

This fact sheet provides an overview of primary and secondary endpoints and long-term follow up exploratory results at 54 months from the Tetravalent Immunization against Dengue Efficacy Study (TIDES) trial. The trial is ongoing and includes several exploratory analyses.

Trial Overview

The TIDES trial is a Phase 3, double-blind, randomized, placebo-controlled trial designed to evaluate the efficacy, safety and immunogenicity of a two-dose schedule, three months apart, of Takeda's dengue vaccine candidate (TAK-003) in healthy children.¹

The TIDES trial is Takeda Vaccines' largest interventional clinical trial to date. The trial enrolled over 20,000 healthy children and adolescents ages four to 16 years living in dengue-endemic areas.¹

The study is comprised of five parts:

Time of Analysis	Part 1 Assessment of primary endpoint	Part 2 Assessment of secondary endpoints	Part 3	Part 4	Part 5
	12 months post 2nd dose	+6 months	+2.5 to 3 years	+ 13 months Booster dose to be administered	+ 12 months
	•	18 months			
	•		24 months 36 months	ALL A	
	•		54	months Evaluation of booster	dose
PRIMARY ENDPOINT			EXPLORATORY ANALYSES		
The trial met the primary endpoint, demonstrating efficacy against virologically-confirmed dengue			54-month follow-up data showed: ⁴		
(VCD) irrespective of dengue serotype or serostatus (based on evaluation of 12-month follow-up data after the second dose).			 61.2% overall VE (95% CI: 56.0% to 65.8%) 84.1% VE against hospitalized dengue (95% CI: 77.8% to 88.6%) 64.2% VE in seropositive individuals (95% CI: 58.4% to 69.2%) and 53.5% VE in seronegative individuals (95% CI: 41.6% to 62.9%) 		
confidence inter- • Incidence of V	e efficacy (VE) was 80.2 erval [CI]: 73.3% to 85.3 CD in placebo recipient received TAK-003 was 2	3%; p<0.001). ts compared	These data were published in <u><i>The Lancet Global Health</i> in January 2024.⁴</u>		
0.5%. respectively.			Takeda has extended the trial to evaluate a booster dose of TAK-003. Part 4 of the trial will evaluate safety and efficacy for 13 months		
These data were published in the <u>New England Journal of</u> <u>Medicine</u> in November 2019. ²			following one dose of booster vaccination and Part 5 will evaluate long-term safety for one year after completion of Part 4.		
SECONDARY	ENDPOINTS -				
sufficient numb	secondary endpoints f er of cases (based on e ifter the second dose).	valuation of 18-mon	th		
 90.4% VE agair p<0.001) 	nst hospitalized dengue	e (95% CI: 82.6% to 94	4.7%;		
 76.1% VE against VCD in seropositive individuals (95% CI: 68.5% to 81.9%) and 66.2% VE in seronegative individuals (95% CI: 49.1% to 77.5%) 					
• 85.9% VE against dengue hemorrhagic fever (95% Cl: 31.9% to 97.1%)					
 Varying VE by individual serotype: 69.8% for dengue serotype 1 (95% CI: 54.8% to 79.9%) 95.1% for dengue serotype 2 (95% CI: 89.9% to 97.6%) 					
48.9% for dengue serotype 3 (95% CI: 27.2% to 64.1%) Two secondary endpoints were not met, largely due to the small					
	st dengue serotype 4	Case Adjudication			
 Efficacy against severe VCD (Dengue Case Adjudication Committee [DCAC] criteria) These data were published in <u>The Lancet</u> in March 2020.³ 					
mese auta were	published in <u>The Lancet</u>	111 WULCH 2020. ⁹			
SAFETY					
safety risks h	ave been observed	in the TIDES trial	o evidence of disease enhan to date. ⁴ Most frequently rep se, asthenia and fever. ¹		
Reference	25				

- 1. ClinicalTrials.gov. Efficacy, Safety and Immunogenicity of Takeda's Tetravalent Dengue Vaccine (TDV) in Healthy Children (TIDES). 2019. Retrieved May 2022.
- 2. Biswal S, et al. Efficacy of a tetravalent dengue vaccine in healthy children and adolescents. N Engl J Med. 2019; 2019;381:2009-2019.
- 3. Biswal S, et al. Efficacy of a tetravalent dengue vaccine in healthy children aged 4-16 years: a randomized,
- placebo-controlled, phase 3 trial. Lancet. 2020. 2020;395:1423-1433.
- 4. Tricou V, et al. Long-term efficacy and safety of a tetravalent dengue vaccine (TAK-003): 4-5-year results from a phase 3, randomised, double-blind, placebo-controlled trial. Lancet Glob Health. 2024; 12: e257-e270.

