Forward-Looking Statements and Other Notices

Our discussions during Pfizer’s Investor Day include forward-looking statements about our anticipated future operating and financial performance, business plans and prospects; expectations for our product pipeline, in-line products and product candidates, including anticipated regulatory submissions, data read-outs, study starts, approvals, revenue contribution, growth, performance, timing of exclusivity and potential benefits; manufacturing and product supply; our efforts to respond to COVID-19, including our investigational vaccine candidate against SARS-CoV-2 and our investigational protease inhibitor, and our expectations regarding the impact of COVID-19; our ability to successfully capitalize on growth opportunities and prospects; plans and prospects of our acquisitions and other business development activities, including our proposed transaction with Mylan N.V. (Mylan) to combine Upjohn and Mylan to create a new global pharmaceutical company; plans relating to share repurchases and dividends; and other statements about our business, operations and financial results that are each subject to substantial risks and uncertainties that could cause actual results to differ materially from those expressed or implied by such statements. Among other things, statements regarding revenue and earnings per share growth; the development or commercial potential of our product pipeline, in-line products, product candidates and additional indications, including expected clinical trial protocols, the timing of the initiation and progress of clinical trials and data read-outs from trials; the timing for the submission of applications for and receipt of regulatory approvals; expected breakthrough, best or first-in-class status, blockbuster status of our medicines or vaccines; and the impact of anticipated improvements to our clinical operation performance are forward-looking and are estimates that are subject to change and clinical trial and regulatory success. These statements are subject to risks, uncertainties and other factors that may cause actual results to differ materially from past results, future plans and projected future results. Additional information regarding these and other factors can be found in Pfizer’s Annual Report on Form 10-K for the fiscal year ended December 31, 2019 and in our subsequent reports on Form 10-Q, including in the sections thereof captioned “Risk Factors” and “Forward-Looking Information and Factors That May Affect Future Results”, as well as in our subsequent reports on Form 8-K, all of which are filed with the U.S. Securities and Exchange Commission and available at www.sec.gov and www.pfizer.com. Potential risks and uncertainties also include the impact of COVID-19 on our sales and operations, including impacts on employees, manufacturing, supply chain, marketing, research and development and clinical trials. The forward-looking statements in these presentations speak only as of the original date of the presentation and we undertake no obligation to update or revise any of these statements. Today’s discussions and presentations are intended for the investor community only; they are not intended to promote the products referenced herein or otherwise influence healthcare prescribing decisions. All trademarks in today’s presentations are the property of their respective owners.
Vaccines Leadership Team

Nanette Cocero, Ph.D.
Global President, Vaccines

Kathrin Jansen, Ph.D.
Senior Vice President & Head of Vaccine R&D

Luis Jodar, Ph.D.
Chief Medical & Scientific Affairs Officer, Vaccines

William Gruber, M.D.
Senior Vice President, Vaccine Clinical R&D
<table>
<thead>
<tr>
<th><strong>Growing our Portfolio</strong></th>
<th><strong>Fueling the R+D Engine</strong></th>
<th><strong>Helping Protect More Lives</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5 products</strong></td>
<td><strong>9</strong></td>
<td><strong>+36%</strong></td>
</tr>
<tr>
<td></td>
<td>Clinical Development Programs Across 7 Different Infectious Diseases</td>
<td>2019 FY vs. 2015 FY</td>
</tr>
<tr>
<td><strong>Delivering at Scale</strong></td>
<td><strong>Advancing Scientific Innovation</strong></td>
<td><strong>Generating Strong Revenue</strong></td>
</tr>
<tr>
<td><strong>1B+</strong></td>
<td><strong>10 Fast Track Designations Granted</strong></td>
<td><strong>$6.5B</strong></td>
</tr>
<tr>
<td></td>
<td><strong>3 Breakthrough Designations Granted</strong></td>
<td><strong>+5%</strong></td>
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<tr>
<td></td>
<td><strong>Doses Manufactured since 2010; 0 stockouts</strong></td>
<td><strong>2019 FY Revenue</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>2019 Operational Growth</strong></td>
</tr>
</tbody>
</table>

Registrations and approvals vary by country  
*Since 2008  
*excluding COVID-19
A Robust Pipeline, With the Potential to Launch 6 Innovative Vaccines by 2025

- **Pediatric/Adolescent**
  - PCV20
  - Pentavalent Meningococcal
  - Seasonal influenza using potentially transformative mRNA platform
  - New Adjuvant Technologies

- **Adult**
  - C. difficile
  - COVID-19
  - RSV

- **Maternal**
  - E.coli
  - Group B Strep

Registrations and approvals vary by country
Our Goal: Launch 6 New Products in the Next 5 Years to Protect ~800 Million More Lives, Subject to Regulatory Approval*

A Strong, Diversified Portfolio is Projected to Drive Growth

Projected Vaccines Revenue Contribution over Time

- 2020
- 2028

Pipeline (including PCV20) projected to contribute ~75% of 2028 PFE Vaccines Revenue

Potential to Help Protect ~800M More Lives by 2028*

Expected Potential Cumulative Lives (Global)

Today Through 2028

- PCV13
- PCV20
- Other Inline Assets
- Pipeline (excluding PCV20)

*excluding COVID-19
Pneumococcal Conjugate Vaccine 20 Valent (PCV20)

Potential For Broadest Pneumococcal Conjugate Vaccine Coverage
Pneumococcal Disease Remains a Substantial Cause of Death in Adults and Children Even in Light of Successful Vaccines

### Global Adult Burden of Disease
- **500K**
- Annual deaths, adults ≥70 years

### US Adult Burden of Disease
- **~250K**
- Annual hospitalizations, adults ≥18 years of age

### Adult Population in Focus
- At Risk 18-64y
- 65y+

### Global Pediatric Burden of Disease
- **~320K**
- Annual deaths, children <5 years of age

### US Pediatric Burden of Disease
- **2 million +**
- Annual otitis media episodes, children <10 years

### Pediatric Population in Focus
- Birth Cohort

See Slides 29-32 of this presentation for footnote definitions.
Relative to PCV15, PCV20 Expected to Address a Significant Proportion of the Remaining Invasive Pneumococcal Disease (IPD, US data), Subject to Regulatory Approval

**Adults ≥65, % IPD coverage (US)\(^8\)**  
2015-2016

**Children <5, % IPD coverage (US)\(^8\)**  
2015-2016

See Slides 29-32 of this presentation for footnote definitions.
Phase 2, randomized, double-blind trial to evaluate safety and immunogenicity of PCV20 pneumococcal conjugate vaccine in 460 healthy infants

- Breakthrough designation granted by FDA August 2020
- Phase 3 studies began in May 2020

PCV20 Pediatric Ph2: After 4 doses, Responses were Similar to Prevnar 13 for the 13 Matched Serotypes and Robust Responses Similar to those in Prevnar 13 were Observed to the 7 Additional Serotypes

IgG GMCs 1 Month After Dose 4

![IgG GMCs 1 Month After Dose 4](image)
## PCV20 Adult and Pediatric: Program Update

### Activity 2020 2021 2022 2023 2024 2025

<table>
<thead>
<tr>
<th>PCV20 Peds</th>
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<tbody>
<tr>
<td>Phase 3 Pediatric Program</td>
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</table>

<table>
<thead>
<tr>
<th>PCV20 Adult</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Phase 3 Adult Program</td>
<td></td>
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</tbody>
</table>

### Key Milestones

<table>
<thead>
<tr>
<th>PCV20 Peds</th>
<th>PCV20 Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>✷ Pivotal Study Start</td>
<td>✷ Registration for PCV20 Adult potential submission targeted October 2020 and targeted potential approval mid-2021</td>
</tr>
<tr>
<td>▲ Potential Adult Submission</td>
<td>▲ Currently plan to have pivotal adult results presented at virtual ID Week October 2020</td>
</tr>
<tr>
<td>▲ Potential Adult Approval</td>
<td></td>
</tr>
<tr>
<td>▲ Potential Pediatric Submission</td>
<td></td>
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<tr>
<td>▲ Potential Pediatric Approval</td>
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</tbody>
</table>

### Milestones

- Registration for PCV20 Pediatric potential submission targeted for late 2022 and potential approval targeted for mid-2023 is being tracked closely to assess the potential COVID 19 timeline impact.
- Currently plan to have pediatric POC study results at virtual ID Week October 2020.

**NOTE:** All timings are approximate and subject to change.
Clostridioides difficile (C. difficile)

Potential First-in-Class Protection From an Urgent Public Health Threat
### Global Burden of Disease

- Cases per year: 462K* (US)\(^{10}\), 172K (EU)\(^{11,12}\)
- Infections are both hospital and community associated
- Compared to Shingles, *C. difficile* causes a higher number of deaths and cost to the healthcare system

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><em>C. difficile</em></td>
<td>~21K(^{13})</td>
<td>$4.8B(^{14})</td>
</tr>
<tr>
<td>Shingles</td>
<td>~0.1K</td>
<td>$1.3B(^{15})</td>
</tr>
</tbody>
</table>

*according to CDC estimates based on active surveillance at more than 120 clinical laboratories using a highly sensitive PCR test that. The incidence yield is lower with other methods. (*Another method, NAAT-adjusted, results in 365,200 cases of *C. difficile*-associated infection*)

### Population in Focus

0 100 200 300 Million

--

See Slides 29-32 of this presentation for footnote definitions.
Data from Our *Clostridium difficile* Vaccine Phase 2 Proof of Concept Study Gives Confidence in the Potential of our Phase 3 program

C. difficile A and B genetic/chemically modified toxoids induces persistent toxin neutralizing responses

*Clinical Infectious Diseases, May 2020
* Toxin A showed a similar profile
### C. difficile: Program Update

<table>
<thead>
<tr>
<th>Activity</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 3</td>
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<tr>
<td></td>
<td>Phase 3 Pivotal Study (e.g. Clover)</td>
<td></td>
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<tr>
<td>Key Milestones</td>
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<tr>
<td>1st Interim Analysis</td>
<td></td>
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</tbody>
</table>

- Clover is an event-driven study; incidence rates will determine the pace at which the study completes.
- Interim analyses (IA) provide opportunities to assess efficacy earlier; **first IA planned for late-2020**
- If needed, additional interim analyses are planned.

**NOTE:** All timings are approximate and subject to change.
Pentavalent Meningococcal (Penta)

Potential For Simplest Schedule with Broadest Coverage Expected
A Pentavalent Meningococcal Vaccine has the Potential to Provide Broad Protection Against Serogroups Causing Vast Majority of Disease, Subject to Regulatory Approval

**US Burden of Disease**

<table>
<thead>
<tr>
<th>Major cause of bacterial meningitis and sepsis(^\text{17})</th>
<th>10-15%</th>
<th>10-20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality Rate</td>
<td></td>
<td></td>
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<tr>
<td>of survivors with long term consequences(^\text{18})</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Inconsistent recommendations exist today

- Men ACWY: Routine
- MenB: Shared Clinical Decision Making

**Population in Focus\(^\text{19}\)**

- 8 Million
- MenACWY
- MenB

- 0
- 4

11/12y
16y

- only 17%
- 61%

Receive at least 1 dose to help protect against MenB

Of invasive meningococcal disease in US ages 16-23 in 2018 were attributed to serogroup B\(^\text{20}\)

See Slides 29-32 of this presentation for footnote definitions.
Assuming Penta Approval, More Adolescents and Young Adults Have the Potential to be More Comprehensively Protected Against Meningococcal Disease

### Potential Vaccine Schedule With and Without Penta

#### Today’s Vaccination Schedule

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine</th>
<th>DOSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 yo</td>
<td>ACWY</td>
<td>4</td>
</tr>
<tr>
<td>16 yo</td>
<td>ACWY</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MenB</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MenB</td>
<td></td>
</tr>
</tbody>
</table>

- Low Meningococcal B penetration or adherence

#### Future Vaccination Schedule

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine</th>
<th>DOSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 yo</td>
<td>Penta</td>
<td>3</td>
</tr>
<tr>
<td>16 yo</td>
<td>Penta</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Penta</td>
<td></td>
</tr>
</tbody>
</table>

- Improved Meningococcal ACWYB coverage
- Simplified schedule with broad reach for adolescents
Data From Phase 2 Study Shows No Immune Interference with Penta, Suggesting High Probability of Licensure Success

MenABCWY & Trumenba administered on a 0,6-month schedule; hSBA data are 1 month after the second dose of MenABCWY & Trumenba

MenABCWY & Trumenba administered on a 0,6-month schedule; hSBA data are 1 month after the first dose of MenABCWY & MenACWY

MenACWY administered as 1 dose; hSBA data are 1 month after the first dose of MenABCWY & MenACWY

Percent with hSBA Titers ≥ 1:8

Meningococcal B

Meningococcal ACWY

Penta Trumenba

Penta MenACWY

MenA MenC MenW MenY

*Pfizer Data on File
Penta: Program Update

Phase 3 Development and Registration

- Pivotal Phase 3 non-inferiority study started on June 17, 2020
- Potential BLA submission targeted 1H 2023 and targeted potential approval 1H 2024 (assumes no FDA requirement for Lot Consistency study)

**Phase 3 Activity**

<table>
<thead>
<tr>
<th>Activity</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
<th>2025</th>
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<tbody>
<tr>
<td>Phase 3</td>
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<tr>
<td>Lot Consistency</td>
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</tbody>
</table>
Respiratory Syncytial Virus (RSV)

Maternal Vaccination, a New Frontier for Vaccines
RSV: A Substantial Global Burden With Limited Prevention Options

Burden of Disease

Global burden – Infants <6 months
~1.4M hospitalizations
~54K in-hospital and projected community deaths

US burden – Infants <1 year
#1 cause of hospitalization
77% of infant hospitalizations occur in the first 6 months

Population in Focus

Annual Pregnancies

No Vaccine is Currently Available to Prevent RSV

See Slides 29-32 of this presentation for footnote definitions.
The First Engineered Stable and Highly Immunogenic RSV Prefusion F Maternal Vaccine Candidate to Enter Phase 3 Testing

Prior Understanding
Postfusion F Trimer

Breakthrough Discovery
Prefusion F Trimer

Pfizer protein design and engineering capabilities optimized prefusion F conformational stability

Pfizer's Prefusion RSV Vaccine Elicits Serum Neutralizing Antibody Titers in Phase 1/2 Predicted to be Potentially Associated with Protection

Serum RSV Neutralizing Titer Fold Rise
Non-Pregnant Women of Childbearing Age
One Month Post Immunization

<table>
<thead>
<tr>
<th>Serum Neutralizing Titer Fold Rise</th>
<th>Predicted Cumulative Efficacy To 180 Days Of Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSV A 120 µg 15.2</td>
<td>3 36%</td>
</tr>
<tr>
<td>RSV B 120 µg 18.0</td>
<td>16.5 (Combined RSV A/B) 84%</td>
</tr>
</tbody>
</table>

Phase 3 Study Started June 2020

Modeling of Predicted Efficacy Based on Neutralizing Antibody Rise

[29] Open Forum Infectious Diseases, 2019; 6(Suppl 2), S970
[30] Pfizer Data on File
**RSV Maternal: Program Update**

<table>
<thead>
<tr>
<th>Activity</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 3</td>
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<tr>
<td>Phase 3 Pivotal Study</td>
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<tr>
<td>Key Milestones</td>
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</tbody>
</table>

- Pivotal study started June 2020
- Registration – potential submission targeted for 2H 2023 and potential approval targeted for 2H 2024
- An interim analysis is planned for mid-2022 assuming 50% of the cases have occurred

**NOTE:** All timings are approximate and subject to change.
## Program Update

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
<th>2025</th>
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</thead>
<tbody>
<tr>
<td><strong>PCV20 Adult</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(pneumococcal)</td>
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<tr>
<td><strong>PCV20 Pediatric</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(pneumococcal)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>C. difficile</strong></td>
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<tr>
<td><strong>RSV Maternal</strong></td>
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<tr>
<td><strong>Pentavalent</strong></td>
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<tr>
<td>Meningococcal</td>
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</tbody>
</table>

### Phase 3 Activity

- **PCV20 Adult (pneumococcal)**
- **PCV20 Pediatric (pneumococcal)**
- **C. difficile**
- **RSV Maternal**
- **Pentavalent Meningococcal**

### Timelines

- **Phase 3 Pivotal**
- **Phase 3 Pivotal Efficacy End Point Trial**

### Notes

- All timings are approximate and subject to change.

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### Breakthroughs that change patients’ lives

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A Closer Look at Drivers of the Potential Success of Pfizer’s *C. difficile*, RSV Maternal, and Pentavalent Meningococcal Vaccine Candidates – US Assumptions

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Population</th>
<th>Annual Birth Cohort ~4M</th>
<th>Population</th>
<th>Annual Age Cohort 11 yr and 16 yr olds (~4M per cohort)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C. difficile</strong></td>
<td>~90M to ~130M, depending on recommendation</td>
<td>~5% Annual Peak Penetration Rates</td>
<td>100% Market Share prior to competitive entry which is projected to be 4-5 years behind</td>
<td>60-75% Total Vaccine Market Uptake</td>
</tr>
<tr>
<td><strong>RSV Maternal</strong></td>
<td></td>
<td>2.4 Dose Adherence, US (3 dose series)</td>
<td></td>
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</tr>
<tr>
<td><strong>Penta Adolescent</strong></td>
<td></td>
<td></td>
<td>40-55% Market Share, Pentavalent Vaccines</td>
<td></td>
</tr>
</tbody>
</table>

**Key Assumptions:**
- 2026 Peak Sales Year
- 2029 Peak Sales Year
- 2026 Dose Adherence, US (3 dose series)
- 2033 Peak Sales Year

**Additional Details:**
- ~45% Cumulative Peak Penetration Rates
- 100% Market Share
- 60-70% Market Share
- ~90% 11 year olds, ~67% 16 year olds

All peak year sales represent current projections. All population sizes, vaccination rates, penetration rates, and market share are estimates.
A New Era for Global Public Health and Pfizer Vaccines Driven by Potential for 6 Innovative Vaccine Launches in the Next 5 Years

<table>
<thead>
<tr>
<th>Product</th>
<th>GOAL</th>
<th>Subject to regulatory approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCV20 Adult PCV20 Pediatric</td>
<td>7 more serotypes with the potential to provide the broadest Invasive Pneumococcal Disease and Community-Acquired Pneumonia coverage*</td>
<td></td>
</tr>
<tr>
<td>Clostridioides difficile</td>
<td>Potential for first-in-class prevention from an urgent public health threat</td>
<td></td>
</tr>
<tr>
<td>Pentavalent Meningococcal</td>
<td>Simplify a fragmented, complex vaccination schedule with potentially broader protection</td>
<td></td>
</tr>
<tr>
<td>Respiratory Syncytial Virus</td>
<td>1st maternal vaccine approved for the leading cause of infant hospitalizations globally</td>
<td></td>
</tr>
<tr>
<td>Lyme</td>
<td>Only active Lyme vaccine in development; potential to address a significant unmet need</td>
<td></td>
</tr>
<tr>
<td>COVID-19</td>
<td>Breakthrough science to rapidly deliver, at scale, an efficacious, safe vaccine</td>
<td></td>
</tr>
</tbody>
</table>

~800 Million More Lives Expected to be Protected by 2028**

*pending successful efficacy, safety, and licensure **excluding COVID-19

*Simplify a fragmented, complex vaccination schedule with potentially broader protection

PCV20 Adult PCV20 Pediatric

GOAL, Subject to regulatory approval

7 more serotypes with the potential to provide the broadest Invasive Pneumococcal Disease and Community-Acquired Pneumonia coverage*

Potential for first-in-class prevention from an urgent public health threat

Simplify a fragmented, complex vaccination schedule with potentially broader protection

1st maternal vaccine approved for the leading cause of infant hospitalizations globally

Only active Lyme vaccine in development; potential to address a significant unmet need

Breakthrough science to rapidly deliver, at scale, an efficacious, safe vaccine

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7 more serotypes with the potential to provide the broadest Invasive Pneumococcal Disease and Community-Acquired Pneumonia coverage*

Potential for first-in-class prevention from an urgent public health threat

Simplify a fragmented, complex vaccination schedule with potentially broader protection

1st maternal vaccine approved for the leading cause of infant hospitalizations globally

Only active Lyme vaccine in development; potential to address a significant unmet need

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Thank you
Sources

5. Pfizer Data on File
7. Birth Cohort by Country Data, Infectious Diseases, Madrid, Spain, 21-24th April 2018
9. Pfizer Data on File
Sources

21. Internal Pfizer Phase 2 data on file
Sources

27. UN 2015-2020 Birth Cohort Data; adjusted for multiparous births
29. Open Forum Infectious Diseases, 2019; 6(Suppl 2), S970.
30. Pfizer Data on File
a) At Risk includes certain immunocompromising conditions and chronic conditions, including chronic heart disease, chronic lung disease, diabetes mellitus, alcoholism, and chronic liver disease, in addition to current smokers

b) 3+1 or 2+1 schedule

c) Pneumococcal polysaccharide vaccine

References