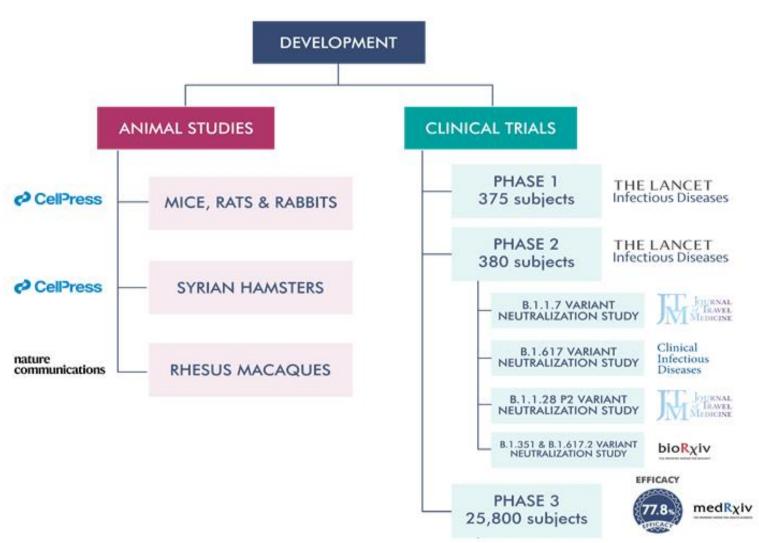


SARS-CoV-2 VACCINE CANDIDATE BBV152 (COV/A)(IN®)

Dr. Raches Ella, MBBS, MS Medical Affairs

COVAXIN® PROGRESS





Phase 3 Efficacy – Ongoing Analysis



First COVID-19 Occurrence From 14 Days After Dose 2

	BBV152 N=8471		Placebo N=8502			
Efficacy Endpoint	n	Rate %	n	Rate %	VE (%)	(95% CI)
COVID-19	24	0.28%	106	1.25%	77.8	65.2,86.4
Severe COVID-19	1	0.01%	15	0.18%	93.4	57.1, 99.8
Delta Variant (B.1.617.2) Symptomatic COVID-19	13	0.15	37	0.44	65.2	(33.1,83.0)

Is a booster required?



Due to the variants with a gradual decline in neutralizing antibodies at 6 months or 1 year:

Q1: Would memory B and T cells be able to prevent a mild/moderate/severe infection?

Or

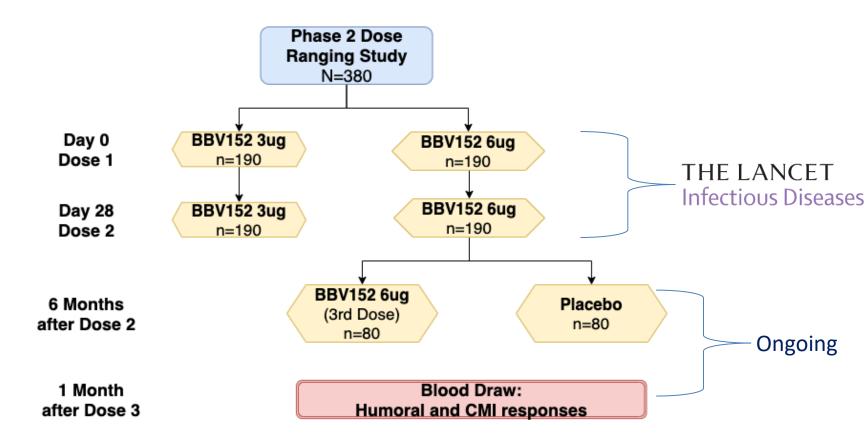
Q2: With memory B and T cells, will the vaccine be able to prevent severe disease?

Q3: Would we have higher affinity maturation with a 3rd booster dose?

Longer the interval, better is the response

Phase 2 Amended to include a booster regimen: Double Blind Placebo RCT





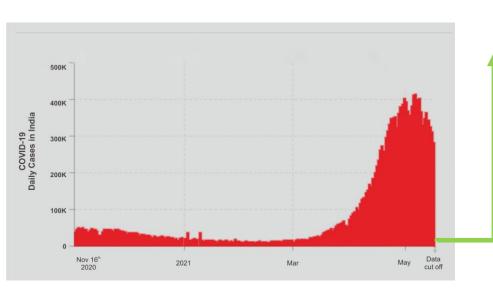
Nabs to be evaluated against prototype and Delta strain

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- Data Cut off (May 17th 2021): Last participant, three months after the second dose.
 - Median follow up time of 146 days after dose 1.
- After May 17th 2021, additional 4 severe cases have been reported.
- Case Split is unknown as we remain blinded

Conclusions



- Increasing complexity with variants as Nabs will only decay at a rapid rate.
- Data on durability of long-term efficacy, humoral and CMI responses will guide our decision on whether to recommend a booster dose.

