

VAX-24 Infant
Phase 2 Dose-
Finding Study
Topline Results



March 31, 2025

VAXCYTE
protect humankind™

Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. These statements include, but are not limited to, statements related to the ability of Vaxcyte’s vaccine candidates and platform to achieve the broadest coverage of any infant pneumococcal conjugate vaccine on the market; the ability for VAX-24 to provide the broadest serotype and disease coverage in infants; the ability of VAX-31 to further expand coverage; precedent criteria for licensure; the timing of the remaining VAX-24 infant Phase 2 study data readout and VAX-31 infant Phase 2 study readouts; the timing of the initiation and data read outs for the VAX-31 adult studies; the ability to deliver a potentially best-in-class pneumococcal conjugate vaccine franchise demand for Vaxcyte’s vaccine candidates; the growth and expansion of the pneumococcal vaccine market; the market opportunity for Vaxcyte’s vaccines; Vaxcyte’s expectations regarding the spectrum coverage and regulatory pathway of its vaccine candidates; and other statements that are not historical fact. The words “anticipate,” “believe,” “continue,” “could,” “designed,” “estimate,” “expect,” “intend,” “may,” “plan,” “potential,” “predict,” “project,” “should,” “target,” “will,” “would” and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

These forward-looking statements are based on Vaxcyte’s current expectations and actual results and timing of events could differ materially from those anticipated in such forward-looking statements as a result of risks and uncertainties, including, without limitation, risks related to Vaxcyte’s product development programs, including development timelines, success and timing of chemistry, manufacturing and controls and related manufacturing activities; potential delays or inability to obtain and maintain required regulatory approvals for its vaccine candidates; the risks and uncertainties inherent with preclinical and clinical development processes; the success, cost and timing of all development activities and clinical trials; and the sufficiency of cash and other funding to support Vaxcyte’s development programs and other operating expenses, any of which could materially and adversely affect Vaxcyte’s business and operations. These and other risks are described more fully in Vaxcyte’s filings with the Securities and Exchange Commission (SEC), including its Annual Report on Form 10-K filed with the SEC on February 25, 2025 or in other documents Vaxcyte subsequently files with or furnishes to the SEC. Vaxcyte undertakes no duty or obligation to update any forward-looking statements contained in this release as a result of new information, future events or changes in its expectations.

The background of the slide is a green-tinted microscopic image showing several large, spherical bacteria with a textured, wrinkled surface. There are also smaller, similar-looking structures scattered throughout the field of view.

VAXCYTE MISSION STATEMENT

We are on a global mission to engineer high-fidelity vaccines that protect humankind from the consequences of bacterial diseases.

Agenda

- **INTRODUCTION AND VAX-24 INFANT STUDY RESULTS OVERVIEW**
- **VAX-24 INFANT PHASE 2 DOSE-FINDING STUDY TOPLINE RESULTS**
 - Disposition and Demographics
 - Safety and Tolerability Data
 - Topline Immunogenicity Data
 - Post-Dose 3 IgG & Interim OPA
 - Post-Dose 4 Interim IgG
- **PLANNING FOR INFANT PHASE 3 PROGRAM**
- **PCV FRANCHISE AND PIPELINE UPDATE**

Introduction and VAX-24 Infant Study Results Overview

VAX-24 Phase 2 Infant Study Results and Platform Demonstrate Potential to Achieve Broadest Coverage of Any Infant PCV On-Market



Topline study results positive and met objectives



Safety and tolerability profile similar to standard-of-care



VAX-24 elicited substantial IgG, OPA and memory responses and performed particularly well against currently circulating serotypes contained in the vaccine



Substantial, dose-dependent immune responses and little to no evidence of carrier suppression observed



Strong conviction in potential to deliver broadest-spectrum PCVs as we advance into Phase 3 in infants and adults and introduce our third-generation PCV -- VAX-XL

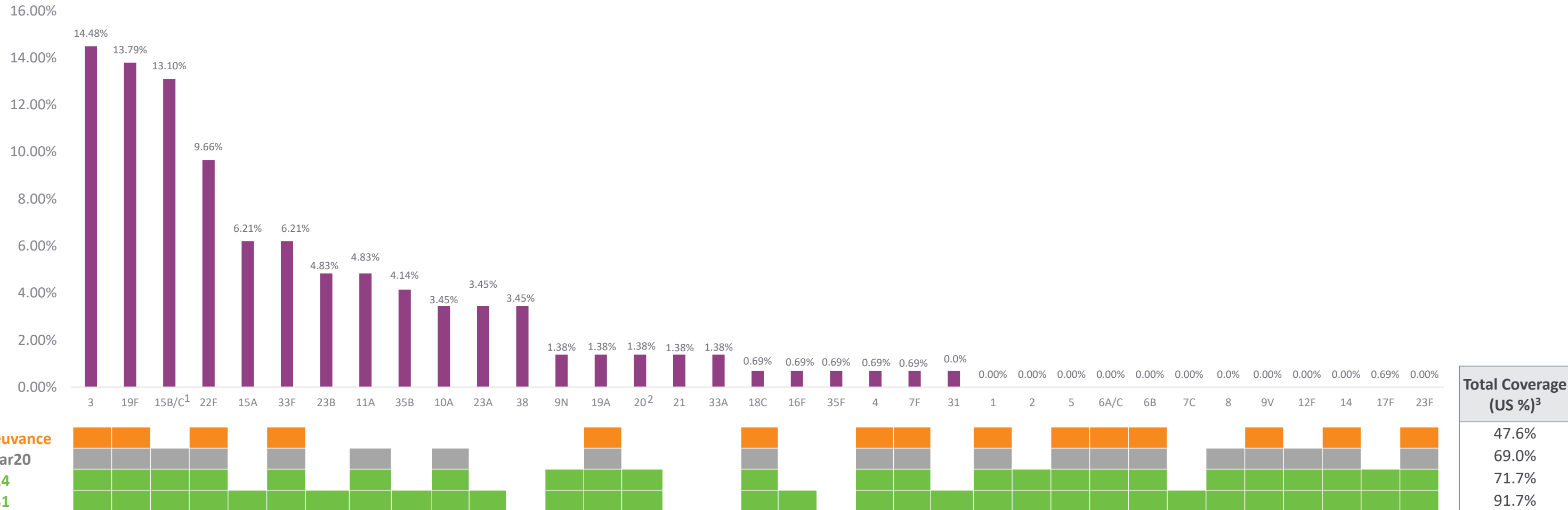
Global Health Impact of Pneumococcal Disease (PD) Remains Significant

The U.S. CDC lists drug-resistant *Streptococcus pneumoniae* as a “serious threat.”

Over **150,000** U.S. hospitalizations annually due to pneumococcal pneumonia.

Globally, *Streptococcus pneumoniae* is the leading cause of vaccine-preventable deaths in children under five, causing approximately 300,000 deaths each year.

VAX-24 Designed to Provide Broadest Serotype and Disease Coverage in Infants with Opportunity to Further Expand Coverage with VAX-31



¹ 15C coverage due to cross protection against 15B.

² The serogroup 20 antigen contained in VAX-24 and VAX-31, formerly known as a 20B variant, has been officially reclassified as 20C. Due to the significant structural homology between 20C and 20B, immune responses elicited by 20C have been demonstrated to be highly cross-reactive with 20B. The Company therefore expects to be able to demonstrate coverage for both serotypes, 20B and 20C, in the anticipated VAX-31 adult Phase 3 studies. Reference: Yu J, et al.; New pneumococcal serotype 20C is a WciG O-acetyltransferase deficient variant of canonical serotype 20B. Microbiol Spectr 0:e02443-24.

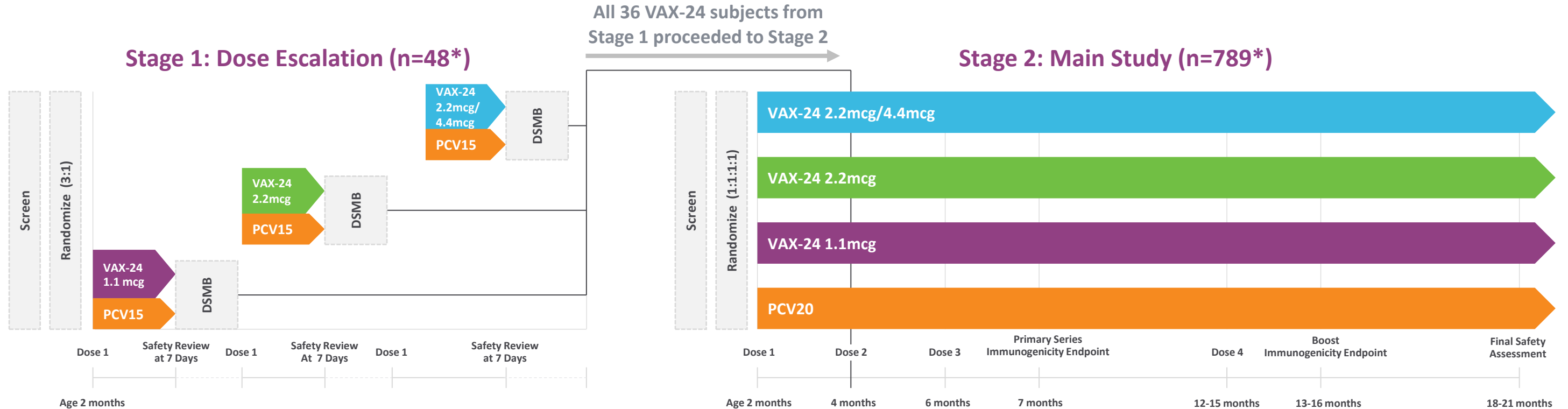
³ % of IPD caused in individuals <5 yrs of age in the U.S. in 2023 based on ABC surveillance data References: https://data.cdc.gov/Public-Health-Surveillance/1998-2023-Serotype-Data-for-Invasive-Pneumococcal-/qzvb-qs6p/about_data.

VAX-24 Infant Phase 2 Dose-Finding Study Topline Results

Study Design

VAX-24 Infant Phase 2 Dose-Finding Clinical Study (N=802)

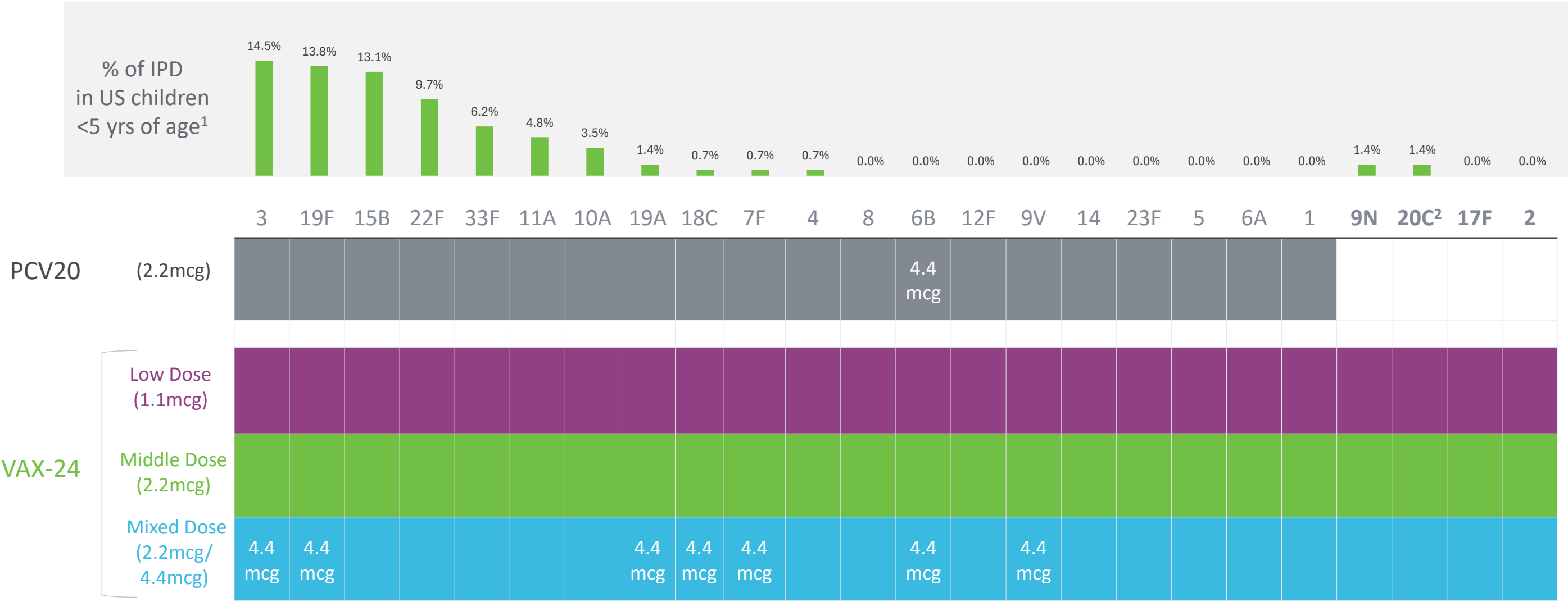
Randomized, Observer-Blind, Active-Controlled, Dose-Finding, Clinical Study to Evaluate Safety, Tolerability and Immunogenicity of VAX-24 vs. Standard-of-Care (PCV20) in 802 Healthy Infants



*The 36 subjects from the three VAX-24 cohorts in Stage 1 proceeded to Stage 2 of the study. The 12 subjects who received PCV15 in Stage 1 were given PCV20 for Doses 2-4 and followed separately and are not included in the safety or immunogenicity evaluable populations.

Three VAX-24 Doses Evaluated in Infant Phase 2 Dose-Finding Study

Identical to Doses Evaluated in VAX-24 Adult Program



- Mixed dose includes seven serotypes at 4.4mcg strategically chosen based on epidemiological relevance or prior evidence of dose-dependent immune responses to increase the probability of generating non-inferior immune responses for those serotypes.

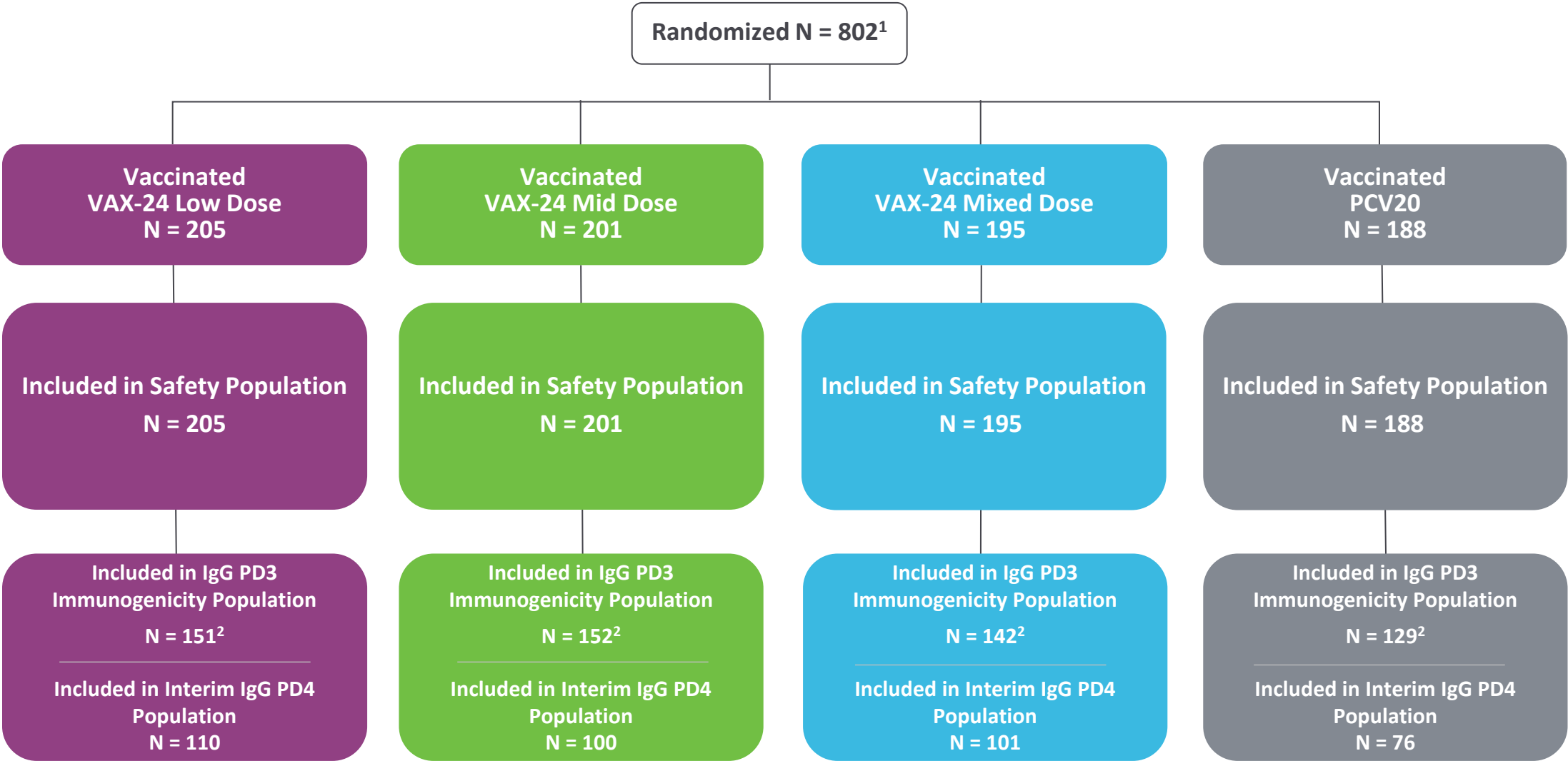
¹ % of IPD caused in individuals <5 yrs of age in the U.S. in 2023 based on ABC surveillance data References: https://data.cdc.gov/Public-Health-Surveillance/1998-2023-Serotype-Data-for-Invasive-Pneumococcal-/qzvb-qs6p/about_data.

²The serogroup 20 antigen contained in VAX-24 and VAX-31, formerly known as a 20B variant, has been officially reclassified as 20C. For additional details on serogroup 20, please see footnote 1 on slide 8.

Disposition and Demographics

Study Disposition

VAX-24 Infant Phase 2 Dose-Finding Study



¹Of the 802 randomized subjects, 12 received PCV15 for dose 1 and are not included in the PCV20 vaccinated population and 1 withdrew prior to vaccination.

²The PD3 immunogenicity population across all cohorts excludes subjects who discontinued from the study or for whom blood samples were unavailable or ineligible.

Population Demographics

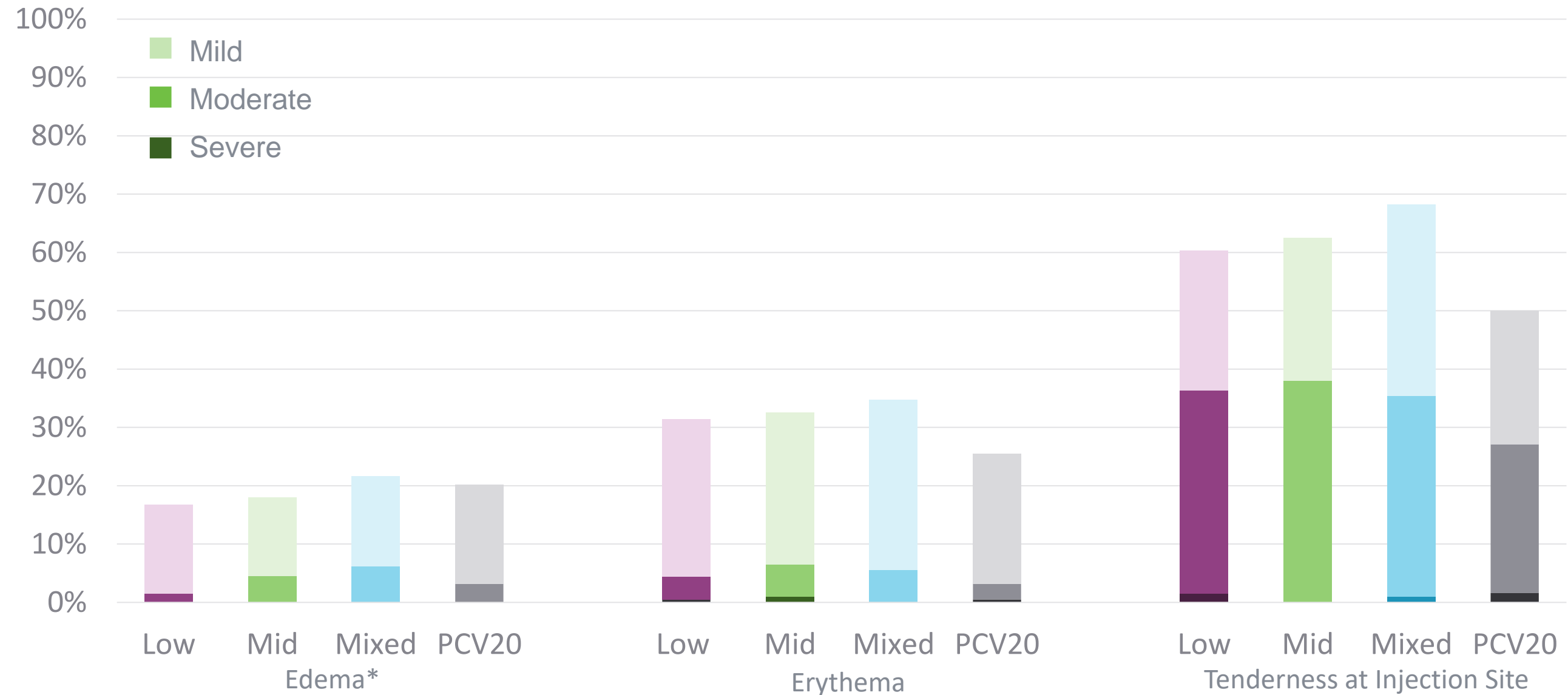
Generally Balanced Across Cohorts

	VAX-24 Low Dose	VAX-24 Mid Dose	VAX-24 Mixed Dose	PCV20
Number of Subjects	205	201	195	188
Median Age, days (Q1, Q3)¹	64 (61, 68)	64 (61, 68)	64 (62, 68)	64 (62, 68)
Sex, n (%)				
Female	113 (55.1)	103 (51.2)	94 (48.2)	87 (46.3)
Male	92 (44.9)	98 (48.8)	101 (51.8)	101 (53.7)
Race, n (%)				
White	139 (67.8)	141 (70.1)	139 (71.3)	127 (67.6)
Black	38 (18.5)	35 (17.4)	29 (14.9)	31 (16.5)
Asian	3 (1.5)	0 (0.0)	5 (2.6)	2 (1.1)
Native Hawaiian	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
American Indian or Native Alaskan	1 (0.5)	1 (0.5)	2 (1.0)	1 (0.5)
Other/ Multiracial	24 (11.7)	24 (11.9)	20 (10.3)	27 (14.4)
Median Weight, kg (Q1, Q3)	5.19 (4.77, 5.63)	5.18 (4.73, 5.81)	5.29 (4.80, 5.72)	5.22 (4.73, 5.67)
Median Length, cm (Q1, Q3)	57.66 (55.88 , 59.18)	57.79 (55.88, 59.69)	57.80 (55.88, 59.69)	58.09 (55.88, 59.69)
Median Gestational Age, weeks (Q1, Q3)	39 (38, 39)	39 (38, 39)	39 (38, 39)	39 (38, 39)
Median Birth Weight, kg (Q1, Q3)	3.29 (2.93, 3.60)	3.27 (3.00, 3.60)	3.27 (2.97, 3.63)	3.22 (2.96, 3.54)

Safety and Tolerability Data

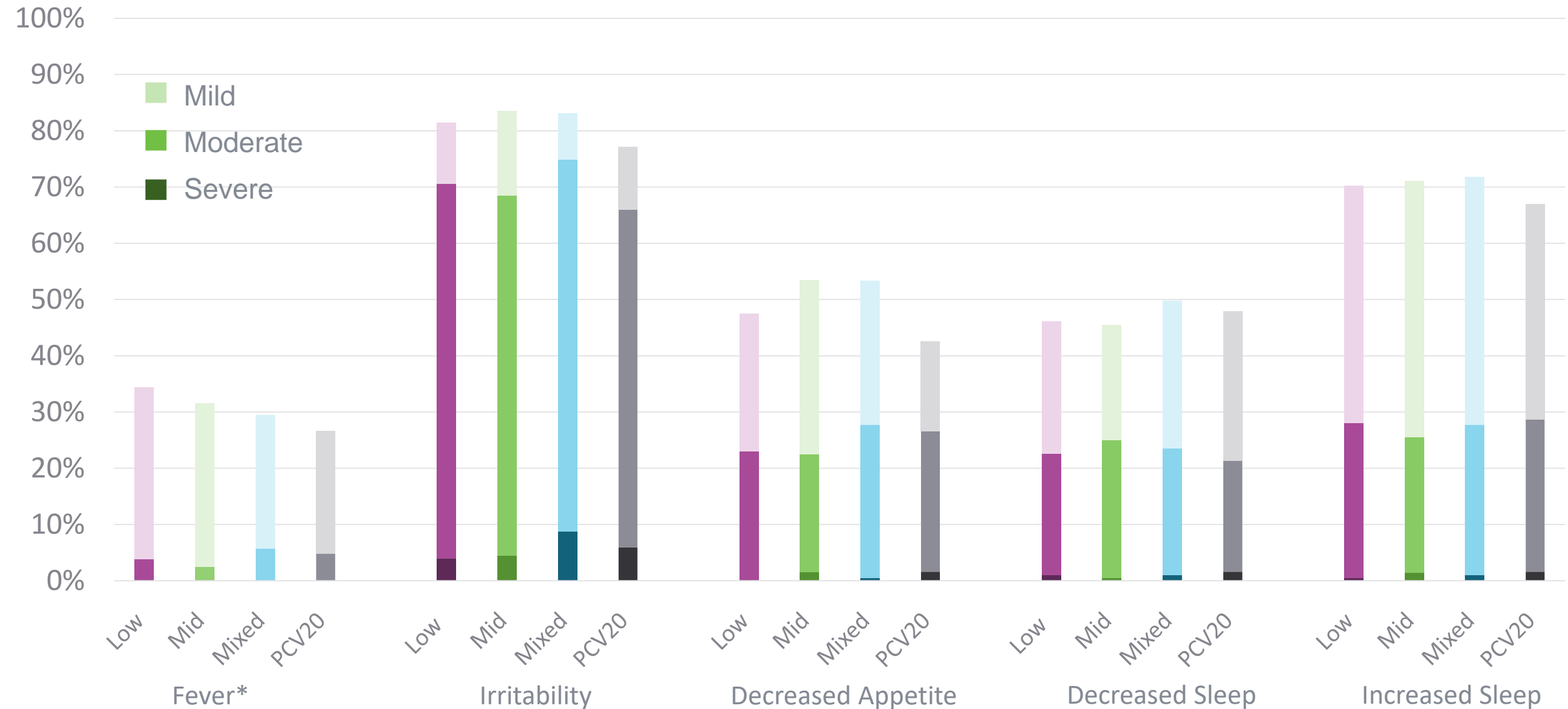
VAX-24 Well Tolerated Across All Dose Cohorts

Local Solicited AEs Through 7 Days After Each of Three Primary Doses



VAX-24 Well Tolerated Across All Dose Cohorts

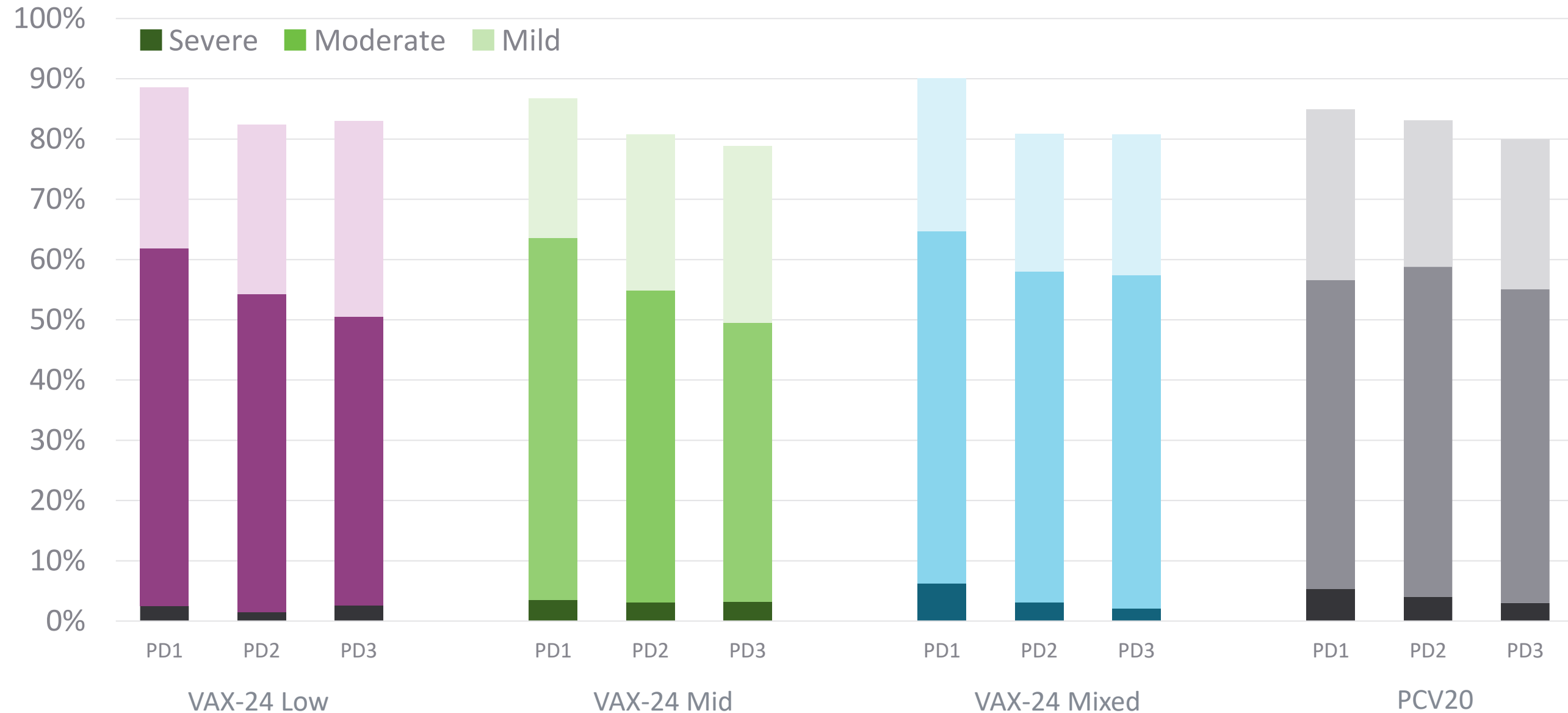
Systemic Solicited AEs Through 7 Days After Each of Three Primary Doses



* One occurrence of severe fever redacted to maintain blinding.

VAX-24 Well Tolerated Across All Dose Cohorts

Any Solicited AE Through 7 Days After Each Primary Dose



Safety Data from VAX-24 Phase 2 Study

Safety Results Similar to PCV20 and Across Cohorts

	VAX-24 Low Dose	VAX-24 Mid Dose	VAX-24 Mixed Dose	PCV20	Overall
NUMBER OF SUBJECTS WITH:	205	201	195	188	789
Unsolicited TEAE, n (%)	186 (90.7)	184 (91.5)	181 (92.8)	176 (93.6)	727 (92.1)
Related Unsolicited TEAE, n (%)	16 (7.8)	16 (8.0)	17 (8.7)	12 (6.4)	61 (7.7)
MAAE, n (%)	178 (86.8)	165 (82.1)	166 (85.1)	158 (84.0)	667 (84.5)
Related MAAE, n (%)	3 (1.5)	4 (2.0)	2 (1.0)	2 (1.1)	11 (1.4)
NOCI, n (%)	14 (6.8)	12 (6.0)	15 (7.7)	10 (5.3)	51 (6.5)
Related NOCI, n (%)	*	*	*	*	1 (0.1) ¹
SAE, n (%)	10 (4.9)	7 (3.5)	11 (5.6)	11 (5.9)	39 (4.9)
Related SAE, n (%)	0	0	0	0	0
Death, n (%)	0	0	0	1 (0.1) ²	1 (0.1)
Related Death, n (%)	0	0	0	0	0

TEAE = Treatment emergent adverse events; NOCI = new onset of chronic illnesses; MAAE = medically attended adverse events; SAE = Serious adverse events.

* = Data redacted to maintain blinding until study completion.

¹ Related NOCI = mild nasal congestion.

² One sudden infant death syndrome (SIDS) case occurred in the PCV20 cohort 7 weeks after the first and only dose was administered; following a thorough investigation, case was found to be unrelated to study vaccine.

Topline Immunogenicity Data

Criteria for Infant Phase 2 Immunogenicity Measures to Support Phase 3 Advancement and Precedent FDA Considerations for Broader-Spectrum Infant PCV Licensure

		TOTALITY OF DATA ¹	
		Phase 2 Target	Phase 3 Endpoints
Primary Series Non-inferiority Post-dose 3 (PD3) or “Prime”	<ul style="list-style-type: none"> For common STs: Lower limit (LL) of the 95% CI for the difference between the proportion of participants achieving the seroconversion rate (pre-defined IgG concentration ≥ 0.35 mcg/mL) is > -15%² for each ST For unique STs: Achieve same IgG concentration threshold as above, but compared to the ST with the lowest response rate in the comparator PCV, excluding ST3 	<ul style="list-style-type: none"> For common STs: FDA has evaluated larger Phase 3 NI registration studies based on achievement of seroconversion rate of > -10% for each ST For unique STs: Achieve same IgG concentration threshold as above, but compared to the ST with the lowest response rate in the comparator PCV, excluding ST3 	Secondary Immunogenicity Endpoints <ul style="list-style-type: none"> IgG antibody levels PD3 (GMR) Functional antibody levels PD3 and PD4 (OPA) IgG seroconversion rates PD4
	<ul style="list-style-type: none"> For common STs: IgG GMRs with point estimate of >0.6 for each ST³ For unique STs: Achieve same IgG GMR threshold as above compared to the ST with lowest IgG GMC in the comparator PCV, excluding ST3 	<ul style="list-style-type: none"> For common STs: FDA has evaluated larger Phase 3 NI registration studies based on LL of the 95% CI for IgG GMR >0.5 for each ST For unique STs: Achieve same IgG GMR threshold as above compared to the ST with lowest IgG GMC in the comparator PCV, excluding ST3 	
Booster Dose Non-inferiority Post-dose 4 (PD4) or “boost”	<ul style="list-style-type: none"> For common STs: IgG GMRs with point estimate of >0.6 for each ST³ For unique STs: Achieve same IgG GMR threshold as above compared to the ST with lowest IgG GMC in the comparator PCV, excluding ST3 	<ul style="list-style-type: none"> For common STs: FDA has evaluated larger Phase 3 NI registration studies based on LL of the 95% CI for IgG GMR >0.5 for each ST For unique STs: Achieve same IgG GMR threshold as above compared to the ST with lowest IgG GMC in the comparator PCV, excluding ST3 	Additional Key Considerations <ul style="list-style-type: none"> % of circulating disease for each ST Magnitude of antibody responses Degree of shortfall on primary endpoints
	<ul style="list-style-type: none"> For common STs: IgG GMRs with point estimate of >0.6 for each ST³ For unique STs: Achieve same IgG GMR threshold as above compared to the ST with lowest IgG GMC in the comparator PCV, excluding ST3 	<ul style="list-style-type: none"> For common STs: FDA has evaluated larger Phase 3 NI registration studies based on LL of the 95% CI for IgG GMR >0.5 for each ST For unique STs: Achieve same IgG GMR threshold as above compared to the ST with lowest IgG GMC in the comparator PCV, excluding ST3 	

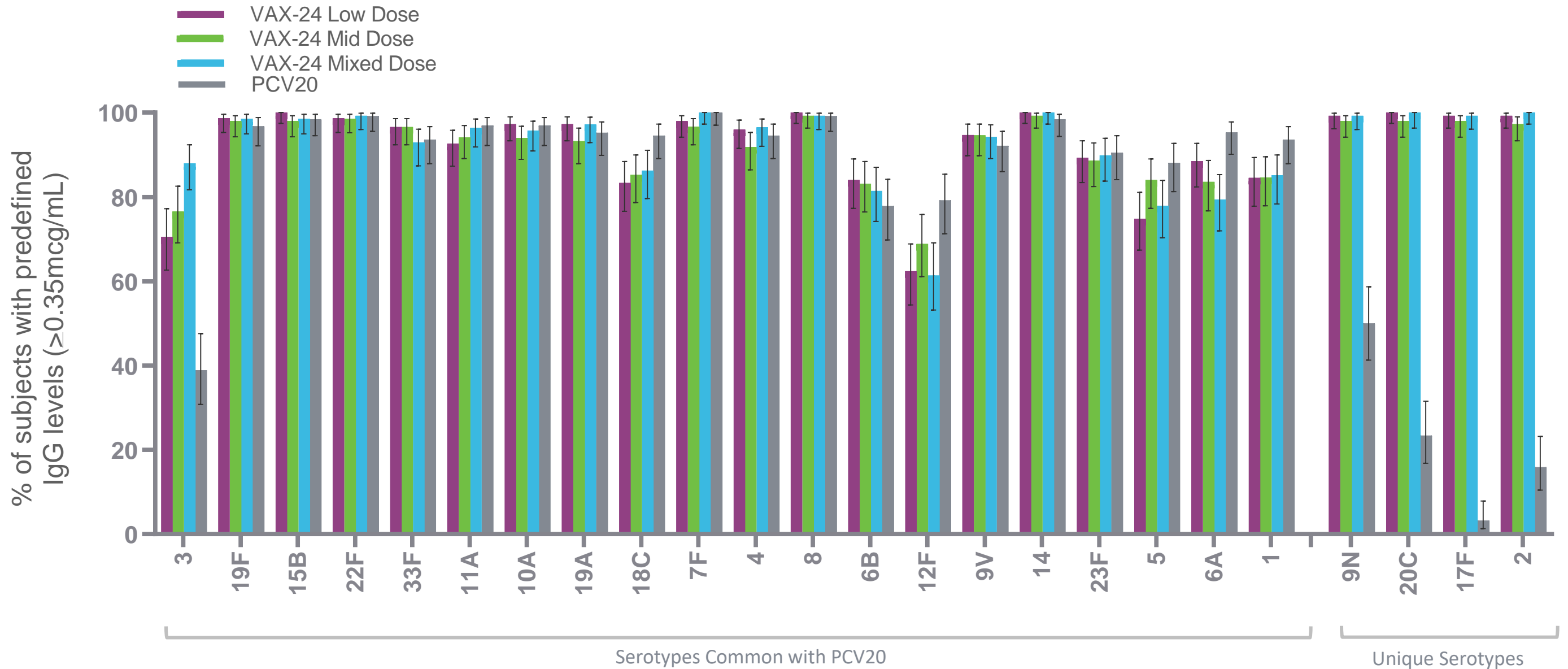
CI = confidence interval; IgG = Immunoglobulin G.

¹ Sources: April 27, 2023 Clinical Review - Prevnar20.pdf and June 17, 2022 Clinical Review (STN 125741/6) – VAXNEUVANCE.

² Merck applied the >-15% for V114 (Vaxneuvance) Phase 2 endpoint supporting advancement to Phase 3 (<https://pmc.ncbi.nlm.nih.gov/articles/PMC7360095/>).

³ Based on our statistical analysis of precedent Phase 2 and Phase 3 studies.

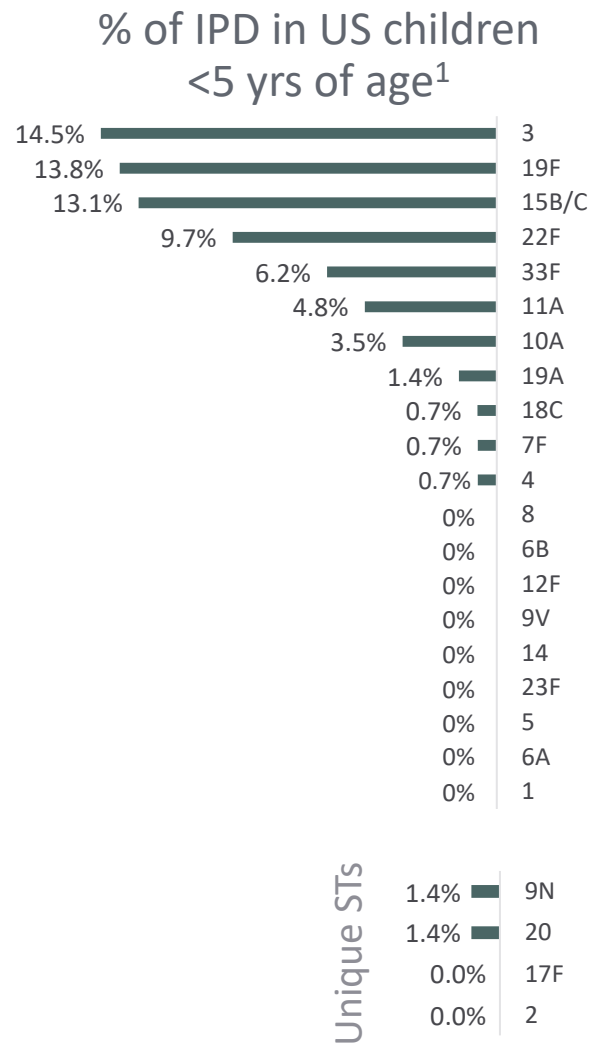
VAX-24 Demonstrated High Overall Seroconversion Rates Across All Doses



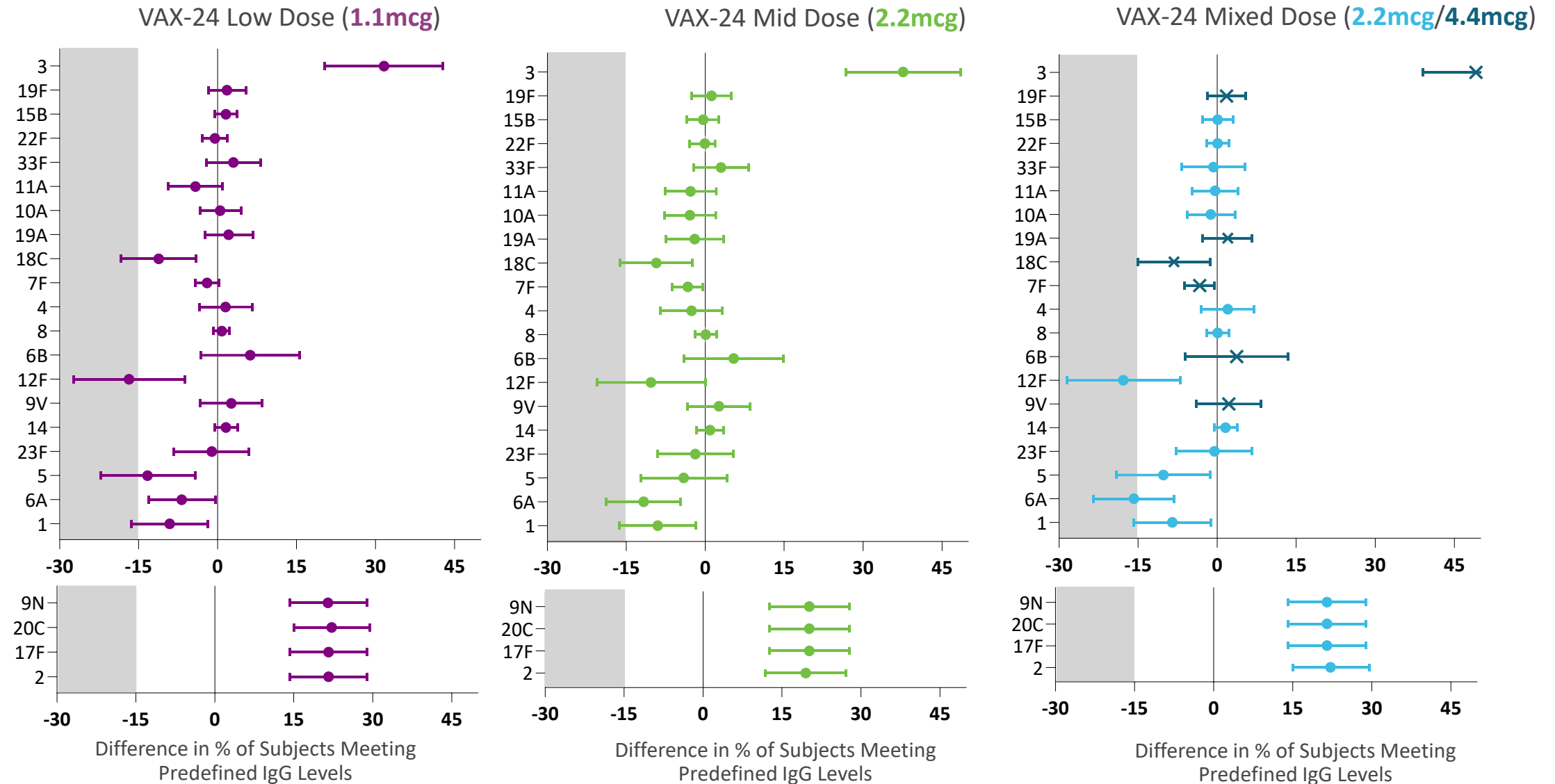
IgG = Immunoglobulin G. The serogroup 20 antigen contained in VAX-24 and VAX-31, formerly known as a 20B variant, has been officially reclassified as 20C. For additional details on serogroup 20, please see footnote 1 on slide 7.

VAX-24 PD3 Seroconversion Rates Compared to PCV20

Met Precedent Phase 2 Non-Inferiority Criteria on 20 of 24 STs at All Doses



VAX-24 vs. PCV20: Difference in % of Subjects Meeting Predefined IgG Levels²



NI = Non-inferiority; IgG = Immunoglobulin G..

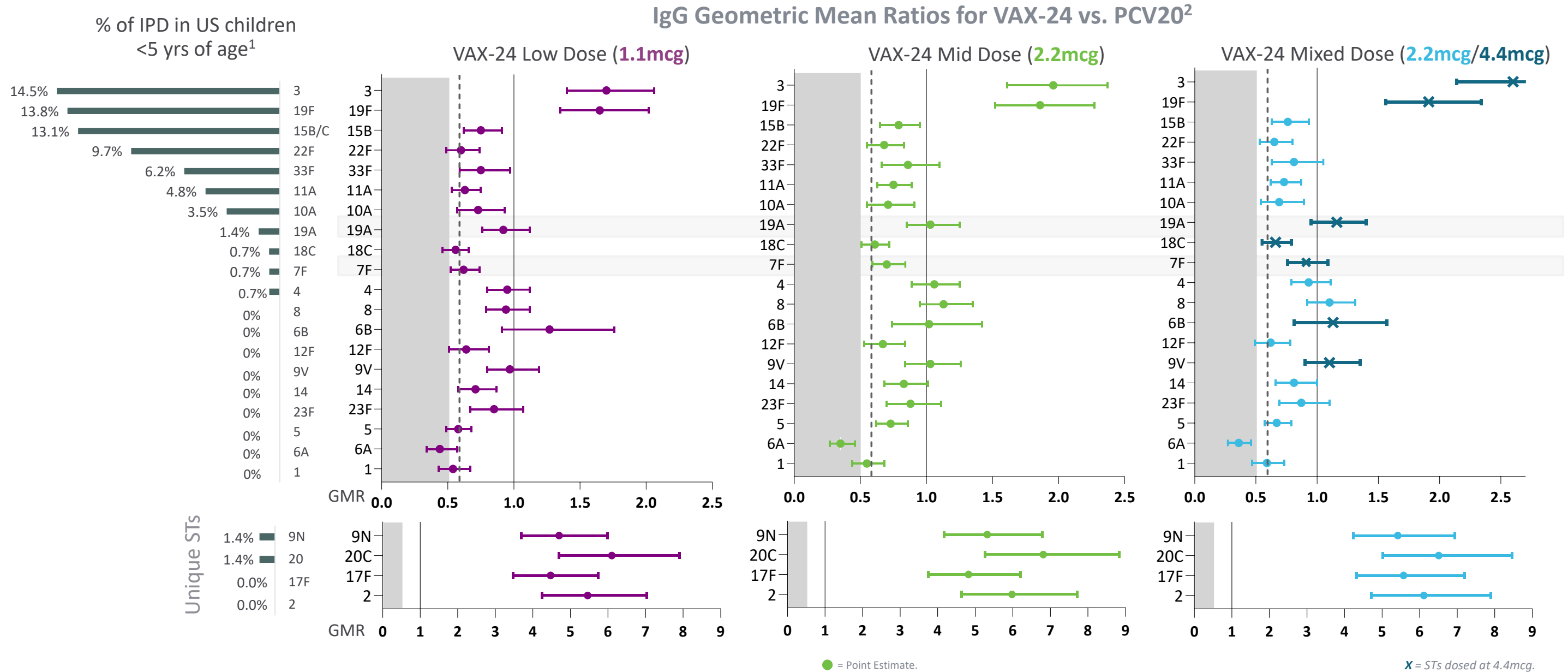
X = STs dosed at 4.4mcg.



¹ % of IPD caused in individuals <5 yrs of age in the U.S. in 2023 based on ABC surveillance data References: https://data.cdc.gov/Public-Health-Surveillance/1998-2023-Serotype-Data-for-Invasive-Pneumococcal-/qvzb-qs6p/about_data.
² % of subjects meeting ≥ 0.35 mcg/mL for unique STs were calculated compared to ST 6B, which is the ST in PCV20 with the lowest seroconversion rate Post-Dose 3 (excluding ST 3 or lower responding STs).
 The serogroup 20 antigen contained in VAX-24 and VAX-31, formerly known as a 20B variant, has been officially reclassified as 20C. For additional details on serogroup 20, please see footnote 1 on slide 8.

VAX-24 PD3 IgG GMRs Compared to PCV20

Met Target Phase 2 Non-Inferiority Criteria for Point Estimate of >0.6 on 22 of 24 STs at Mid and Mixed Doses

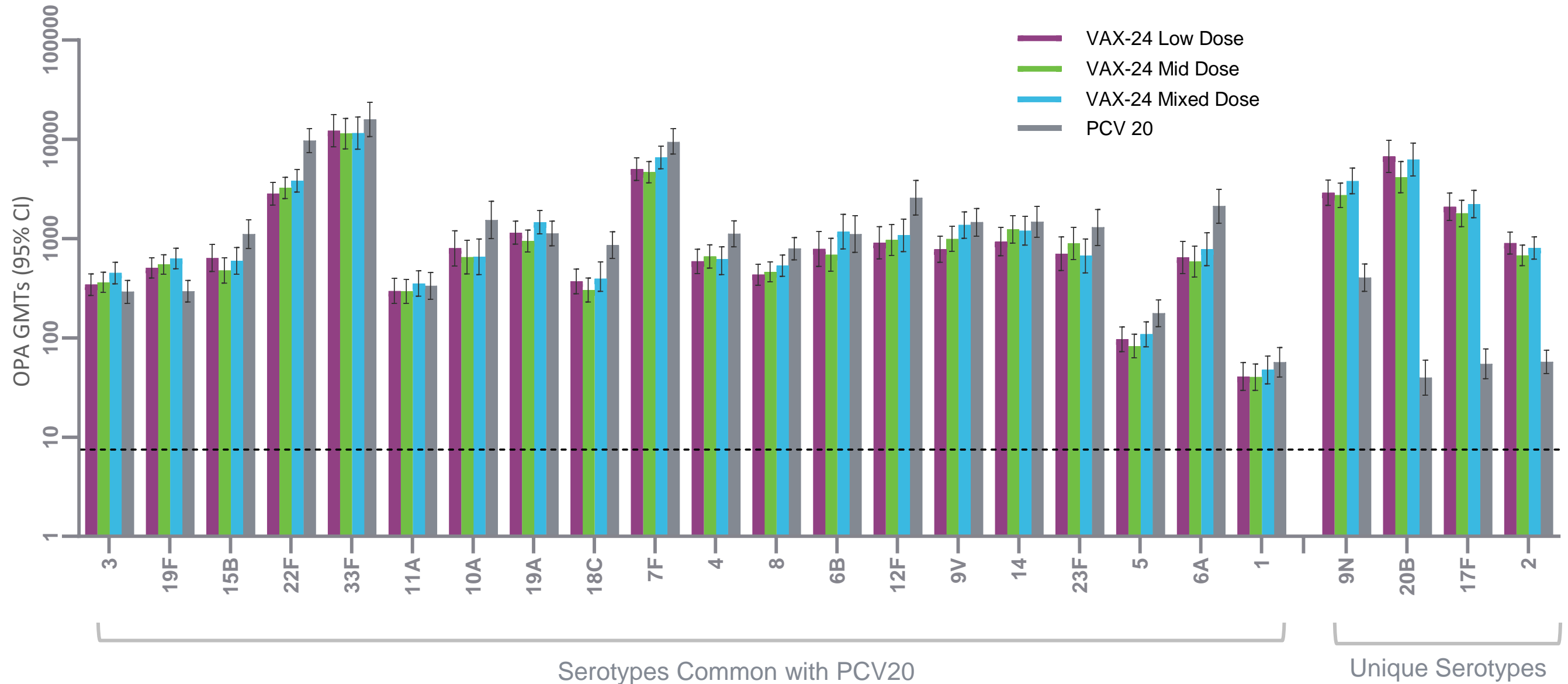


¹ % of IPD caused in individuals <5 yrs of age in the U.S. in 2023 based on ABC surveillance data References: https://data.cdc.gov/Public-Health-Surveillance/1998-2023-Serotype-Data-for-Invasive-Pneumococcal-/qvzb-qs6p/about_data

² GMRs for unique STs were calculated compared to ST 12F, which is the ST in PCV20 with the lowest GMC Post-Dose 3 (excluding ST 3 or lower responding STs). The serogroup 20 antigen contained in VAX-24 and VAX-31, formerly known as a 20B variant, has been officially reclassified as 20C. For additional details on serogroup 20, please see footnote 1 on slide 8.

VAX-24 PD3 OPA GMT Immune Responses

OPA is a Key Secondary Endpoint – GMTs >8 Correlated With Effectiveness Against IPD



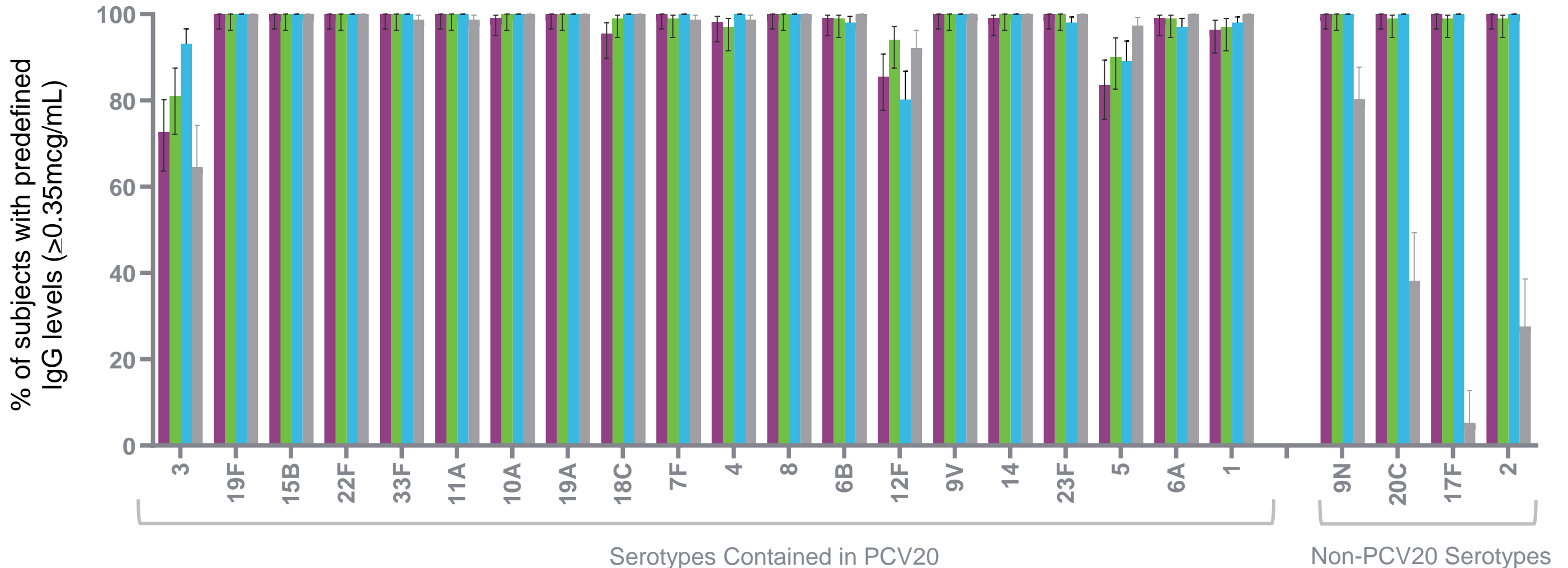
The serogroup 20 antigen contained in VAX-24 and VAX-31, formerly known as a 20B variant, has been officially reclassified as 20C. For additional details on serogroup 20, please see footnote 1 on slide 7. Serotype 20B was studied in this OPA analysis. IgG = Immunoglobulin G.

PD4 Interim IgG Immunogenicity Data

VAX-24 PD4 Seroconversion Rates

High IgG Seroconversion Rates Across All Doses

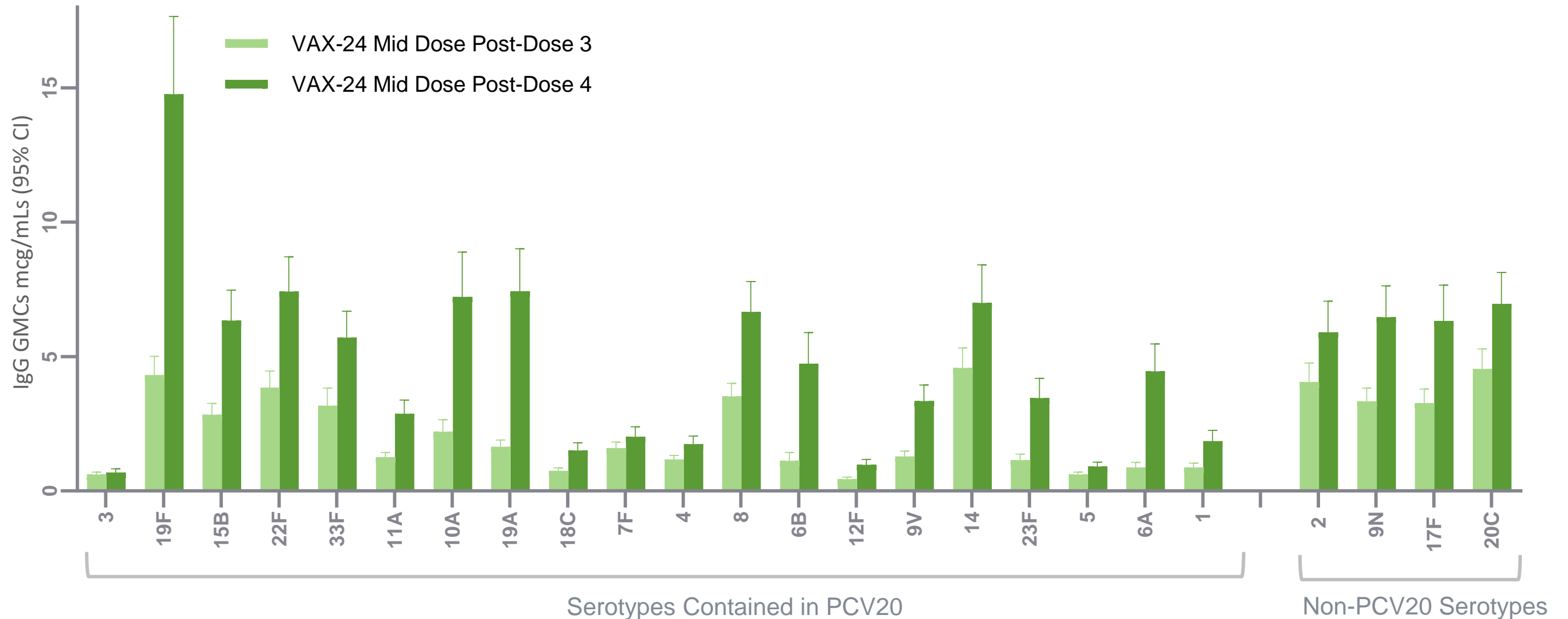
- VAX-24 Low Dose
- VAX-24 Mid Dose
- VAX-24 Mixed Dose
- PCV20



The serogroup 20 antigen contained in VAX-24 and VAX-31, formerly known as a 20B variant, has been officially reclassified as 20C. For additional details on serogroup 20, please see footnote 1 on slide 8. IgG = Immunoglobulin G.

VAX-24 Demonstrated Robust Memory Responses – PD3 vs PD4 IgG GMCs

Robust Booster Responses Elicited at all Doses

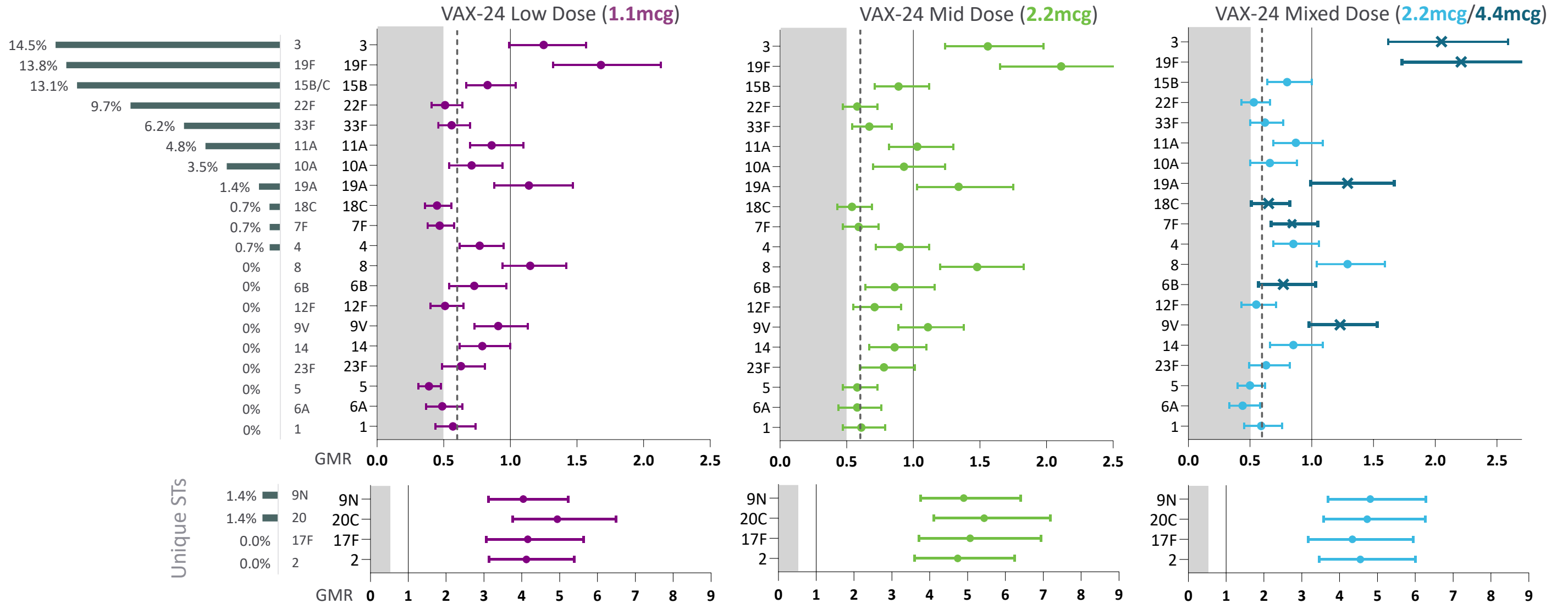


The serogroup 20 antigen contained in VAX-24 and VAX-31, formerly known as a 20B variant, has been officially reclassified as 20C. For additional details on serogroup 20, please see footnote 1 on slide 8. IgG = Immunoglobulin G.

VAX-24 PD4 IgG GMRs

Met Target Phase 2 Non-Inferiority Criteria for Point Estimate of >0.6 on 19 of 24 STs at Mid and Mixed Doses

IgG Geometric Mean Ratios for VAX-24 vs. PCV20¹



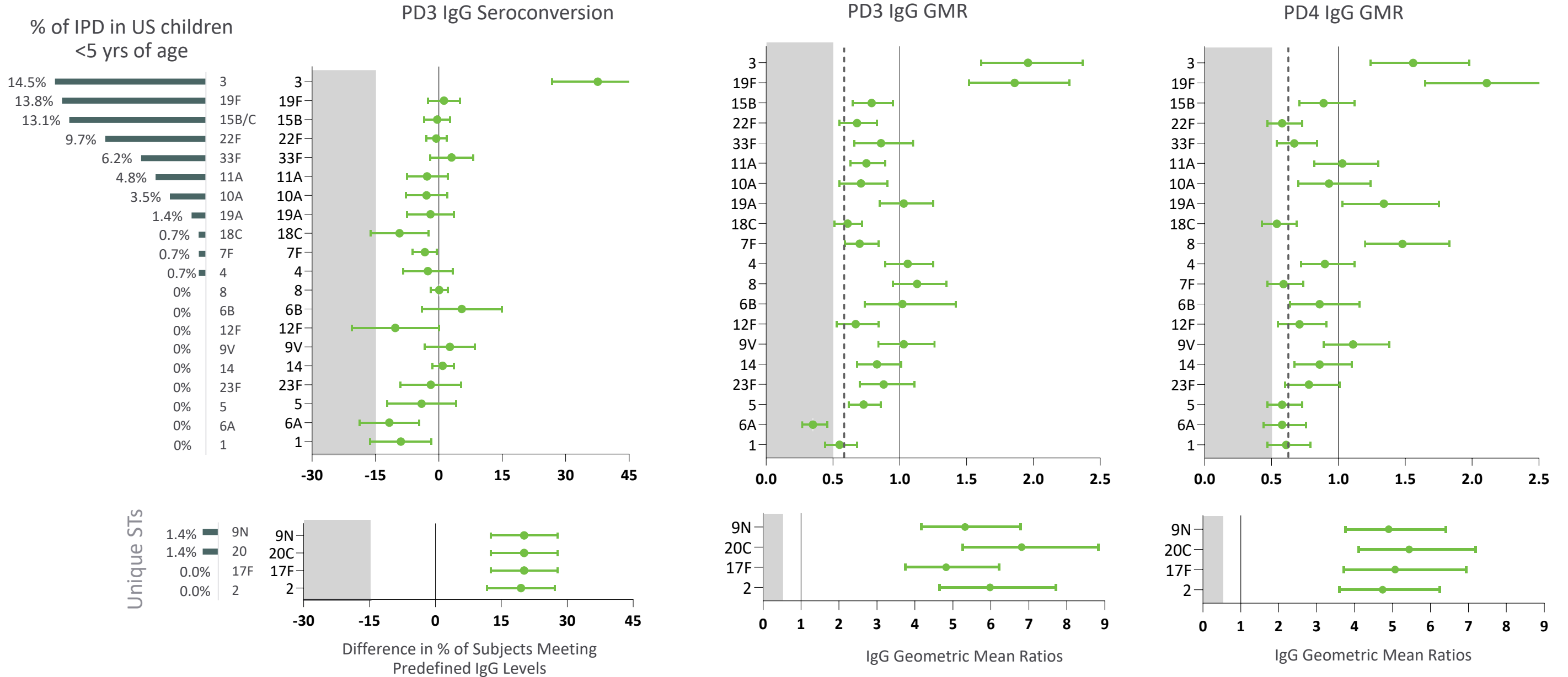
¹GMRs for unique serotypes were calculated compared to serotype 12F, which is the serotype in PCV20 with the lowest GMC Post-Dose 3 (excluding serotype 3 or lower responding ST).
The serogroup 20 antigen contained in VAX-24 and VAX-31, formerly known as a 20B variant, has been officially reclassified as 20C. For additional details on serogroup 20, please see footnote 1 on slide 8.

X = STs dosed at 4.4mcg.

Planning for Infant Phase 3 Program

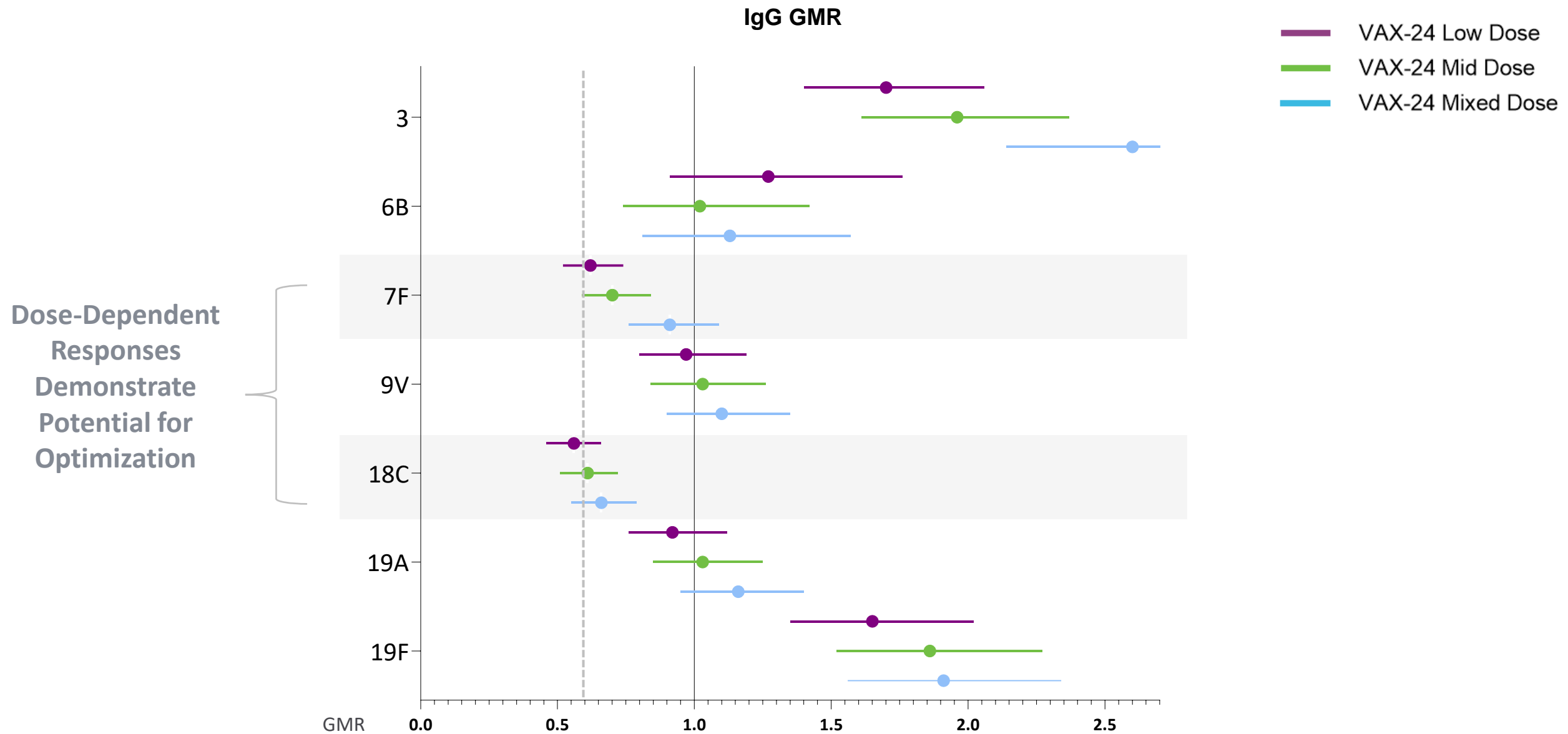
VAX-24 Mid Dose (2.2mcg) Selected as Basis for Advancement

Pending VAX-31 Phase 2 Topline Data Readout, Prepare for Phase 3 Study With VAX-24 or VAX-31



VAX-24 Dose-Dependent IgG GMR Responses PD3

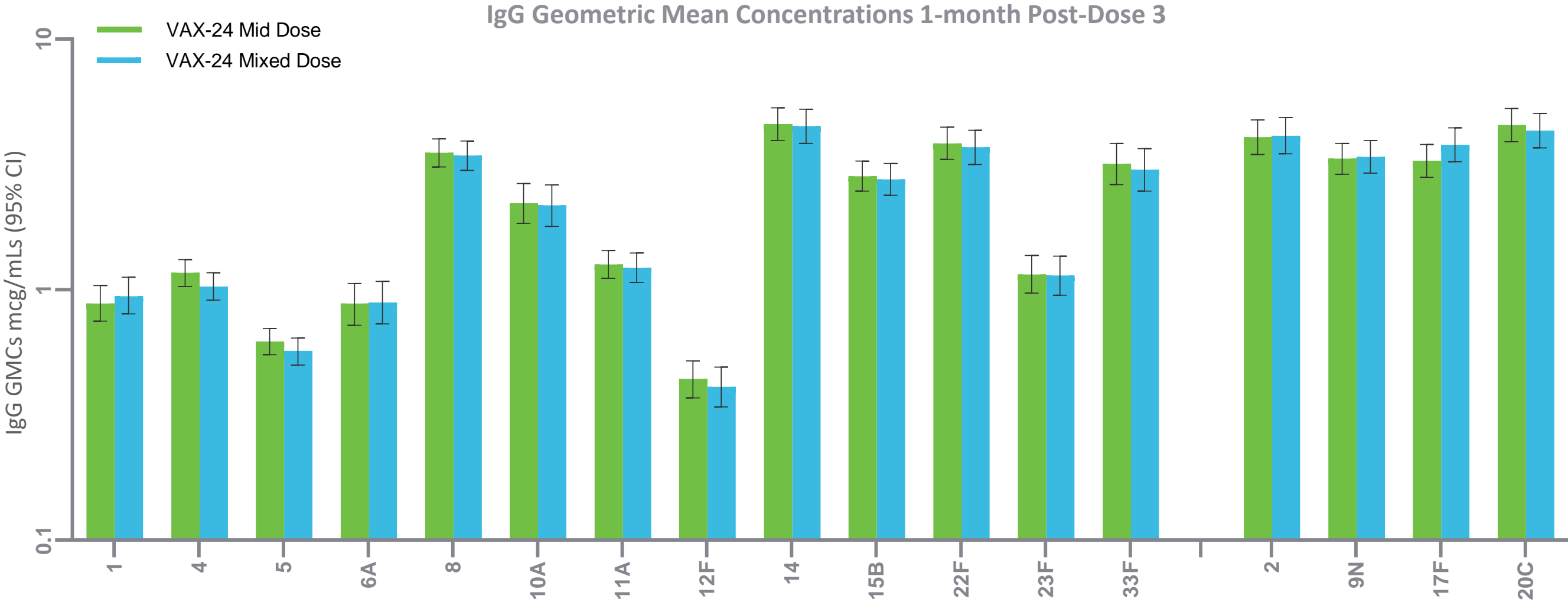
IgG Responses for STs Dosed at 1.1mcg, 2.2mcg and 4.4mcg* Indicate Opportunity to Increase Dose



IgG = Immunoglobulin G.

IgG GMCs at Mid and Mixed Doses for 13 STs Dosed at 2.2mcg

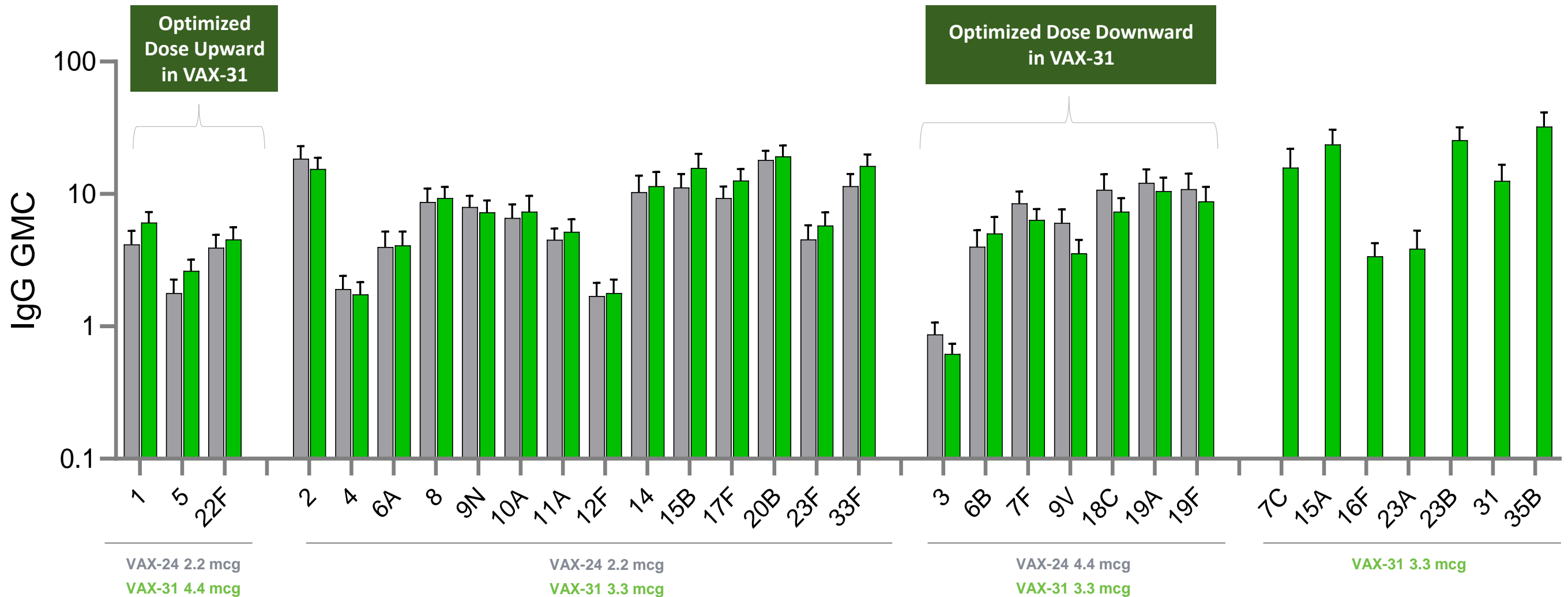
Absence of Carrier Suppression Observed Indicate Opportunity to Increase Dose



The serogroup 20 antigen contained in VAX-24 and VAX-31, formerly known as a 20B variant, has been officially reclassified as 20C. For additional details on serogroup 20, please see footnote 1 on slide 8.

Adult Data Support Carrier-Sparing Platform Ability to Add Coverage, Adjust Dose and Improve Immune Responses

High/Mixed Dose IgG GMC Comparison: VAX-24 (50-59) vs VAX-31 (50-59)



VAX-24 Phase 2 Infant Study Results and Platform Demonstrate Potential to Achieve Broadest Coverage of Any Infant PCV On-Market



Topline study results positive and met objectives



Safety and tolerability profile similar to standard-of-care



VAX-24 elicited substantial IgG, OPA and memory responses and performed particularly well against currently circulating serotypes contained in the vaccine



Substantial, dose-dependent immune responses and little to no evidence of carrier suppression observed





Strong conviction in potential to deliver broadest-spectrum PCVs as we advance into Phase 3 in infants and adults and introduce our third-generation PCV -- VAX-XL

PCV Franchise and Pipeline Update

Clinical Development Next Steps and Anticipated Milestones¹

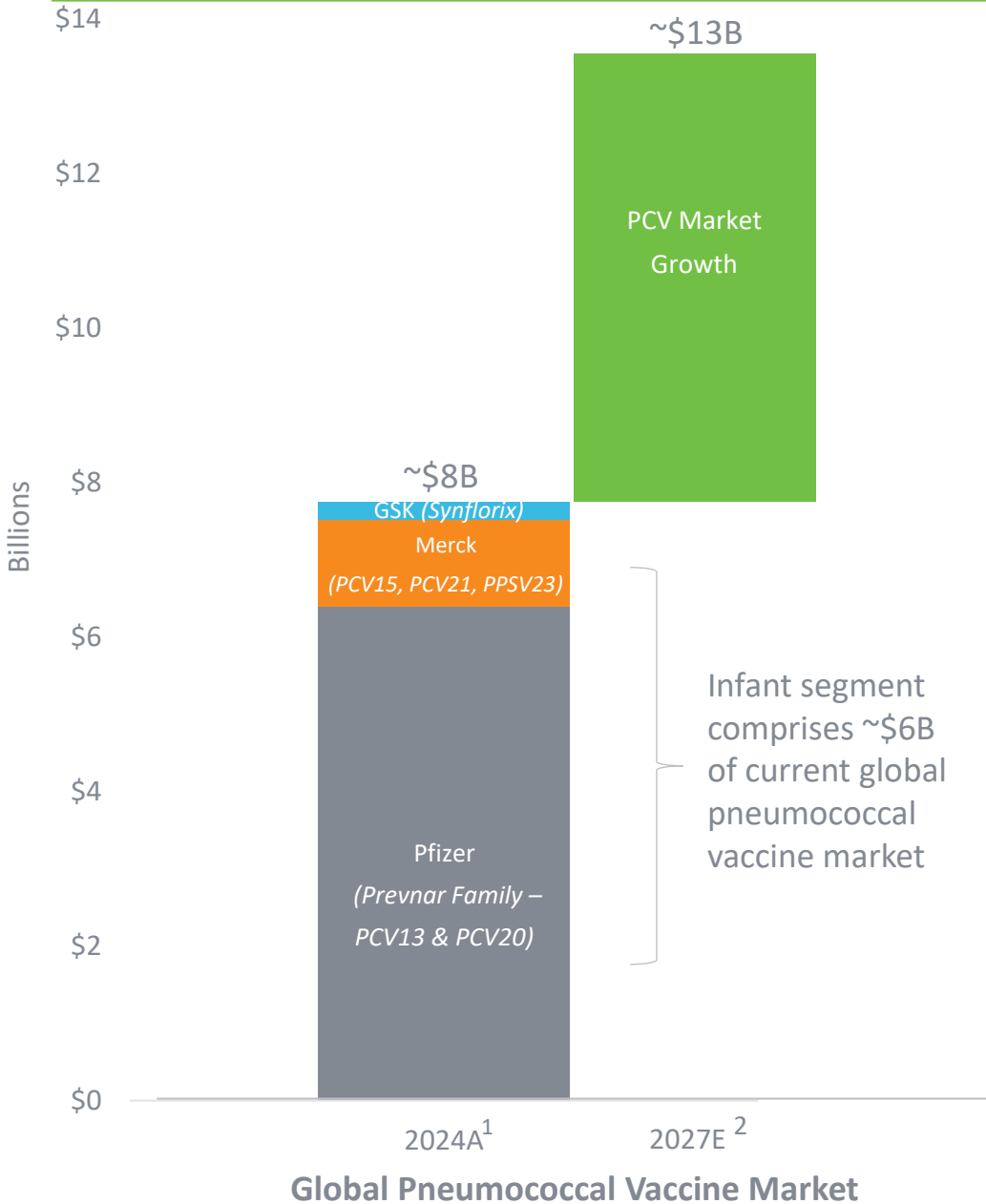
Potential Best-in-Class PCV Franchise for Adult and Infant Segments

Population	Investigational PCV	Key Anticipated Milestones
 Adults	VAX-31 31-valent PCV candidate	<ul style="list-style-type: none">• Following FDA End-of-Phase 2 meeting, initiate Phase 3 pivotal, non-inferiority study by mid-2025 and announce topline safety, tolerability and immunogenicity data in 2026.• Initiate remaining Phase 3 studies in 2025 and 2026 and announce data from these studies in 2026 and 2027.
 Infants	VAX-24 24-valent PCV candidate	<ul style="list-style-type: none">• Announce balance of VAX-24 Phase 2 dose-finding study data, including final safety data, full PD3 OPA data, and full PD4 IgG and OPA data by end of 2025.
	VAX-31 31-valent PCV candidate	<ul style="list-style-type: none">• Announce topline safety, tolerability and immunogenicity data for Phase 2 dose-finding study primary three-dose immunization series in mid-2026, with complete booster data up to nine months later.

(1) Guidance as of March 31, 2025

Pneumococcal Vaccine Market Poised for Significant Growth

Expected to Reach ~\$13B by 2027 Driven Primarily by Growth in Adult Market



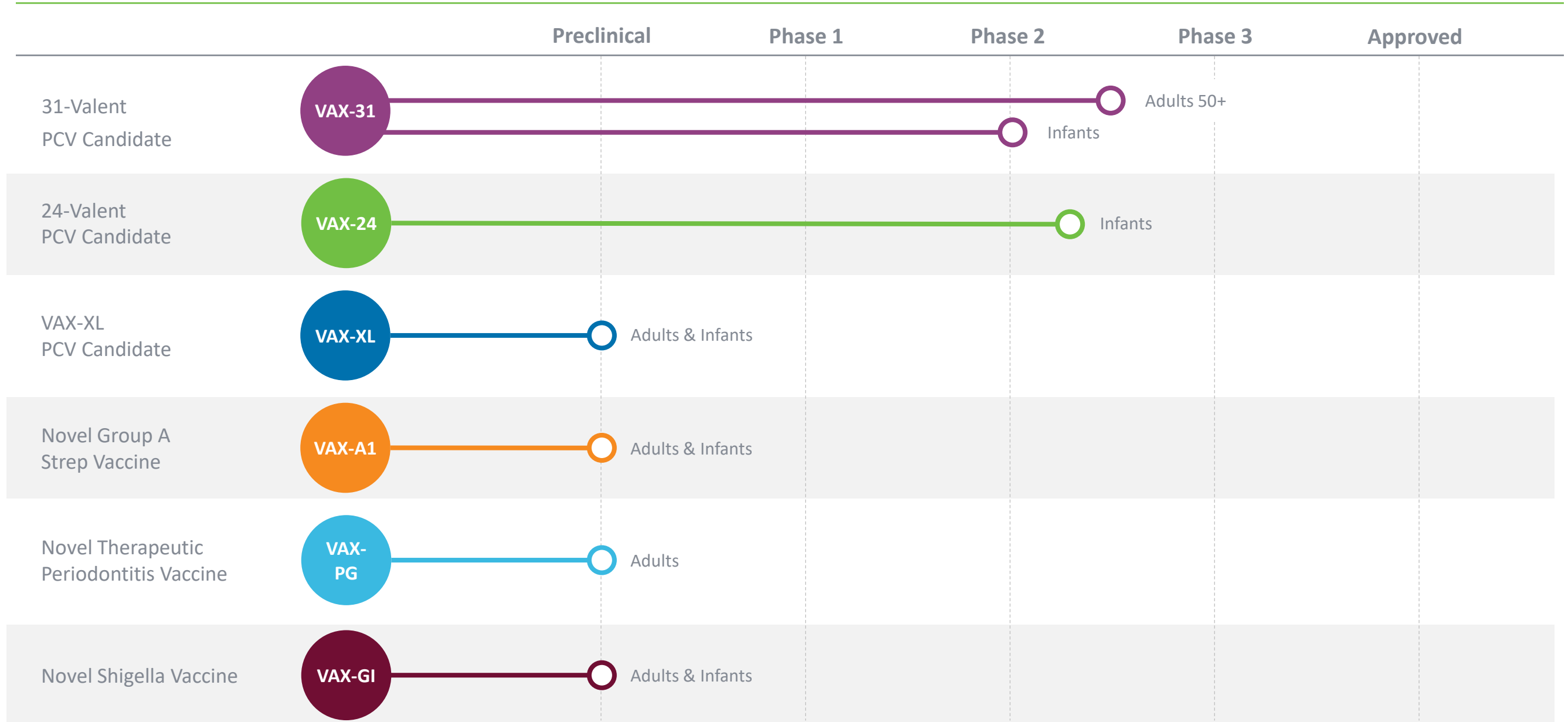
PCV MARKET – KEY GROWTH DRIVERS

- ACIP recently expanded U.S. universal adult vaccination by lowering the age to ≥50 years from ≥65, which significantly expands market
- ACIP indicated strong consideration for a potential future shift to a prime-boost schedule to support effective long-term protection in adults
- Serotype epidemiology and availability of broader-valency PCVs is leading to additional adult recommendations outside the U.S.
- “At risk” adults aged 19-49 years included in U.S. universal PCV vaccination recommendation

¹ Sources: Company websites.
² Global Pneumococcal Vaccine Market (2022-2027), Infogence Global Research.
³ <https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/>.

Pipeline of High-Fidelity Vaccines

Broad-Spectrum Conjugate and Novel Protein Vaccines to Prevent or Treat Bacterial Infectious Diseases



Q&A with Management



Grant Pickering
Chief Executive Officer, Director
and Founder



Jim Wassil
Executive Vice President and Chief
Operating Officer



Andrew Guggenhime
President and Chief Financial Officer

VAXCYTE

*protect humankind*TM

Appendix Slides

Study Safety, Tolerability and Immunogenicity Key Outcome Measures

	DAY 7 AFTER EACH DOSE	1 MONTH POST-DOSE 1-4; ONGOING DURING PRIMARY SERIES	1 MONTH POST-DOSE 3 (PD3)*	1 MONTH POST-DOSE 4 (PD4)*	6 MONTHS PD4
SAFETY AND TOLERABILITY OUTCOME MEASURES	<ul style="list-style-type: none"> Solicited local reactions Solicited systemic events 	<ul style="list-style-type: none"> Unsolicited adverse events (AE) 	<ul style="list-style-type: none"> Serious adverse events (SAE), new onset of chronic illnesses (NOCI), medically attended adverse events (MAAE) and treatment emergent AE (TEAE) 	<ul style="list-style-type: none"> SAE, NOCI, MAAE, TEAE 	<ul style="list-style-type: none"> Unsolicited AE SAE, NOCI and MAAE
IMMUNOGENICITY OUTCOME MEASURES			<ul style="list-style-type: none"> % of subjects achieving Immunoglobulin G (IgG) antibody concentration ≥ 0.35 mcg/mL (seroconversion rate) IgG Geometric Mean Concentration (GMC) Opsonophagocytic activity (OPA) Geometric Mean Titer (GMT) 	<ul style="list-style-type: none"> % of subjects achieving IgG antibody concentration ≥ 0.35 mcg/mL IgG GMC and IgG GMC ratio (GMR) OPA GMT IgG and OPA Geometric Mean Fold Rise (GMFR) from pre-Dose 4 to 1-month PD4* % of subjects achieving a 4-fold rise in IgG and OPA from pre-Dose 4 to 1-month PD4* % of subjects achieving IgG concentration ≥ 1.0 mcg/mL* 	

*Effect on immunogenicity of concomitant vaccination are being evaluated on a subset of subjects PD3 and PD4 based on serum availability.

*Data for these outcome measures will be available with final data set by end of 2025.