









Com-COV3 Study

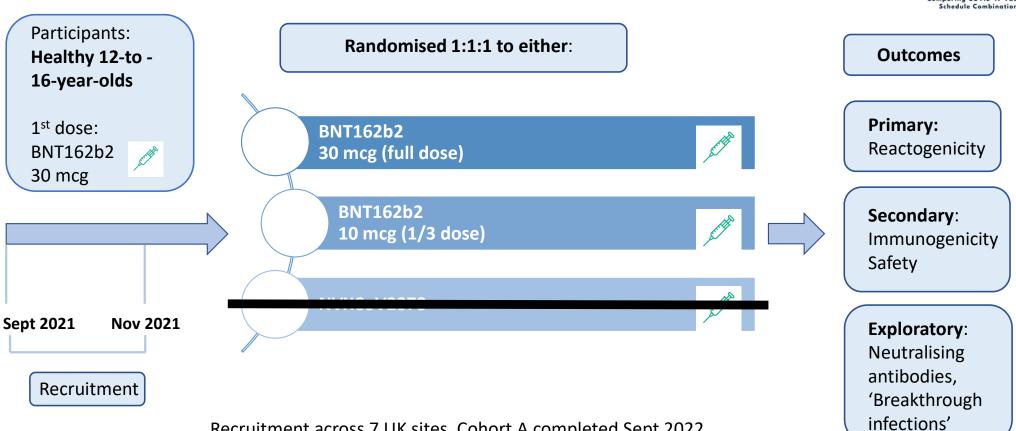
Comparing COVID-19 Vaccine Schedule Combinations in Adolescents





Cohort A study design





Recruitment across 7 UK sites. Cohort A completed Sept 2022.



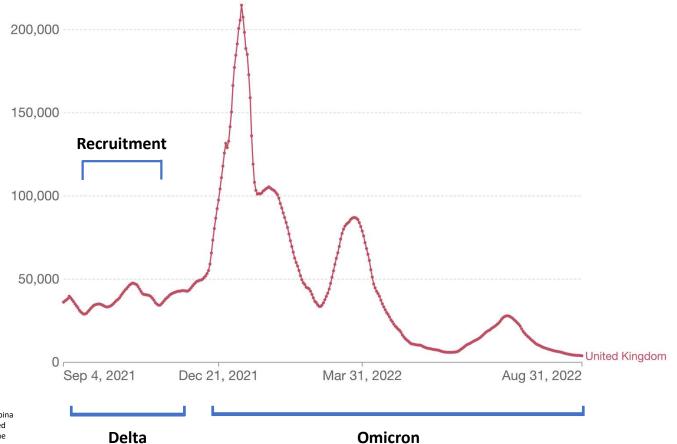
UK infection rates during Cohort A study



Our World in Data

Daily new confirmed COVID-19 cases

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.







Cohort A Demographics



- 148 participants enrolled and 132 randomised to receive second dose
- Median age 14 years old
- **61%** female
- 96% Caucasian
- **30%** anti-nucleocapsid positive at time of second dose (previously infected with SARS-CoV-2)

30 mcg (full dose)	n = 48
BNT162b2 10 mcg (1/3 dose)	n = 47
NVXCoV2373	n = 37

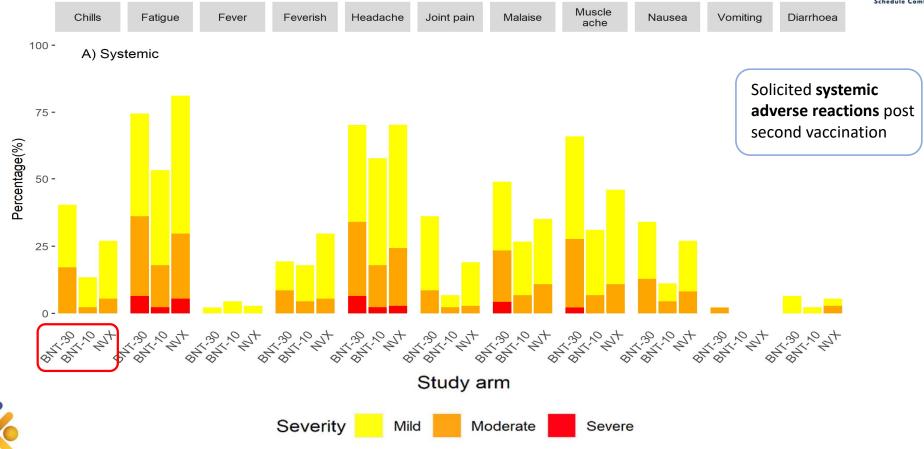


• Inter-dose interval median **59 days** (range 56, 109)



Cohort A Primary outcome: Reactogenicity

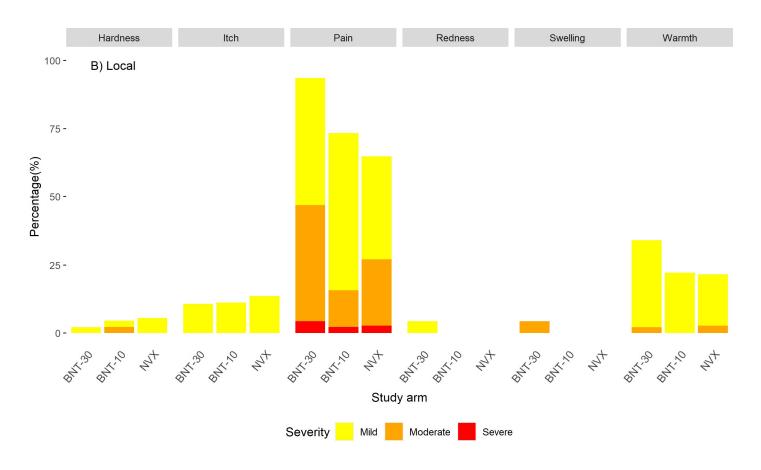






Solicited local adverse reactions post second vaccination



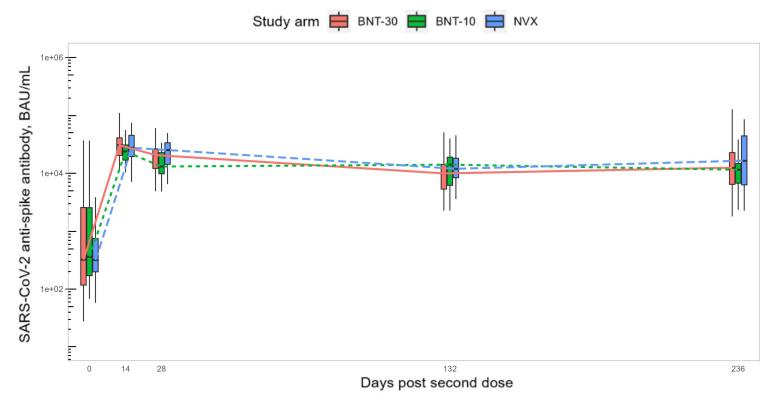






Anti-spike antibody response (Victoria) All participants, day 236 mITT population





Participant numbers: Total =103

BNT-30: 42

BNT-10: 35

NVX: 26



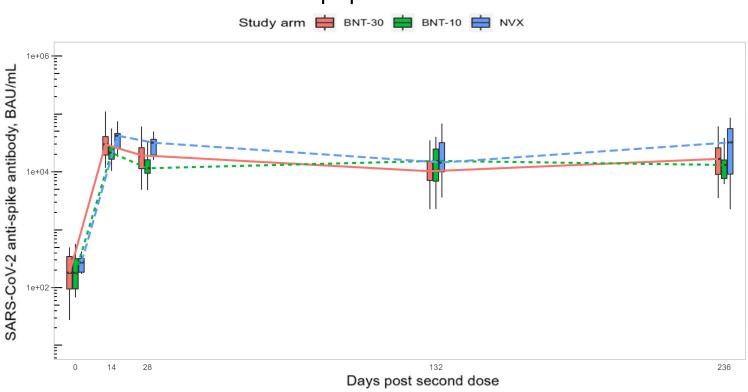
Modified intention-to-treat (mITT) population excludes participants who withdrew, had no blood sample at visit, self-reported a COVID-19 infection within 14 days of second dose, or received a third dose before 236 visit.



В

Anti-spike antibody response Seronegative pre-second dose participants, mITT population





Participant numbers: Total = 68 BNT-30: 28 BNT-10: 22

NVX: 18

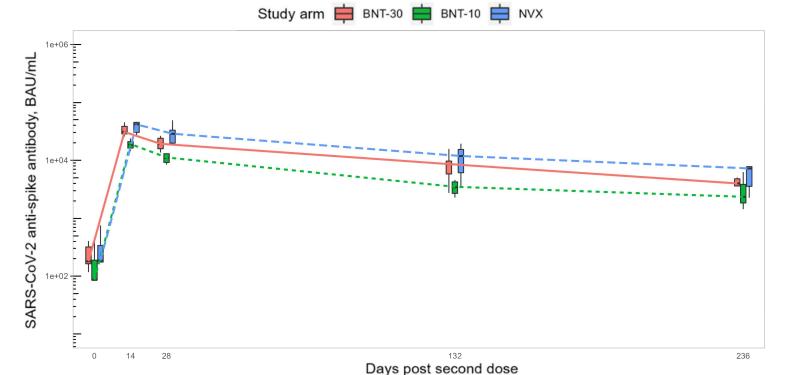




Anti-spike antibody response

Seronegative pre-second dose participants with <u>no infection</u> during follow-up, mITT population





Participant numbers: Total = 38

BNT-30: 16 BNT-10: 9

NVX: 13



COVID-19 infections from 28 to 236 days post second dose are excluded



BA.1 live virus neutralising antibody response Day 28 modified intention-to-treat population



	BNT-30 (reference), geometric mean (95% CI)	Study arm, geometric mean (95% CI)		djusted geometric nean ratio (95% CI)
BA.1 live virus neutralising antibody, normal	ised NT50 at 28 days post-second	d dose		
Overall BNT-10	361 (263, 497) [n=45]	333 (233, 476) [n=42] ——	—	1 (0.65, 1.54)
NVX	361 (263, 497) [n=45]	556 (414, 748) [n=35]	—-■	1.7 (1.07, 2.69)
Seronegative BNT-10	293 (202, 427) [n=31]	242 (165, 354) [n=30] —■		0.9 (0.56, 1.46)
NVX	293 (202, 427) [n=31]	604 (441, 827) [n=25]		1.95 (1.18, 3.23)
Seropositive BNT-10	573 (316, 1036) [n=14]	738 (370, 1474) [n=12] ——	-	1.32 (0.57, 3.08)
NVX	573 (316, 1036) [n=14]	451 (207, 986) [n=10]		0.9 (0.35, 2.33)
		BNT-30 higher	Study arm higher	
		0	1 2 3	

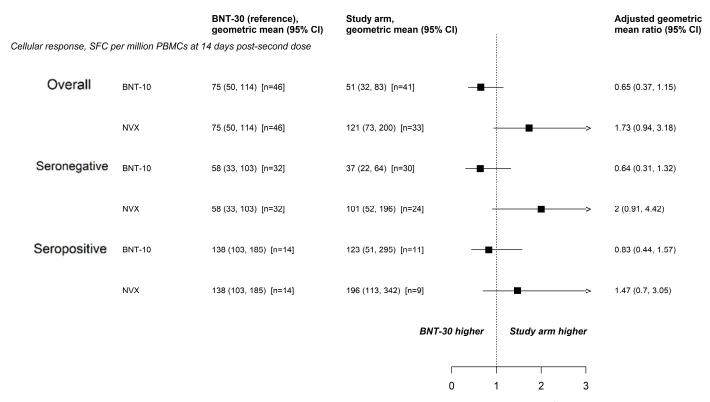




Cellular response



Day 14 modified intention-to-treat population





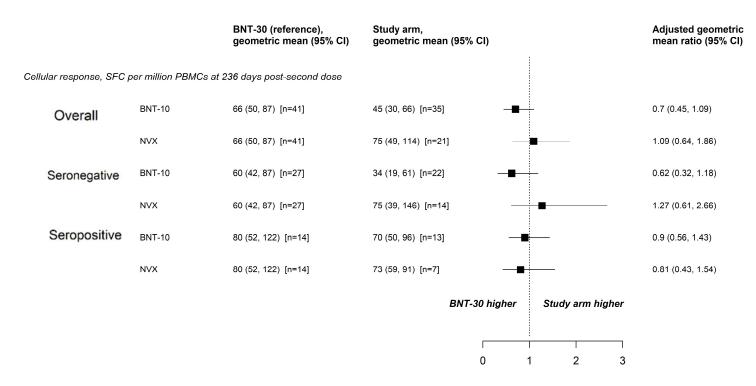
mITT population excludes participants who withdrew, had no blood sample at visit, self-reported a COVID-19 infection within 14 days of second dose.



Cellular response



Day 236 modified intention-to-treat population





mITT population excludes participants who withdrew, had no blood sample at visit, self-reported a COVID-19 infection within 14 days of second dose, or received a third dose before visit.



COVID-19
'Breakthrough
Infections' during
follow up



Comparing COVID-19 Vaccine Schedule Combinations

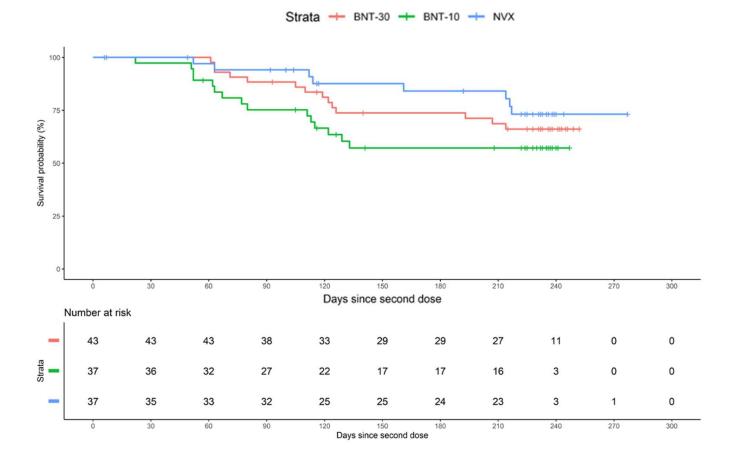




Time-to-event analysis: Self-reported COVID-19 infections during follow-up











Summary

> Heterologous and fractional dose COVID-19 vaccine schedules were well tolerated, no safety concerns

Anti-spike antibodies:

- Similar anti-spike Ig responses across the three study arms
- ➤ Highest response in seronegative NVX participants
- > Steady decline in responses across the study arms for participants with no infection during follow-up

Breakthrough infections:

➤ Highest rate in BNT-10 group; lowest in NVX group

Support for heterologous COVID-19 vaccine schedules

> Implications for schedule flexibility and vaccine access globally















Com-COV3 Cohort B Study

Reactogenicity and Immunogenicity following Heterologous and Homologous Third Dose COVID-19 vaccination in Adolescents



Cohort B study design



Study arm*	Dose 1 + 2 (Received in community/ Cohort A)	Dose 3 given at Study D0: (3 months after dose 2)	3 months (Day 84)	6 months (Day 182)
1 (n= up to 62)	BNT162b2 30 μg x 2	BNT162b2 30 μg	-	-
2 (n= up to 62)	BNT162b2 30 μg x 2	BNT162b2 10µg (adult) 1/3 dose 0.1 ml	-	-
3 (n= up to 62)	BNT162b2 30 μg x 2	BNT162b2 10µg (paediatric) 0.2 ml	-	-
4 (n= up to 62)	BNT162b2 30 μg x 2	NVXCoV2373	-	-
5 (n= up to 62)	BNT162b2 30 μg x 2	4CMenB CONTROL	4CMenB CONTROL	Comirnaty Original/ Omicron BA.1 15/15μg



^{*} Target n = up to 310 based on non-inferiority power calculation



Cohort B: Outcomes



• Primary:

- Reactogenicity
- To determine if immunogenicity following 10 μ g adult formulation BNT162b2 is non-inferior to 10 μ g paediatric formulation BNT162b2

• Secondary:

- Immunogenicity
- Safety

Exploratory

- Neutralising Ab (Victoria, BA.5, XBB.1.5)
- Breakthrough infection





Demographics



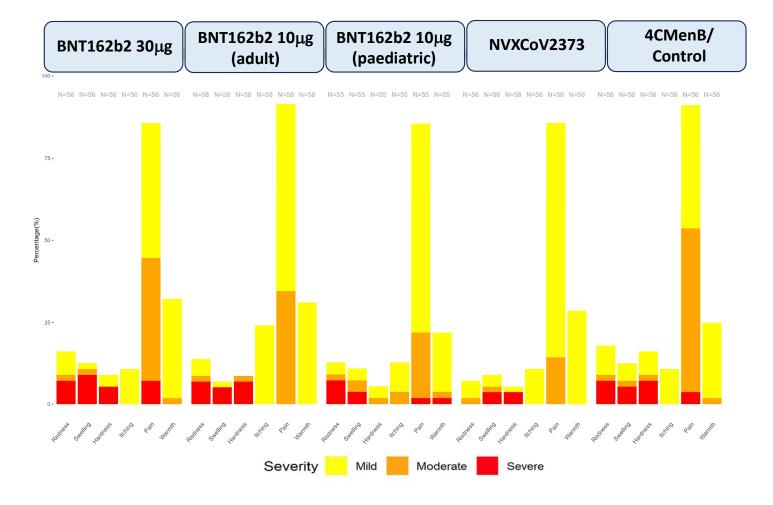
- 281 participants enrolled
- Mean age 14 years old
- **56%** female
- 89% Caucasian
- **65**% previous history of SARS-CoV-2 infection
- 2nd & 3rd Inter-dose interval:
 - mean **244.8** days (SD 91.3)

BNT162b2 30 μg	n = 56
BNT162b2 10μg (adult) 0.1 ml	n = 58
BNT162b2 10μg (paediatric) 0.2 ml	n = 56
NVXCoV2373	n = 56
4CMenB/Control	n = 56



Cohort B Co-Primary outcome: Local Reactogenicity











Royal Free London

NHS Foundation Trust

Sheffield Teaching Hospitals

NHS Foundation Trust





Comparing COVID-19 Vaccine **Schedule Combinations**

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