Breakout 1
Seasonal respiratory viruses

Dr Phil Dormitzer, SVP and Global Head, Vaccines R&D
Christi Kelsey, SVP and Global Head, Vaccines Commercial

Interactive event for investors and analysts. This webinar is being recorded.
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A number of adjusted measures are used to report the performance of our business, which are non-IFRS measures. These measures are defined and reconciliations to the nearest IFRS measure are available in the Q1 2023 earnings release and Annual Report on Form 20-F for FY 2022.

All guidance, outlooks, ambitions and expectations should be read together with the Guidance, assumptions and cautionary statements in GSK’s Q1 2023 earnings release and the 2022 Annual Report.

Basis of preparation: GSK satisfied the formal criteria according to IFRS 5 for treating Consumer Healthcare as a ‘Discontinued operation’ effective from 30 June 2022. On 18 July 2022, GSK plc separated its Consumer Healthcare business from the GSK Group to form Haleon, an independent listed company. Comparative figures have been restated on a consistent basis. Earnings per share, Adjusted earnings per share and Dividends per share have been adjusted to reflect the GSK Share Consolidation on 18 July 2022.
Speakers

Dr Phil Dormitzer
SVP, Global Head, Vaccines R&D

Christi Kelsey
SVP, Global Head, Vaccines Commercial
Seasonal respiratory viruses

Respiratory viruses are frequent and cause significant disease worldwide

<table>
<thead>
<tr>
<th>Virus</th>
<th>Annual Cases</th>
<th>Key Facts</th>
</tr>
</thead>
</table>
| **Respiratory syncytial virus** | ~330k | - RSV infections can be dangerous for certain adults<sup>2</sup>
|                        |             | - ~177k hospitalisations and 14k deaths in the US each year<sup>3</sup>
|                        |             | - RSV is a stable seasonal virus that can re-infest, but typically circulates as RSV-A or RSV-B |
| **Influenza**          | ~1 billion | - Mild to severe illness that can lead to death<sup>5</sup>
|                        |             | - ~8% of US population gets sick from flu each season<sup>5</sup>
|                        |             | - Complications can include bacterial pneumonia, ear infections, sinus infections and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes<sup>5</sup> |
| **SARS-CoV-2**         | >750 million | - Very contagious and spreads quickly; symptoms feel much like flu, cold, pneumonia<sup>7</sup>
|                        |             | - 6.9 million deaths worldwide<sup>8</sup> |
|                        |             | - >1m deaths in the US<sup>9</sup> |

Arexvy first-approved respiratory syncytial virus (RSV) vaccine for adults

Exceptional efficacy for patients aged 60 years or older

>1 billion aged 60+ at risk of annual exposure to RSV

- Common contagious virus
- Older adults and those with underlying medical conditions at increased health risk
- Can exacerbate medical conditions such as COPD, asthma, chronic heart failure, and diabetes
- Increases risk of severe outcomes (pneumonia, hospitalisation, death)
- Associated with substantial clinical and economic burden
- Immune response after RSV natural infection is not long-lasting, and re-infections occur throughout life

Arexvy designed to protect vulnerable adults

- RSVPreF3 antigen engineered to preferentially maintain the pre-fusion conformation and display potent neutralising epitopes
- Induction/boosting of neutralising antibodies to enhance inhibition of viral replication
- AS01e boosts cellular immune response and restores the RSVPreF3 CD4+ T-cell level in older adults to a similar range as that of young adults
- Defective T-cell responses may contribute to severe disease progression in older adults

Overall efficacy against RSV-LRTD

82.6%

Arexvy has potential to deliver multi-billion annual sales

Efficacy against RSV LRTD in patients with at least one comorbidity

94.6%

References:
1. Chronic obstructive pulmonary disease
3. Amend C et al. BMC Health Serv Res 2018;18:294
5. Graham BS. Immunol Rev 2011;239:149–166
Arexvy season two data supports multi-season profile
Clinical evidence builds as launch commences

One dose was efficacious over two complete RSV seasons, including against severe disease

<table>
<thead>
<tr>
<th></th>
<th>Overall LRTD</th>
<th>Severe LRTD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>VE (95% CI)</td>
<td>VE (95% CI)</td>
</tr>
<tr>
<td>Season 1 primary end pt (6.7 months)</td>
<td>82.6% (57.9, 94.1)</td>
<td>94.1% (62.4, 99.9)</td>
</tr>
<tr>
<td>Mid Season 2 Post dose 1 (14 month)</td>
<td>77.3% (60.2, 87.9)</td>
<td>84.6% (56.4, 96.1)</td>
</tr>
<tr>
<td>Season 1 + 2 Cumulative (median 18 months)</td>
<td>67.2% (48.2, 80.0)</td>
<td>78.8% (52.6, 92.0)</td>
</tr>
</tbody>
</table>

US CDC advisory panel recommended Arexvy for upcoming RSV season

- Recommended for in adults aged 60 and older with shared clinical decision making
- 77 million older adults in the US could be eligible for RSV vaccination for the first time
- On track for making product available before the start of the 2023/2024 RSV season

Next steps

- Data from two influenza co-administration trials (quadrivalent high dose and quadrivalent adjuvanted) to be filed H2 2023
- Phase III data for 50-59 year old high-risk adults expected H2 2023
- Regulatory decision in Japan anticipated H2 2023

- Efficacy observed across age groups and in adults with underlying comorbidities
- Safety and reactogenicity data consistent with initial phase III results
- Optimal timing of revaccination still to be determined; trial will continue
Influenza market poised for disruption using multivalent mRNA

Significant unmet medical need due to the high burden of disease

Annual influenza illnesses

~1 billion\(^1\)

Annual deaths

≤650k\(^1\)

Market size by 2028

~£8 billion

Influenza

Next-generation multivalent vaccine candidate

- Preliminary positive phase I data showed strong functional antibody increase at lowest dose of Flu-SV-mRNA (monovalent), in line with comparator vaccine
- Multivalent phase I/II trials underway; data expected end 2023/2024

Ratio post- to pre-boost titres:
Ratio of serum HI geometric mean titres induced by Flu-SV-mRNA in younger adults (18-45 years)

Next-generation multivalent vaccine candidate

mRNA offers potential for accelerated combination vaccines

Efficacious and tolerable multivalent vaccines needed for consumer acceptance

- Regulatory environment supportive of seasonal respiratory combination options
- Healthcare providers and consumers willing to accept combinations
- Value proposition for combination vaccines is stronger than individual components due to added convenience and potential for higher immunisation rates

Consumers likely to accept respiratory combination vaccines

95% consumer acceptance of flu- COVID combination¹

Likelihood to receive flu + COVID-19 combination vaccine

<table>
<thead>
<tr>
<th>Extremely unlikely</th>
<th>Extremely likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total n=225</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Extremely unlikely</td>
<td>10%</td>
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</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-49 years (A)</td>
<td>n=75</td>
<td>12%</td>
<td>87%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50-64 years (B)</td>
<td>n=75</td>
<td>12%</td>
<td>83%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+ years (C)</td>
<td>n=75</td>
<td>7%</td>
<td>93%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Weighted intention to convert - calculated as (100% *4-5 box, Extremely likely) and (50% *3 box neither/nor)
Commitments to profitable growth

**Respiratory syncytial virus**

- **Status:** first US FDA and EMA approved vaccine for RSV
- **Next steps:** additional flu co-admin data, 50-59 high-risk adults phase III data and further regulatory decisions (JP) anticipated in H2 2023

**Influenza**

- **Status:** full-year 2022 sales of £714 (+5% AER, -4% CER). Positive phase I next-generation monovalent modified mRNA vaccine candidate data; successfully boosted antibody titres against matching flu strain
- **Next steps:** results for newly started phase I/II trial for multivalent vaccine candidate expected late 2023/2024

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**Phase I - 22 assets**

<table>
<thead>
<tr>
<th>Asset Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004845</td>
<td>(adjuvanted recombinant protein*) C. difficile</td>
</tr>
<tr>
<td>4422016</td>
<td>(adjuvanted bioconjugated, recombinant protein*) K. pneumoniae</td>
</tr>
<tr>
<td>3993520</td>
<td>(adjuvanted recombinant subunit) cytomegalovirus*</td>
</tr>
<tr>
<td>4352276</td>
<td>(mRNA*) seasonal flu</td>
</tr>
<tr>
<td>4346687</td>
<td>(mRNA*) COVID-19</td>
</tr>
<tr>
<td>4077664</td>
<td>(oligomer*) invasive non-typhoidal salmonella**</td>
</tr>
<tr>
<td>3943004</td>
<td>(recombinant protein, adjuvanted*) therapeutic herpes simplex virus</td>
</tr>
<tr>
<td>3636867</td>
<td>(oligomer*) salmonella (typhoid + paratyphoid A)</td>
</tr>
<tr>
<td>2652636</td>
<td>(HiC: cholesterol-dependent inhibitor*) tuberculosis</td>
</tr>
<tr>
<td>3186999</td>
<td>(CRK-12 inhibitor*) visceral leishmaniasis</td>
</tr>
<tr>
<td>3496256</td>
<td>(proteinase inhibitor*) visceral leishmaniasis</td>
</tr>
<tr>
<td>3772701</td>
<td>(P. aeruginosa whole cell inhibitor) malaria</td>
</tr>
<tr>
<td>3832347</td>
<td>(EFhM antagonist*) uncomplicated UTI</td>
</tr>
<tr>
<td>3922868</td>
<td>(HEK beta inhibitor) viral COPD exacerbations</td>
</tr>
<tr>
<td>4532127</td>
<td>(anti-spike protein antibody) COVID-19**</td>
</tr>
<tr>
<td>3966927</td>
<td>(PAPD/PAPD7 inhibitor) Hep B</td>
</tr>
<tr>
<td>5207288</td>
<td>(TLR8 agonist) Hep B</td>
</tr>
</tbody>
</table>

**Phase II - 14 assets**

<table>
<thead>
<tr>
<th>Asset Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3479496</td>
<td>(adjuvanted recombinant protein*) molniva fractional dose</td>
</tr>
<tr>
<td>4403371</td>
<td>(live, attenuated) MMRV new strain</td>
</tr>
<tr>
<td>3536852</td>
<td>(GMP*) Shingles</td>
</tr>
<tr>
<td>3528859</td>
<td>(viral vector with recombinant protein, adjuvanted*) therapeutic hepatitis B virus**</td>
</tr>
<tr>
<td>4023393</td>
<td>(recombinant protein, mRNA, conjugate vaccine) MMR/Covid-19*</td>
</tr>
<tr>
<td>4016647</td>
<td>(adjuvanted recombinant protein*) human papillomavirus</td>
</tr>
<tr>
<td>4348403</td>
<td>(GMP*) gonorrhea</td>
</tr>
<tr>
<td>3036656</td>
<td>(bacterial t-RNA synthetase inhibitor) tuberculosis</td>
</tr>
<tr>
<td>3576965</td>
<td>(viral vector with recombinant protein, adjuvanted*) enteric fever</td>
</tr>
<tr>
<td>4004320</td>
<td>(capsid protein inhibitor) HIV</td>
</tr>
<tr>
<td>4019947</td>
<td>(capsid protein inhibitor) HIV</td>
</tr>
<tr>
<td>4024184</td>
<td>(capsid protein inhibitor) HIV</td>
</tr>
</tbody>
</table>

**Phase III - 8 assets**

<table>
<thead>
<tr>
<th>Asset Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arexvy (adjuvanted recombinant protein*) RSV older adults^4</td>
<td></td>
</tr>
<tr>
<td>SKYCovione (recombinant protein nanoparticle, adjuvanted*) COVID-19^5</td>
<td></td>
</tr>
<tr>
<td>gepotidacin (BTI inhibitor*) uncomplicated UTI**</td>
<td></td>
</tr>
<tr>
<td>beprimum (anti-SARS-CoV2 integrase*) hepatitis B virus**</td>
<td></td>
</tr>
<tr>
<td>Bexsero (recombinant protein) MenB</td>
<td></td>
</tr>
<tr>
<td>VIR-2482 (neutrosing monoclonal antibody*) influenza</td>
<td></td>
</tr>
<tr>
<td>3810109</td>
<td>(broadly neutralising antibody*) HIV</td>
</tr>
</tbody>
</table>

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**News flow in seasonal respiratory viruses and full ID pipeline**

**GSK**

Status as of 26 April 2023

1. Arexvy 2. mRNA seasonal influenza and combinations

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Getting ahead of infectious diseases with GSK management

Four Q&A-focused, virtual breakout sessions

Seasonal respiratory viruses
Session 1: 14:30-15:00 BST
Session 2: 15:15-15:45 BST
Phil Dormitzer
Christi Kelsey
Luke Miels
IR: jeffrey.r.mclaughlin@gsk.com

Bacterial and fungal infections
Session 1: 14:30-15:00 BST
Session 2: 15:15-15:45 BST
Kumaran Vadivelu
Rob Bowers
David Redfern
IR: joshua.x.williams@gsk.com

Chronic viral infections
Session 1: 14:30-15:00 BST
Session 2: 15:15-15:45 BST
Chris Corsico
Lizzie Champion
James Greenhalgh
Tony Wood
IR: mick.j.readey@gsk.com

Delivering health impact at scale
Session 1: 14:30-15:00 BST
Session 2: 15:15-15:45 BST
Deborah Waterhouse
Thomas Breuer
IR: frances.p.defranco@gsk.com