)</td>
</tr>
<tr>
<td>&gt; 11 weeks</td>
<td>7 / 2093 (0.33)</td>
<td>39 / 2116 (1.84)</td>
<td>81.90</td>
<td>(59.53, 91.90)</td>
</tr>
</tbody>
</table>

CI – confidence interval.
COVID-19 Vaccine AstraZeneca, solution for injection in multidose container COVID-19 Vaccine (ChAdOx1-S [recombinant]).
Vaccine Efficacy: Single Dose And In Subjects With Co-Morbidities

**Single Dose:** Participants were censored from the analysis at the earliest time point of when they received a second dose or at 12 weeks post dose 1

<table>
<thead>
<tr>
<th>Total Events</th>
<th>AZD1222 n (%) N=7998</th>
<th>Control n (%) N=7982</th>
<th>Vaccine efficacy (%) (95% CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occurring 22 days after 1st dose through 2nd dose up until 12 weeks</td>
<td>56</td>
<td>12 (0.15)</td>
<td>44 (0.55)</td>
<td>73.00 (48.79, 85.76)</td>
</tr>
</tbody>
</table>

**Co-morbidities**

<table>
<thead>
<tr>
<th>Comorbid population&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Vaccine efficacy (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comorbid population&lt;sup&gt;a&lt;/sup&gt;</td>
<td>73.4</td>
<td>48.5, 86.3</td>
</tr>
</tbody>
</table>

<sup>a</sup>Comorbidity was defined as BMI ≥30 kg/m2, cardiovascular disorder, respiratory disease or diabetes. The proportion of subjects with comorbidities at baseline was substantial (36%): Obesity (20%); Cardiovascular disease (11%) - Mainly hypertension (5%); Respiratory disease (12%) - Mainly asthma (8%); Diabetes (2%).

COVID-19 Vaccine AstraZeneca, solution for injection in multidose container COVID-19 Vaccine (ChAdOx1-S [recombinant]).

Phase III Study D8110C00001 Inclusion/Exclusion Criteria

Key inclusion criteria:
• Adults age ≥ 18 years
• Healthy or have medically-stable chronic diseases
• At increased-risk for exposure to SARS-CoV-2 and COVID-19
• Able to understand and comply with study requirements/procedures

Key exclusion criteria:
• History of laboratory-confirmed COVID-19 infection