

Overview of Moderna's Investigational Next Generation COVID-19 Vaccine, mRNA-1283, in Individuals ≥ 12 Years of Age

ACIP

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COVID-19 Remains a Leading Cause of Hospitalization among Respiratory Viruses in the US

Risk Factors for Severe COVID Infection in the US¹

Advancing Age

Adults ≥ 65 years account for:

- $>60\%$ of COVID-19 hospitalizations *(since 2023)*²
- $\sim 76\%$ of deaths *(since 2020)*³

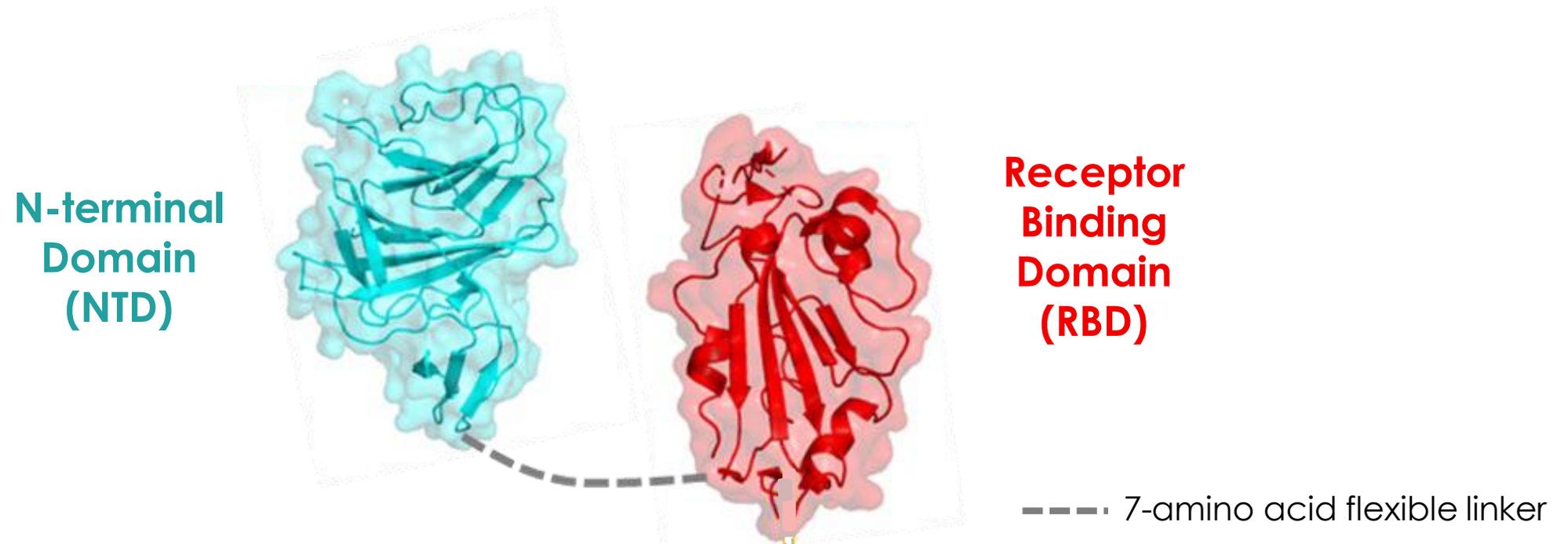
Pre-Existing Chronic Conditions⁴

- 95% of adults hospitalized with COVID-19 have ≥ 1 underlying medical condition

Effective prophylactic approaches to address the burden of disease in vulnerable populations remain a high priority

1. <https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html>
2. <https://covid.cdc.gov/covid-data-tracker/#covidnet-hospitalization-network>
3. <https://covid.cdc.gov/covid-data-tracker/#demographics>
4. https://www.cdc.gov/pcd/issues/2021/21_0123.htm

Design of mRNA-1283 Investigational Next Generation COVID-19 Vaccine



Lower mRNA dose (10 μg ; 1/5th of dose of Spikevax)

1. Piccoli et al, Cell 2020 doi: 10.1016/j.cell.2020.09.037
 2. Dejnirattisai et al, Cell 2021 doi: 10.1016/j.cell.2021.03.055
 3. Cerutti et al, Cell Host Microbe 2021 doi: 10.1016/j.chom.2021.03.005
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Pivotal Safety, Immunogenicity and Relative Vaccine Efficacy Study

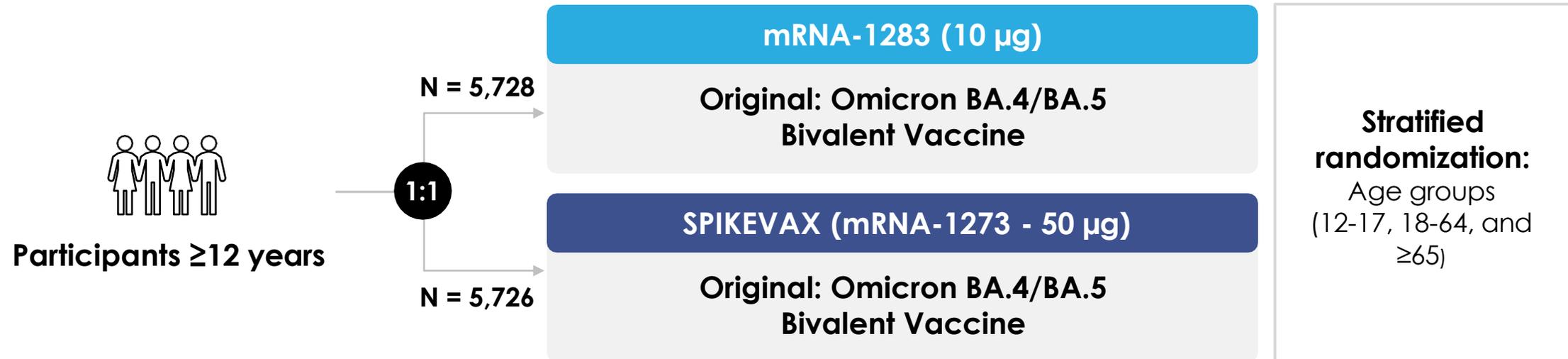
Study 301

Chalkias et al. *Lancet ID*, in press, 2025



Study Design & Primary Objectives

Randomized, blinded, active-controlled phase 3 trial



Primary Objectives

Safety and Reactogenicity
mRNA-1283 & SPIKEVAX

Non-Inferior Immunogenicity
mRNA-1283 vs SPIKEVAX

Non-Inferior Relative Vaccine Efficacy (rVE)
mRNA-1283 vs SPIKEVAX
(based on CDC COVID-19 definition)

Demographics and Baseline Characteristics Balanced Between Groups

Study 301 - Safety Set

	mRNA-1283 (10 µg) N = 5706	SPIKEVAX (50 µg) N = 5711
Mean age, years (range)	51.1 (12, 96)	51.2 (12, 90)
Median age, years	56	55
Age subgroup, % (n)		
12-17 years	8.7% (497)	8.7% (495)
18-64 years	62.7% (3575)	62.6% (3576)
≥65 years	28.6% (1634)	28.7% (1640)
Race/Ethnicity, % (n)		
White	81.8% (4670)	82.5% (4711)
Black or African American	11.2% (640)	11.1% (635)
Asian	3.9% (225)	3.2% (183)
Hispanic or Latino	13.5% (769)	13.0% (741)
≥1 pre-existing COVID-19 comorbidity (CDC definition)	46.0% (2626)	46.6% (2664)

Race/ethnicity generally representative of US population

Prior SARS-CoV-2 Infection and Time Since Last COVID-19 Vaccination Balanced Between Groups

Study 301 - Safety Set

- **Eligibility criteria:**
 - All study participants previously received primary series of COVID-19 vaccine
 - Adults ≥ 18 years received ≥ 1 dose beyond primary series

	mRNA-1283 (10 μ g) N = 5706	SPIKEVAX (50 μ g) N = 5711
Prior SARS-CoV-2 Infection¹	73.8%	74.8%
Months since last COVID-19 vaccination, median (Q1, Q3)	9.8 (7.6, 16.9)	9.8 (7.7, 16.7)

1. Evidence of SARS-CoV-2 infection pre-study vaccination (defined by a positive RT-PCR test, and/or a positive serology test based on binding antibody specific to SARS-CoV-2 nucleocapsid)

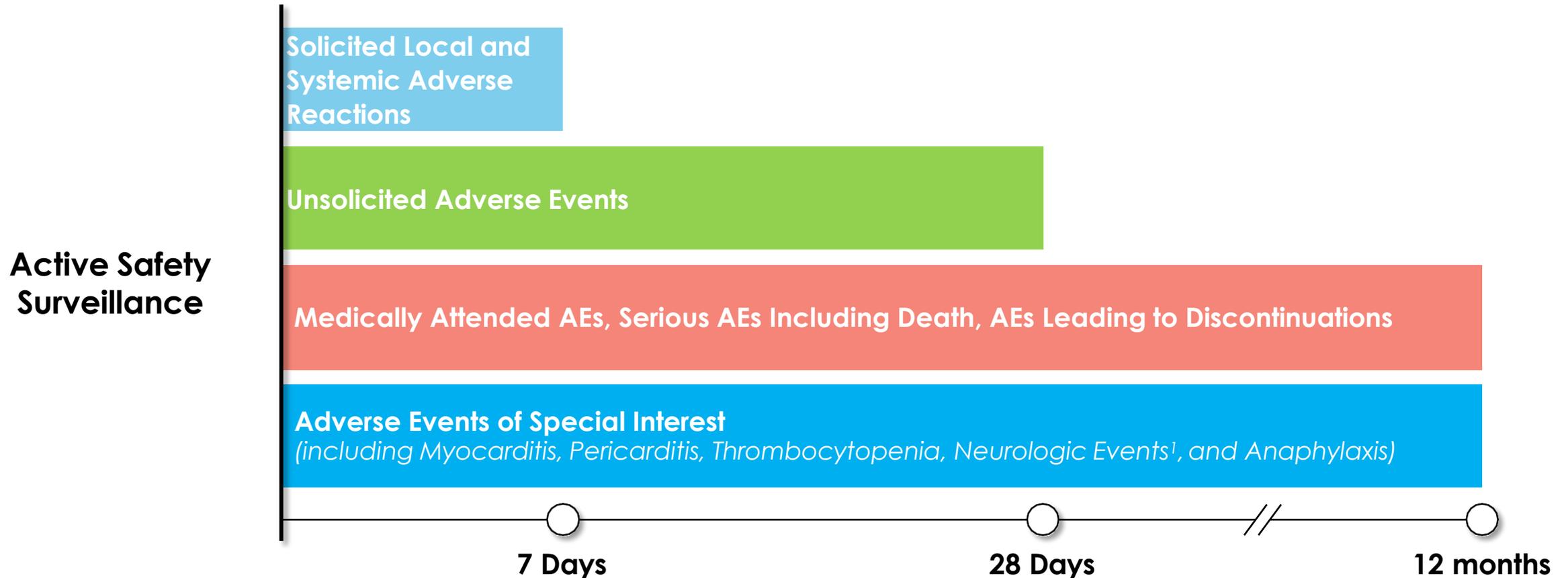
2. Q - quartile

Safety Results

Study 301

Primary Safety Endpoints and Duration of Follow-up

Study 301 Safety Set – Median 8.8 Months Follow-up

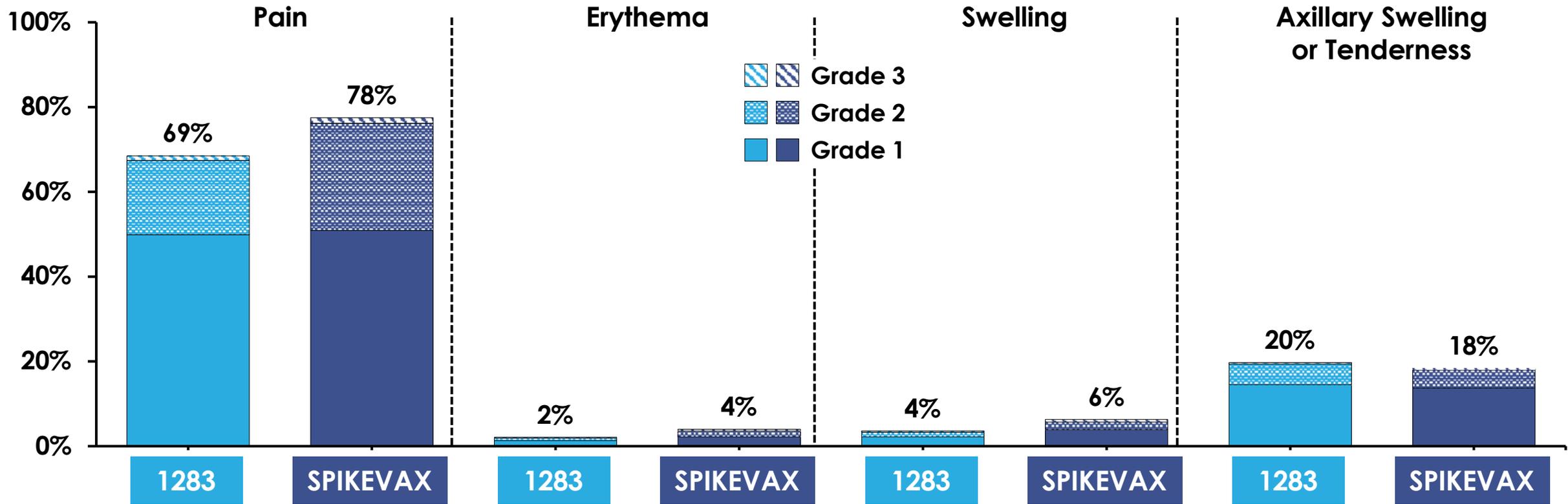


Trial overseen by independent Data and Safety Monitoring Board (DSMB)

1. Neurologic events of interest include Guillain-Barre syndrome, acute disseminated encephalomyelitis, Bell's palsy, and seizures; 2. AE – adverse event
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Solicited Local Adverse Reactions within 7 Days of Vaccination with mRNA-1283 and SPIKEVAX

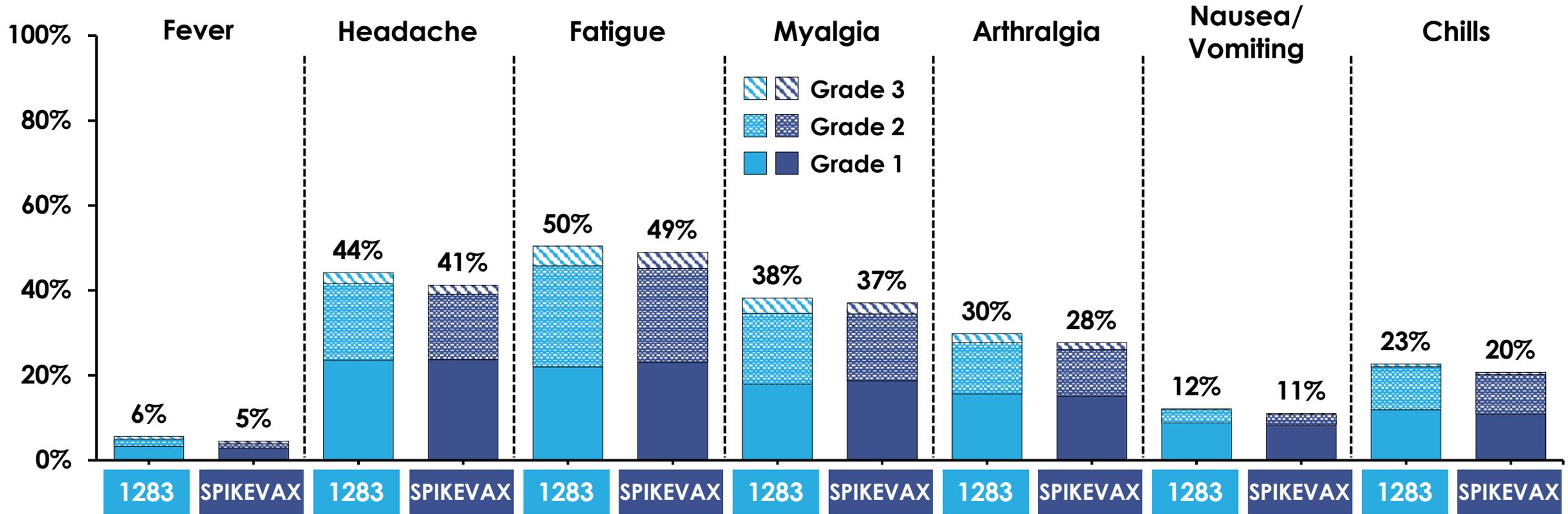
Study 301 – Solicited Safety Set



- Pain at the injection site was most frequently observed solicited local adverse reaction for both groups
- 1 – 2 days median duration for local adverse reactions

Solicited Systemic Adverse Reactions within 7 Days of Vaccination with mRNA-1283 and SPIKEVAX

Study 301 – Solicited Safety Set



- Fatigue, headache, and myalgia most frequently observed solicited systemic adverse reactions for both groups
- 1-2 days median duration for systemic adverse reactions

Feb 23, 2024 data cutoff; mRNA-1283, N = 5702; mRNA-1273, N = 5706. One participant in the mRNA-1273 group had a grade 4 fever. No grade 4 reactions.

Similar Frequency of Unsolicited AEs Within 28 Days After Injection, Regardless of Relationship to Vaccine, Between mRNA-1283 and SPIKEVAX

Study 301 – Safety Set

	mRNA-1283 (10 µg) N = 5706	SPIKEVAX (50 µg) N = 5711
All, % (n)	12% (701)	12% (680)
Serious	0.2% (13)	0.3% (18)
Fatal	0% (0)	0.02% (1)
Medically-Attended	7% (425)	7% (422)
Leading to Study Discontinuation	0% (0)	0.02% (1)
Any Adverse Event of Special Interest (AESI)	0.05% (3)	0.1% (6)
Myocarditis/Pericarditis	0% (0)	0% (0)

Safety Summary through Median 8.8 Months of Follow-up

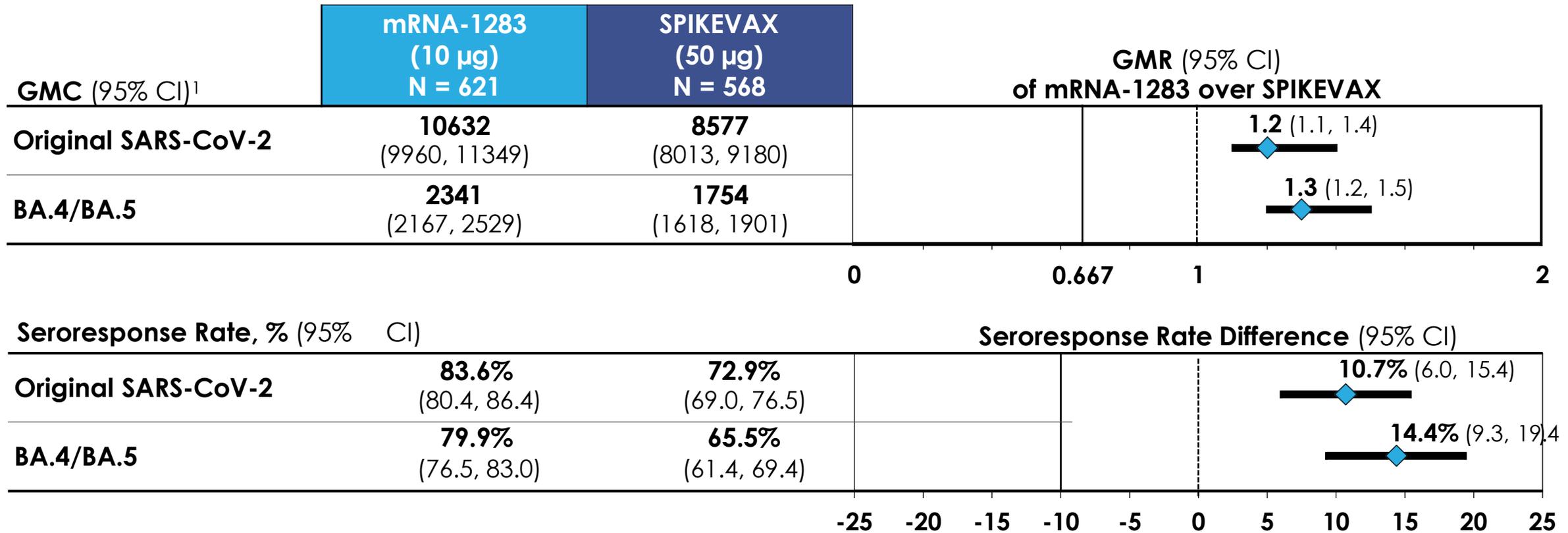
- No imbalances in any adverse events between the vaccine groups
- No myocarditis or pericarditis in recipients of mRNA-1283
- No safety concerns identified

Immunogenicity

Study 301

mRNA-1283 Elicited Higher Antibody Response at Day 29 Compared to SPIKEVAX

Study 301 – Per-Protocol Immunogenicity Set (Randomly Selected Subset)



Noninferiority Success Criteria Met

- **GMR:** Lower 95% CI of GMR was >0.667
- **Seroresponse rate difference:** Lower 95% CI of difference >-10%

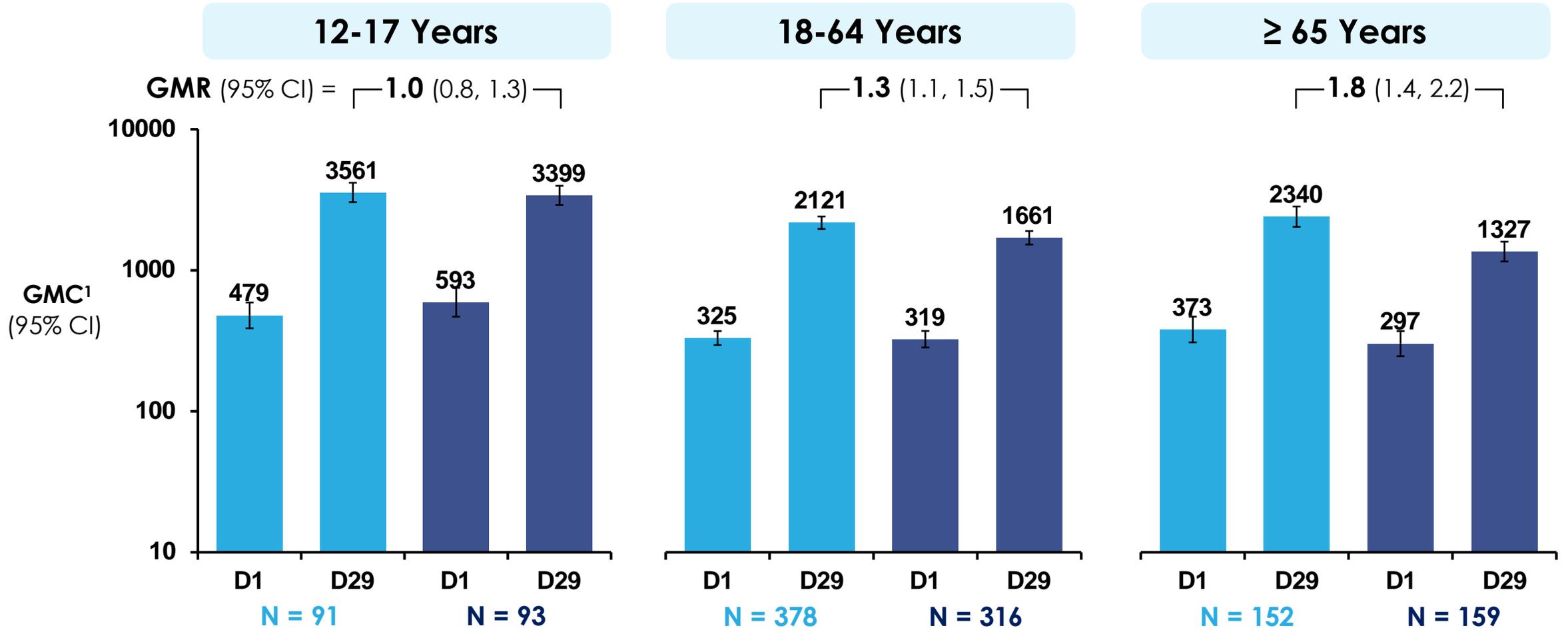
Seroresponse rate defined as antibody value change from baseline below lower limit of quantification (LLOQ) to $\geq 4 \times$ LLOQ, or ≥ 4 -fold rise if baseline \geq LLOQ and $< 4 \times$ LLOQ, or ≥ 2 -fold rise if baseline is $\geq 4 \times$ LLOQ; GMC – geometric mean concentration; GMR – geometric mean ratio

1. GMC estimated based on ANCOVA model
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Highest BA.4/BA.5 Neutralizing Antibody Geometric Mean Ratio (GMR) at Day 29 in Adults ≥65 Years Old

Study 301 – Per Protocol Immunogenicity (Randomly Selected Subset)

mRNA-1283 (10 µg) SPIKEVAX (50 µg)



1. GMC estimated based on ANCOVA model
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mRNA-1283 Elicited Consistently Higher Antibody Responses Compared to SPIKEVAX Over Time - Adults ≥65 Years of Age

Study 301 – Per-Protocol Immunogenicity Set (Randomly Selected Subset)

Day 29

Day 91

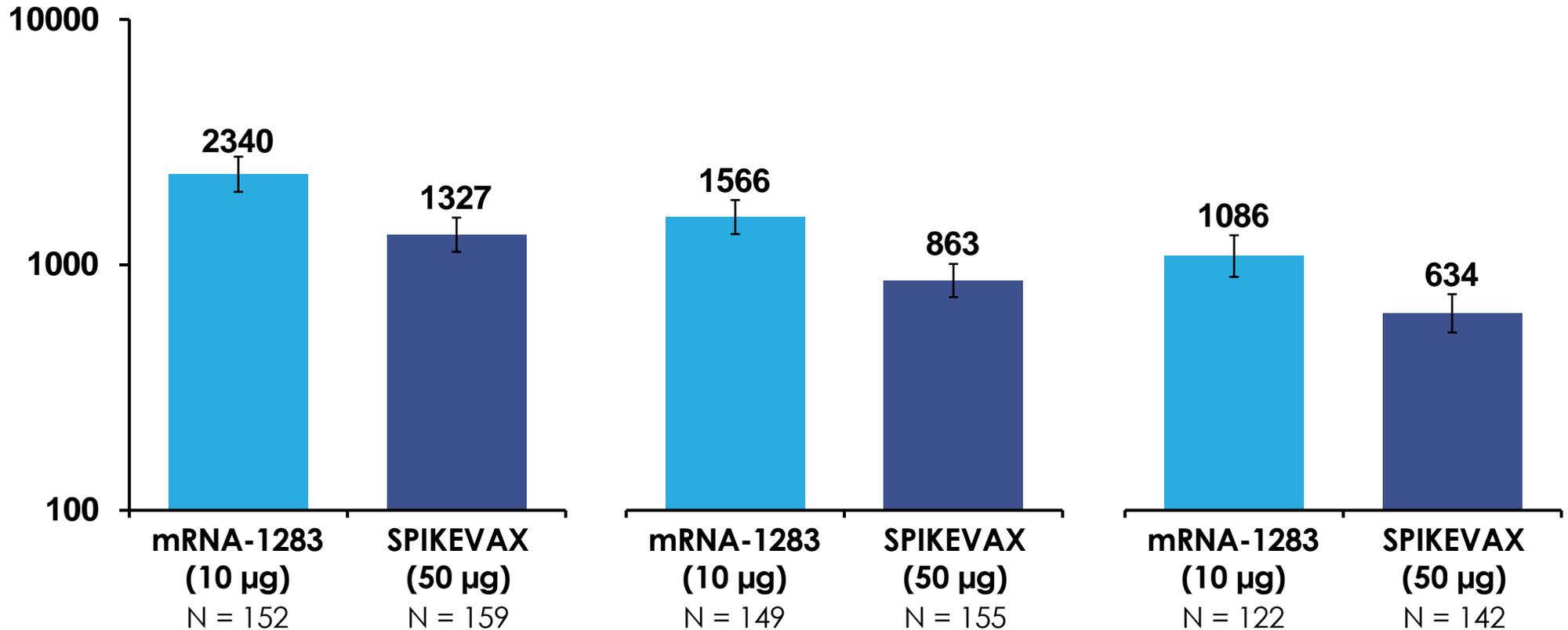
Day 181

GMR (95% CI) = 1.8 (1.4, 2.2)

1.8 (1.5, 2.3)

1.7 (1.3, 2.2)

GMC¹
Against
Omicron
BA.4 / BA.5
(95% CI)

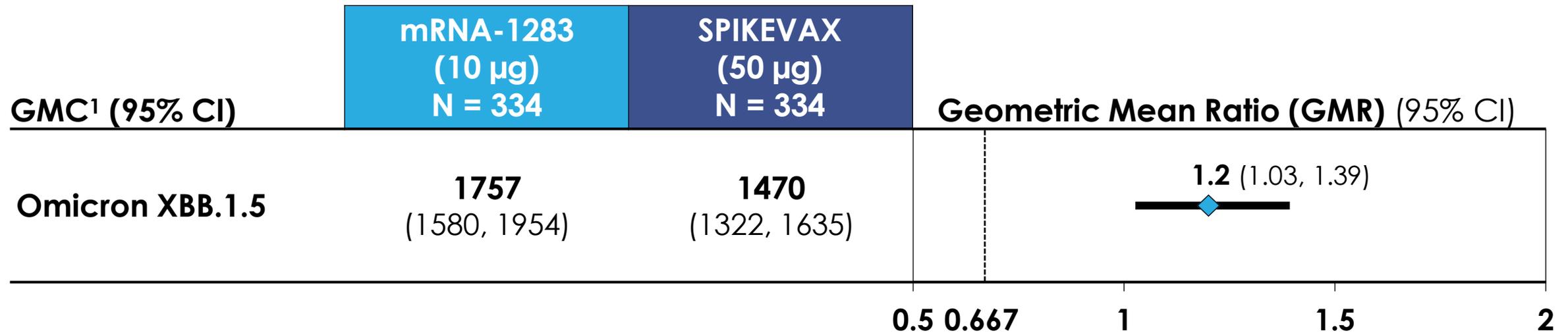


1. GMC estimated based on ANCOVA model
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Neutralizing Antibody Responses against Omicron XBB.1.5 with mRNA-1283 Similar to SPIKEVAX

Study 301 – Per-Protocol Immunogenicity Set - Japan

- Study assessed safety & immunogenicity of monovalent XBB.1.5 COVID-19 vaccine



Noninferiority Success Criteria Met

- Lower 95% CI of GMR was >0.667

Relative Vaccine Efficacy of mRNA-1283 vs SPIKEVAX (mRNA-1273)

Study 301

COVID-19 Case Definition and Surveillance

CDC COVID-19 Definition¹

- Virologic confirmation of SARS-CoV-2 infection via PCR
- Presence of ≥ 1 symptom consistent with COVID-19 within 14 days of positive PCR
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body ache
 - Headache
 - Nausea or vomiting
 - Loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Diarrhea

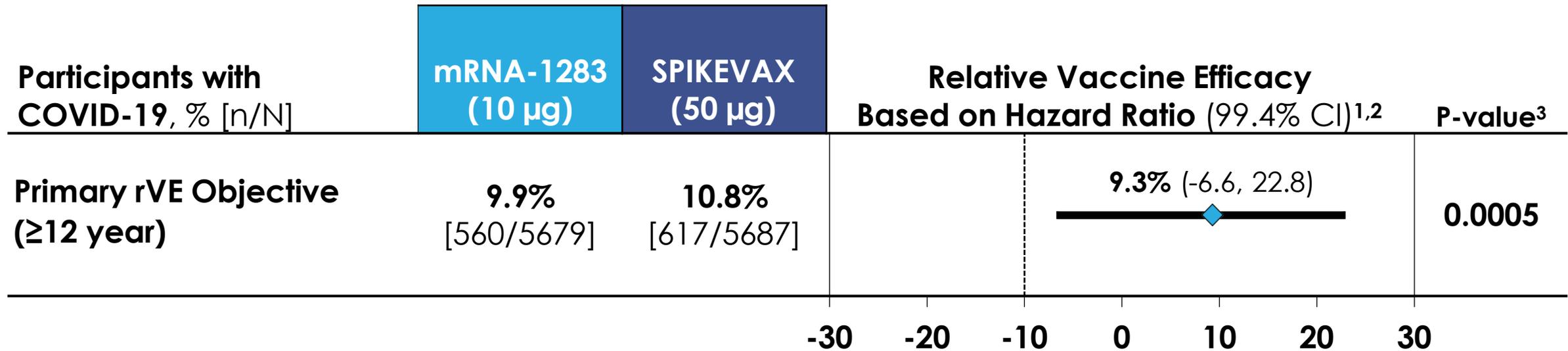
COVID-19 Surveillance

- Biweekly symptom surveillance conducted using an electronic diary prompt
 - Participants with symptoms seen for clinical evaluation and collection of respiratory samples for SARS-CoV-2 PCR

1. <https://ndc.services.cdc.gov/case-definitions/coronavirus-disease-2019-covid-19/>

Prespecified Success Criteria Met for Relative Vaccine Efficacy of mRNA-1283 vs SPIKEVAX

Per-Protocol Set for Efficacy (Median 8 Months)



Noninferiority Success Criteria Met

- Lower bound of two-sided 99.4% (alpha-adjusted) CI of rVE > -10% (1-sided alpha spending: 0.0028)

Based on CDC COVID-19 definition

1 rVE = 1-hazard ratio, hazard ratio estimated using a stratified Cox proportional hazard model (stratified by age group at randomization) and with treatment group as a fixed effect.

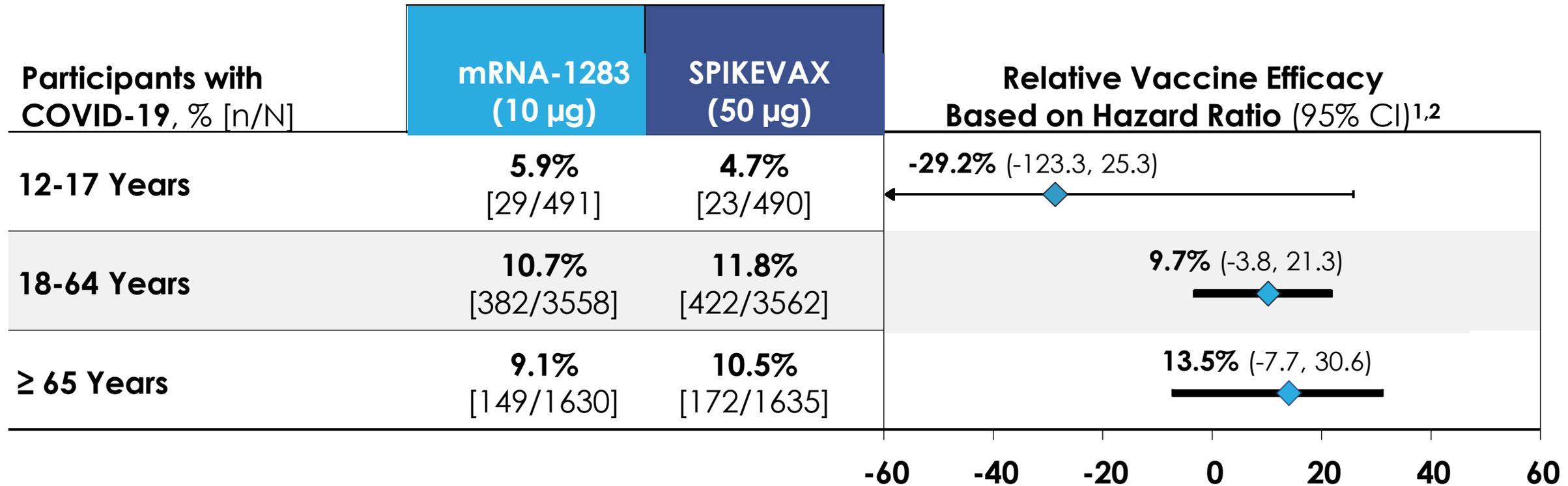
2 Alpha-adjusted 2-sided (99.4%) CI was calculated using the Lan-DeMets O'Brien-Fleming Spending function (nominal one-sided alpha of 0.0028)

3 P-value based on the stratified Cox proportional hazard model to test the null hypothesis $\log(\text{hazard ratio}) \geq \log(1.1)$

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Relative Vaccine Efficacy of mRNA-1283 vs SPIKEVAX in Participants by Age

COVID-19 Events¹ through 31 Jan 2024 – Per-Protocol Set for Efficacy

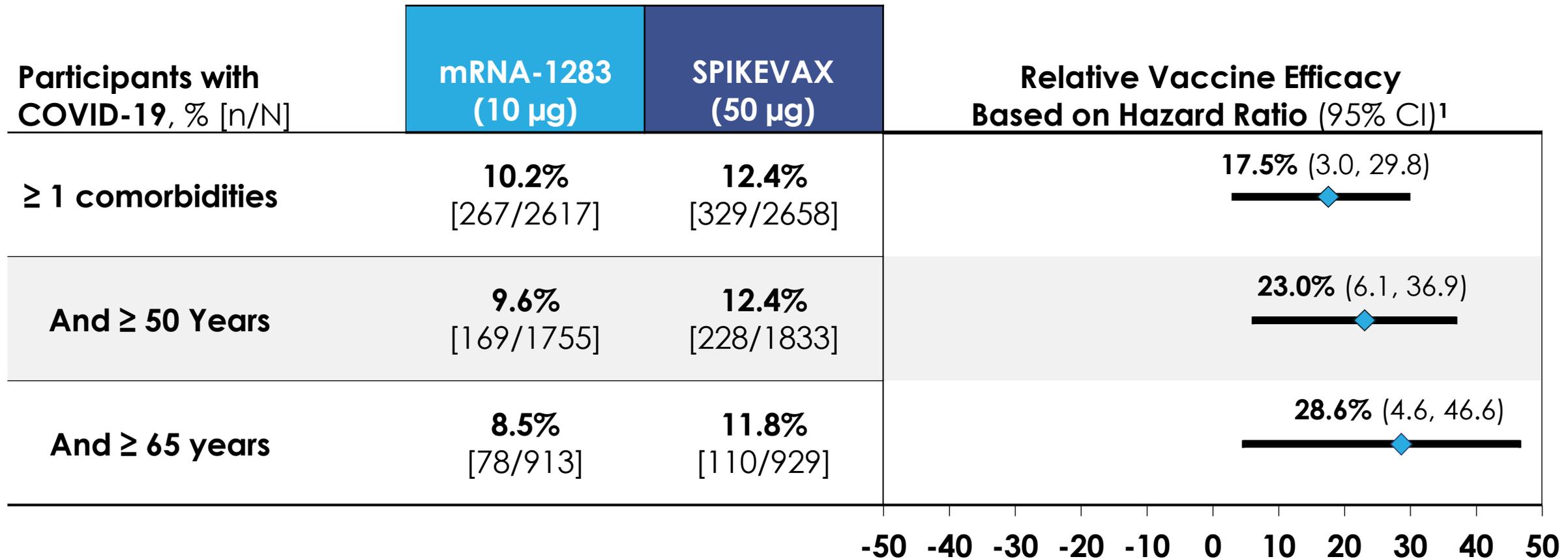


- Highest relative vaccine efficacy in adults ≥65 years
- Limited number of COVID-19 cases in 12-17-year-olds results in imprecise relative vaccine efficacy estimate

1. Based on CDC COVID-19 definition; 2. Posthoc analysis of RVE in ≥50-year-olds (3399 received mRNA-1283, 3431 received mRNA-1273); rVE – relative vaccine efficacy = 1-hazard ratio, hazard ratio was estimated using a Cox proportional hazard model and with treatment group as a fixed effect.

Relative Vaccine Efficacy Favorable for mRNA-1283 for Individuals with Comorbidities

Post Hoc Analysis – Based on CDC Definition for COVID-19 Risk¹

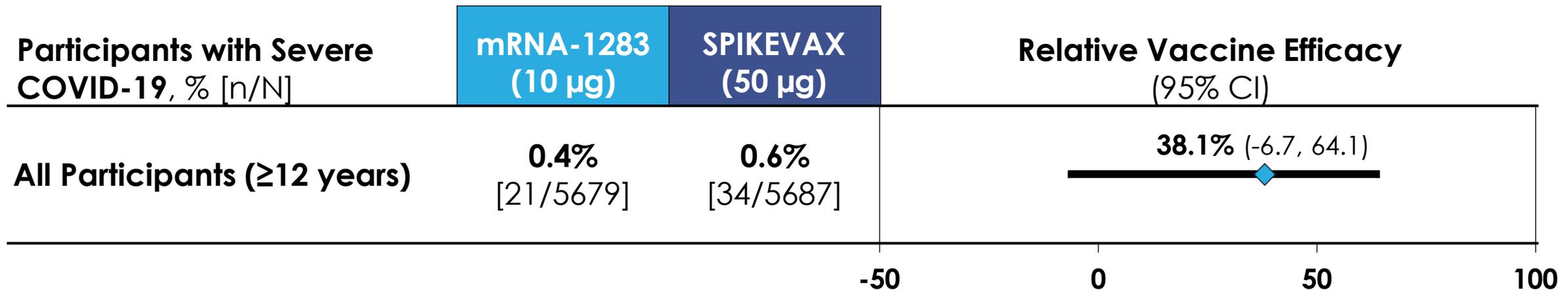


1. <https://www.cdc.gov/covid/risk-factors/index.html>

Relative Vaccine Efficacy of mRNA-1283 vs SPIKEVAX Demonstrated in Prevention of Severe COVID-19

Post Hoc Analysis – Protocol Set for Efficacy, through 31 Jan 2024

- SPIKEVAX effective in prevention of severe COVID-19 in pivotal efficacy trial and real-world effectiveness studies¹⁻³
- **55 cases of severe COVID-19 identified in this trial**
 - Severe criteria per FDA guidance (originally used in mRNA-1273 efficacy trial)¹
 - Majority (92.7%) of severe COVID-19 cases were due to blood pressure or oxygen saturation abnormalities



1. <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/development-and-licensure-vaccines-prevent-covid-19>; 2. Zheng et al *Int J Inf Dis* 2022;

3. Link-Gelles ACIP 2024.

Severe defined as respiratory failure/ARDS, renal/hepatic/neurologic dysfunction, admission to ICU/death, or vital sign abnormalities indicative of severe systemic illness or BP abnormalities indicative of shock (respiratory rate ≥ 30 per minute, heart rate ≥ 125 beats per minute, or $SpO_2 \leq 93\%$ on room air at sea level or $PaO_2/FiO_2 < 300$ mmHg, systolic BP < 90 mmHg, diastolic BP < 60 mmHg, or requiring vasopressors)

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Summary

Summary - Next Generation COVID-19 Vaccine mRNA-1283

Safety

- mRNA-1283 generally well tolerated; no safety concerns identified

Immunogenicity

- Pre-specified non-inferiority objectives met
- mRNA-1283 elicited higher immune responses than SPIKEVAX
- GMR highest in participants ≥ 65 years old (GMR 1.8; 95% CI: 1.4, 2.2)

Relative Vaccine Efficacy (rVE)

- Prespecified rVE non-inferiority objective met
9.3% mRNA-1283 vs mRNA-1273; 99.4% CI: -6.6, 22.8
- Trend for higher rVE point estimates with advancing age and comorbidity
 ≥ 65 years old:
13.5% mRNA-1283 vs mRNA-1273; 95% CI: -7.7, 30.6
 ≥ 65 years old and ≥ 1 comorbidity* (*Post hoc*):
28.6% mRNA-1283 vs mRNA-1273; 95% CI: 4.6, 46.6

Public Health Benefit

- mRNA-1283 has the potential to further reduce the burden of COVID-19, particularly among those most vulnerable to severe outcomes

GMR – geometric mean ratio ;

* Comorbidities associated with severe COVID-19 outcomes <https://www.cdc.gov/covid/risk-factors/index.html>

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THANK YOU!

- Investigators
- Study site personnel
- Laboratory personnel
- **Most importantly, the individuals who participated in these trials**