Extended Preliminary Phase 1 Data from Joint COVID-19 and Flu mRNA Vaccine Development Programs

January 30, 2023
Forward-Looking Statements

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### Comprehensive Second-Generation Clinical Development in Infectious Diseases

#### Phase 1 studies: COVID-19

**CV0501**
- **Study start** **August 2022**
- **Encoding the** Omicron variant
- **1-dose** booster, dose-escalation study
- **Sites:** U.S., Australia, Philippines

**CV2CoV**
- **Study start** **March 2022**
- **Encoding the** original variant
- **1-dose** booster, dose-escalation study
- **Sites:** U.S.

#### Phase 1 studies: Influenza

**FLU SV mRNA**
- **Study start** **August 2022**
- **H1N1 encoding, monovalent** candidate
- **Single** administration, dose-escalation study
- **Sites:** Canada, Spain, Belgium

**CVSQIV**
- **Study start** **February 2022**
- **Multivalent** vaccine candidate
- **Addressing** four different influenza strains
- **Single** administration, dose-escalation study
- **Sites:** Panama

**Selecting the best candidate**
- **Modified mRNA**
- **Unmodified mRNA**
COVID-19: CV0501 in Older Adults
COVID-19: CV0501 Immune Responses Against BA.1 in Older Adults

**CV0501:** BA.1 neutralizing antibodies (GMT) per dose level on days 15 and 29

**Day 15: Older adults (≥65 years)**

<table>
<thead>
<tr>
<th>Dose</th>
<th>CV0501 pre-boost GMT</th>
<th>CV0501 post-boost GMT</th>
<th>N=10</th>
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</thead>
<tbody>
<tr>
<td>12µg</td>
<td>542.2</td>
<td>118.5</td>
<td></td>
</tr>
<tr>
<td>25µg</td>
<td>1,000,000,000</td>
<td>2,176.9</td>
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<tr>
<td>50µg</td>
<td>10,000,000,000</td>
<td>100,000,000,000</td>
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**Day 29: Older adults (≥65 years)**

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<th>Dose</th>
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CV0501 induces substantial antibody responses in older adults against BA.1 already at low doses.
COVID-19: CV0501 Immune Responses Against Wild-Type in Older Adults

**CV0501: Wild Type** neutralizing antibodies (GMT) per dose level on days 15 and 29

**Day 15: Older adults (≥65 years)**

<table>
<thead>
<tr>
<th>Dose Level</th>
<th>GMT</th>
<th>Participants</th>
</tr>
</thead>
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<tr>
<td>12µg</td>
<td>1,919.9</td>
<td>N=10</td>
</tr>
<tr>
<td>25µg</td>
<td>841.7</td>
<td>N=10</td>
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<tr>
<td>50µg</td>
<td>1,115.8</td>
<td>N=10</td>
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**Day 29: Older adults (≥65 years)**

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<th>Participants</th>
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</thead>
<tbody>
<tr>
<td>12µg</td>
<td>6,594.8</td>
<td>N=10</td>
</tr>
<tr>
<td>25µg</td>
<td>8,302.7</td>
<td>N=10</td>
</tr>
<tr>
<td>50µg</td>
<td>10,429.7</td>
<td>N=10</td>
</tr>
</tbody>
</table>

CV0501 substantially improves neutralization of wild-type virus in older adults

1) Preliminary data prior to database lock
2) All GMT measured via pseudo-typed neutralization assay

**GMI**: Geometric mean fold rise

N=10 for all dose groups.
Influenza: Flu-SV-mRNA in Older Adults
Influenza: Flu-SV-mRNA Reactogenicity at Administered Dose in Older Adults

Flu-SV-mRNA is well tolerated at single tested dose in older adults

1) Preliminary data prior to database lock
2) Randomization ratio of 2:1 deviated from the ratio of 1:1 as per protocol
3) Undisclosed dose level

Older adults (60-80 years)

Grade 0, no adverse events: 37%
Grade 1, mild adverse events: 44%
Grade 2, moderate adverse events: 19%
Grade 3, severe adverse events: 0%
Influenza: Flu-SV-mRNA Boosting Activity in Older Adults

**Ratio post- to pre-boost titers:**
*Older adults* (60-80 years), ratio of serum **HI GMT** induced by **Flu-SV-mRNA**

- For Flu-SV-mRNA, the ratio of serum HI GMT was 14.5 (N=32).
- For QIV (licensed comparator vaccine), the ratio was 6.2 (N=16).

**Antibody increase after booster in older adults more than double compared to licensed comparator**

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1) Preliminary data prior to database lock
2) Randomization ratio of 2:1 deviated from the ratio of 1:1 as per protocol
3) Undisclosed dose level

**GMT:** Geometric mean titers
**QIV:** Quadrivalent influenza vaccine (licensed flu comparator vaccine), 2021-22 northern hemisphere strain composition. FDA/EMA approved.
Influenza: Flu-SV-mRNA Immune Responses Against H1N1 in Older Adults

Serum HI GMT per dose on day 21

<table>
<thead>
<tr>
<th></th>
<th>N=32</th>
<th>N=16</th>
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<tbody>
<tr>
<td>Flu-SV-mRNA</td>
<td>571.3</td>
<td>245.7</td>
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<tr>
<td>QIV</td>
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Seroconversion rates

<table>
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<th>N=16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu-SV-mRNA</td>
<td>89.7</td>
<td>56.2</td>
</tr>
<tr>
<td>QIV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Flu-SV-mRNA at least in line with licensed comparator in older adults

1) Preliminary data prior to database lock
2) Randomization ratio of 2:1 deviated from the ratio of 1:1 as per protocol
3) Seroconversion: percentage of participants with:
   a) pre-dose HI titer <1:10 and post-dose titer ≥1:40 or
   b) pre-dose titer ≥1:10 and post-dose titer at least 4x pre-dose titer
4) Undisclosed dose level

GMT: Geometric mean titers
QIV: Quadrivalent influenza vaccine (licensed flu comparator vaccine), 2021-22 northern hemisphere strain composition. FDA/EMA approved.
Extended preliminary clinical data in older adults continue to provide **strong validation** of CureVac’s proprietary technology platform in prophylactic vaccines.

CureVac and GSK **reaffirm continued clinical development** in COVID-19 and flu in 2023 according to state-of-the-art formats and tailored toward **public health needs**.

**Fundamental transformation** of the company has enabled broadening of technology platform and product development pipeline in prophylactic vaccines.

Manufacturing considered **a key success factor** for the scalable supply of clinical trials and commercial efforts – to be supported by **large-scale GMPIV plant**.

Second-generation mRNA backbone to also **drive forward oncology area** with two clinical trials anticipated to start in 2023.
Thank you for your attention