EMADOC-1700519818-2137510
Committee for Medicinal Products for Human Use (CHMP)

Type II variation assessment report

Procedure No. EMA/VR/0000272245

Invented name: Spikevax

Common name: COVID-19 mRNA vaccine

Note

Assessment report as adopted by the CHMP with all information of a commercially confidential nature deleted.

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Status of this report and steps taken for the assessment			
Current step	**Description**	**Planned date**	**Actual Date**
☐	Submission deadline	8 May 2025	9 May 2025
☐	Validation	25 May 2025	14 May 2025
☐	Start date	26 May 2025	26 May 2025
☐	CHMP Rapporteur AR	30 June 2025	01 July 2025
☐	CHMP comments	14 July 2025	14 July 2025
☐	Updated CHMP Rapporteur AR	17 July 2025	18 July 2025
☒	CHMP outcome	24 July 2025	24 July 2025

Table of contents

1. Background information on the procedure

Pursuant to Article 16 of Commission Regulation (EC) No 1234/2008, Moderna Biotech Spain S.L. submitted to the European Medicines Agency on 09 May 2025 an application for a variation.

The following changes were proposed:

Variation(s) requested		Type
C.I.4	C.I.4 Change(s) in the Summary of Product Characteristics, Labelling or Package Leaflet due to new quality, preclinical, clinical or pharmacovigilance data	Variation type II

Update of sections 4.2 and 5.1 of the SmPC in order to update information regarding the data in the paediatric population, based on results from the final report for study mRNA-1273-P206. This is a Phase 2, Two-Part Study (Open-Label [Part 1] Followed by Observer-Blind/Randomised [Part 2]) to Evaluate the Safety, Tolerability, Reactogenicity, and Effectiveness of mRNA-1273.214 SARS-CoV-2 Vaccine in Participants Aged 12 Weeks to <6 Months.

The requested variation proposed amendments to the Summary of Product Characteristics.

2. Overall conclusion and impact on the benefit/risk balance

For this variation the MAH provided the final study report of study mRNA-1273-P206 regarding infants aged 12 weeks to <6 months. The study indicated that the mRNA-1273.214 2-dose primary series at two dose levels (5 mcg and 10 mcg) were not successful in showing adequate immunogenicity in the selected doses, no safety signals were seen.

The study in this age group shows baseline titres that are most likely derived from the mothers' vaccinations and/or infection with COVID-19. 60% of the mothers had been vaccinated and another 30% had been infected. The MAH conducted this dose-finding study probably with antigen doses too low to result in an adequate immune reaction, the presence of maternal antibodies might have affected this additionally to the negative. The change in GM levels against D614G from Baseline to Day 85 likely represents the natural waning of maternally derived antibodies, in the setting of an insufficient antibody response to vaccination at the dose levels evaluated combined with suboptimal antibody responses that occur in infants, and potential maternal antibody interference in B-cell immune responses.

The grade and frequency of adverse reactions are within the known parameters for this vaccine. No safety issues were identified.

This age group is not covered by the indication. Sections 4.2 and 5.1 of the SmPC have been updated accordingly.

The benefit-risk balance of Spikevax remains positive.

3. Recommendations

Based on the review of the submitted data, this application regarding the following change:

Variation(s) requested		Type
C.I.4	C.I.4 Change(s) in the Summary of Product Characteristics, Labelling or Package Leaflet due to new quality, preclinical, clinical or pharmacovigilance data	Variation type II

Update of sections 4.2 and 5.1 of the SmPC in order to update information regarding the data in the paediatric population, based on results from the final report for study mRNA-1273-P206. This is a Phase 2, two-part study (open-label [part 1] followed by observer-blind/randomised [part 2]) to evaluate the safety, tolerability, reactogenicity, and effectiveness of mRNA-1273.214 SARS-CoV-2 Vaccine (Spikevax bivalent Original/Omicron BA.1) in Participants Aged 12 Weeks to <6 Months.

☒ is acceptable.

Amendments to the marketing authorisation

In view of the data submitted with the variation, amendments to Annex I are recommended.

4. EPAR changes

The table in the 'Steps after' module of the EPAR will be updated as follows:

Scope

Please refer to the Recommendations section above

Summary

Please refer to Scientific Discussion "Comirnaty-VR-0000272245"

Annex: Rapporteur’s assessment comments on the type II variation

5. Introduction

Study P206 was a Phase 2, two-part study (open-label in Part 1 and observer-blind, randomised, placebo-controlled in Part 2) to evaluate the safety, tolerability, reactogenicity, and effectiveness of mRNA-1273 variant-containing vaccine against SARS-CoV-2 in infants aged 12 weeks to <6 months. Part 1 consisted of Arms 1 and 2 that were to enrol sequentially. The study used the epidemiologically relevant variant-containing formulation at the time of study protocol finalisation, i.e., mRNA-1273.214 (Original/Omicron BA.1).

In Study P204, a 50 µg and a 25 µg, 2-dose primary series of mRNA-1273 given to children aged 6 to <12 years of age and 6 months to <6 years of age, respectively, elicited a robust neutralising antibodies (nAb) response with a favourable safety profile. Based on these results, the dose for children aged 12 weeks to < 6 months was anticipated to be 10 µg. Hence in this study, Part 1 was conducted for dose selection of a 2 dose primary series for participants aged 12 weeks to < 6 months starting with a lower dose of 5 µg, which served as a sentinel dose for safety evaluation to support the target 10 µg dose.

As participants aged 12 weeks to < 6 months were anticipated to be new vaccine recipients over time and with this period of life coinciding with waning of maternal Abs, this age group was chosen for this study.

At the time of protocol finalisation in June 2022, Study P206 was designed to evaluate the epidemiologically relevant formulation (i.e., mRNA-1273.214 targeting Omicron BA.1), and the first participant was enrolled on 30 Sep 2022. By September 2023, the XBB variant had gained dominance, and the JN.1 variant was on the rise. The Omicron BA.1 variant (target for the mRNA-1273.214 formulation) was no longer a variant of concern. The FDA granted emergency use authorisation (EUA) for an XBB 1.5 containing formulation for vaccination against COVID 19-in children 6 months to <12 years of age in the U.S. on 11 Sep 2023. Accordingly, the Omicron BA.1 containing formulation was no longer relevant, and enrolment in Study P206 was paused on 18 Sep 2023. Subsequently, an interim analysis (IA) (based on data extraction date of 25 Apr 2024) was conducted after the 50 participants from Arm 1 (5 µg) and the 18 participants from Arm 2 (10 µg) had completed the Day 85 visit (N=68). Per protocol, the results from Part 1 were to determine the dose level for further clinical evaluation in Part 2. Since the results of the Part 1 IA did not support proceeding to Part 2 (both dose levels evaluated were not sufficiently immunogenic and there was no evidence of a dose-response relationship), further enrolment in the study was discontinued. This was based on immunogenicity results and was not related to any safety concerns. A final analysis was conducted once all participants had completed the study (last participant last visit = 15 Nov 2024) with results presented here.

6. Clinical Efficacy aspects

6.1. Methods – analysis of data submitted

6.1.1. Population

A total of 68 participants were enrolled and dosed in Part 1 of this study (final analysis set, FAS), including 50 participants in Arm 1 (5 µg dose level) and 18 participants in Arm 2 (10 µg dose level). A total of 45 (90.0%) participants in Arm 1 and 14 (77.8%) participants in Arm 2 completed the study (Study P206 Final CSR Section 5.1).

The per-protocol immunogenicity set (PPIS) included participants who received the planned doses of investigational product per schedule, complied with immunogenicity testing schedule, had Baseline (Day

1) and Day 85 Ab assessments, and had no major protocol deviations that impacted key or critical data. Among the 48 participants in the PPIS, 20 participants were negative at Baseline for SARS-CoV-2 anti-nucleocapsid Ab and reverse transcription polymerase chain reaction (RT-PCR) on nasal swab (PPIS-Neg) and 24 participants were positive at Baseline for SARS-CoV-2 anti-nucleocapsid Ab and/or RT-PCR on nasal swab (PPIS-Pos); the remaining 4 participants had missing Baseline SARS-CoV-2 status (Study P206 Final CSR Table 14.1.2.2.1). It is important to note that the origin (maternal or self) of the Abs detected is indistinguishable. They are most likely to be maternal in origin given the age of participants with majority of the mothers reporting prior vaccination and/or infection.

Overall, the demographics in the FAS were similar for participants in both arms (Module 2.7.3 Table 2). All participants were between 9 and 26 weeks of age at the time of enrolment with a mean age of 17.6 weeks; however, participants were at least 12 weeks of age at the time of dosing as required per protocol. Overall, 55.9% of enrolled participants were male and most participants were White (64.7%), followed by Black/African American (26.5%). The mean (range) weight of enrolled participants was 6.59 (5.1 to 8.6) kg.

6.1.2. Assays

The immunogenicity analysis (secondary objective) was based on the Day 85 nAb responses after the mRNA-1273.214 vaccine administered as 2 doses 8 weeks apart. The nAb responses were evaluated using validated pseudovirus neutralisation assays for 2 variants of SARS-CoV-2 (D614G and Omicron BA.1) (Table 1).

Table 1: Assays for SARS-CoV-2 Antibody Response

Assay Name	Variant	Methodology	Development Status (Performing Laboratory)	Assay Range
SARS-CoV-2 PsV neutralization	D614G[a]	PsV neutralization measured as AU/mL	Validated (PPD vaccine laboratories)	LLOQ: 10 AU/mL ULOQ: 111,433 AU/mL
SARS-CoV-2 PsV neutralization	Omicron BA.1	PsV neutralization measured as AU/mL	Validated (PPD vaccine laboratories)	LLOQ: 8 AU/mL ULOQ: 24,503 AU/mL

Abbreviations: LLOQ = lower limit of quantification; PPD = Pharmaceutical Product Development; PsV = pseudovirus; SARS-CoV-2 = severe acute respiratory syndrome coronavirus 2; ULOQ = upper limit of quantification.

[a] Neutralization of the ancestral SARS-CoV-2 strain was assessed in a PsV neutralization assay, where the spike protein used in the assay included a D614G mutation. The ancestral SARS-CoV-2 strain neutralization results are therefore designed as D614G.

6.1.3. Immunogenicity objective

A secondary objective of Part 1 was to evaluate the immunogenicity of 2 dose levels of the mRNA 1273.214 vaccine based on the geometric mean (GM) level of nAbs against D614G and Omicron BA.1 at Day 85 (28 days after the second dose). The secondary immunogenicity analysis was based on the Day 85 nAb responses after the mRNA-1273.214 vaccine administered as 2 doses 8 weeks apart. The nAb responses were evaluated using validated pseudovirus neutralisation assays for 2 variants of SARS-CoV-2 (D614G and Omicron BA.1) (Section 3).

The PPIS-Neg was the primary analysis set used to analyse the secondary endpoint. Of the 68 total enrolled participants, 20/68 (29.4%) participants comprised the PPIS-Neg including 17/50 (34.0%)

participants in Arm 1 and 3/18 (16.7%) participants in Arm 2. Given that a large proportion of participants were Baseline SARS-CoV-2 positive, analyses were also conducted based on the PPIS-Pos. It is important to note that the origin (maternal or self) of the detected Abs is indistinguishable.

6.2. Results

Pseudovirus nAb geometric mean concentrations (GMC) and Seroresponse Against D614G

In the PPIS-Neg, Baseline GM levels (95% CI) were 338.1 (184.8, 618.8) in Arm 1 and 348.1 (89.3, 1356.4) in Arm 2 and at Day 85 were 139.9 (94.0, 208.2) in Arm 1 and 80.5 (28.2, 229.7) in Arm 2. GMFR (95% CI) was 0.4 (0.2, 0.8) in Arm 1 and 0.2 (0.2, 0.3) in Arm 2. Seroresponse at Day 85 was observed in 2/16 (12.5%) participants in Arm 1 and none (0/3) of the participants in Arm 2 (Table 2).

In the PPIS-Pos, Baseline GM levels (95% CI) were 161.0 (73.1, 354.4) in Arm 1 and 187.7 (36.9, 954.8) in Arm 2, and at Day 85 were 238.5 (146.7, 387.7) in Arm 1 and 107.4 (71.2, 162.1) in Arm 2. GMFR (95% CI) was 1.5 (0.6, 3.5) in Arm 1 and 0.6 (0.1, 2.7) in Arm 2. Seroresponse at Day 85 was observed in 4/17 (23.5%) participants in Arm 1 and in 1/7 (14.3%) participants in Arm 2 (Table 2).

Notably, nAbs against D614G were detectable at Baseline for 20/20 (100%) participants and 23/24 (95.8%) participants in the PPIS-Neg and PPIS-Pos, respectively, and indistinguishable with regards to origin (maternal or self). There was no increase in nAbs from Baseline to Day 85 observed in either of the analysis sets, except a minimal rise observed for Arm 1 in the PPIS-Pos. (Study P206 Final CSR Table 14.2.3.3.2.1).

Pseudovirus nAb GMC and Seroresponse Against Omicron BA.1

In the PPIS-Neg, Baseline GM levels (95% CI) were 47.7 (25.3, 90.0) in Arm 1 and 44.4 (4.5, 438.2) in Arm 2 and at Day 85 were 84.3 (46.6, 152.4) in Arm 1 and 169.8 (3.9, 7480.1) in Arm 2. GMFR (95% CI) was 1.8 (0.7, 4.6) in Arm 1 and 3.8 (0.3, 56.9) in Arm 2. Seroresponse at Day 85 was observed in 4/17 (23.5%) participants in Arm 1 and 2/3 (66.7%) participants in Arm 2 (Table 2).

In the PPIS-Pos, Baseline GM levels (95% CI) were 90.3 (44.6, 183.1) in Arm 1 and 138.1 (71.1, 268.2) in Arm 2 and at Day 85 were 278.7 (98.9, 785.4) in Arm 1 and 246.2 (69.5, 871.5) in Arm 2. GMFR (95% CI) was 3.1 (0.9, 11.0) in Arm 1 and 1.8 (0.4, 8.6) in Arm 2. Seroresponse at Day 85 was observed in 7/17 (41.2%) participants in Arm 1 and in 2/7 (28.6%) participants in Arm 2 (Table 2).

A large proportion of participants had detectable nAbs (indistinguishable with regards maternal or self in origin) against Omicron BA.1: 19/20 (95.0%) participants and 24/24 (100.0%) participants in the PPIS-Neg and the PPIS-Pos, respectively. For both dose levels and in both analysis sets, nAb GM levels at Day 85 increased minimally relative to Baseline levels. (Study P206 Final CSR Table 14.2.3.4.2.1).

Table 2: Summary of Pseudovirus nAb Values Against D614G and Omicron BA.1 by Dose Level and Baseline SARS-CoV-2 Status (PPIS)

Timepoint Data Category Statistic	mRNA-1273.214					
	D614G			Omicron BA.1		
	5 µg	10 µg	Total	5 µg	10 µg	Total
Baseline SARS-CoV-2 status: negative, N	**17**	**3**	**20**	**17**	**3**	**20**
Baseline (pre-dose 1)						
n[a]	17	3	20	17	3	20
GMC	338.1	348.1	339.6	47.7	44.4	47.2
95% CI[b]	184.8, 618.8	89.3, 1356.4	203.6, 566.5	25.3, 90.0	4.5, 438.2	27.3, 81.7
Day 85						
n[a]	16	3	19	17	3	20
GMC	139.9	80.5	128.2	84.3	169.8	93.6
95% CI[b]	94.0, 208.2	28.2, 229.7	90.4, 181.9	46.6, 152.4	3.9, 7480.1	53.5, 163.8
N1	16	3	19	17	3	20
GMFR (95% CI[b])	0.4 (0.2, 0.8)	0.2 (0.2, 0.3)	0.4 (0.2, 0.6)	1.8 (0.7, 4.6)	3.8 (0.3, 56.9)	2.0 (0.9, 4.5)
SRR[c], % (n/N1[d])	12.5 (2/16)	0 (0/3)	10.5 (2/19)	23.5 (4/17)	66.7 (2/3)	30.0 (6/20)
95% CI[e]	(1.6, 38.3)	(0.0, 70.8)	(1.3, 33.1)	(6.8, 49.9)	(9.4, 99.2)	(11.9, 54.3)
Baseline SARS-CoV-2 status: positive, N	**17**	**7**	**24**	**17**	**7**	**24**
Baseline (pre-dose 1)						
n[a]	17	7	24	17	7	24
GMC	161.0	187.7	168.3	90.3	138.1	102.2
95% CI[b]	73.1, 354.4	36.9, 954.8	86.9, 326.1	44.6, 183.1	71.1, 268.2	61.1, 171.1
Day 85						
n[a]	17	7	24	17	7	24
GMC	238.5	107.4	189.0	278.7	246.2	268.8
95% CI[b]	146.7, 387.7	71.2, 162.1	129.3, 276.4	98.9, 785.4	69.5, 871.5	124.6, 579.9
N1	17	7	24	17	7	24
GMFR (95% CI[b])	1.5 (0.6, 3.5)	0.6 (0.1, 2.7)	1.1 (0.5, 2.3)	3.1 (0.9, 11.0)	1.8 (0.4, 8.6)	2.6 (1.0, 6.8)
SRR[c],% (n/N1[d])	23.5 (4/17)	14.3 (1/7)	20.8 (5/24)	41.2 (7/17)	28.6 (2/7)	37.5 (9/24)
95% CI[e]	(6.8, 49.9)	(0.4, 57.9)	(7.1, 42.2)	(18.4, 67.1)	(3.7, 71.0)	(18.8, 59.4)

Abbreviations: CI = confidence interval; GM = geometric mean; GMC = geometric mean concentration; GMFR = geometric mean fold-rise; LLOQ = lower limit of quantification; nAb = neutralizing antibody; PPIS = per-protocol immunogenicity set; SARS-CoV-2 = severe acute respiratory syndrome coronavirus 2; SRR = seroresponse rate; ULOQ = upper limit of quantification.

N1 = Number of participants with non-missing data at Baseline and the corresponding post-Baseline timepoint.

Antibody values reported as below the LLOQ are replaced by 0.5 × LLOQ. Values greater than the ULOQ are replaced by the ULOQ if actual values are not available.

[a] Number of participants with non-missing data at the timepoint (Baseline or post-Baseline).

[b] 95% CI is calculated based on the t-distribution of the log-transformed values or the difference in the log-transformed values for GM value and GMFR, respectively, then back transformed to the original scale for presentation.

[c] Seroresponse at a participant level is defined as a change from Baseline (pre-Dose 1 of primary series) below the LLOQ to equal or above 4 × LLOQ, or at least a 4-fold-rise if Baseline is equal to or above the LLOQ.

[d] Number of participants meeting the criterion at the timepoint. Percentages are based on N1.

[e] 95% CI is calculated using the Clopper-Pearson method.

Source: Study mRNA-1273-P206 CSR Table 14.2.3.3.2.1 and Table 14.2.3.4.2.1

In this study enrolling vaccine-naïve participants 12 weeks to <6 months of age, Baseline nAb GM levels were detectable for most participants against both the D614G and Omicron BA.1 strains (47/48 [97.9%] participants for each strain). There was no consistent rise in Ab levels against D614G and Omicron BA.1 observed after completion of a 2-dose primary series. Similar results were seen regardless of analysis by Baseline SARS-CoV-2 status or dose level. Overall, the mRNA 1273.214 2-dose primary series was not immunogenic in this population at the dose levels evaluated. The change in GM levels against D614G from Baseline to Day 85 likely represents the natural waning of maternally-derived Abs (Wang et al 2021; Lopez et al 2024; Cambou et al 2023; Otero et al 2023; Prahl et al 2022; Shook et al 2022), in the setting of an insufficient Ab response to vaccination at the dose levels evaluated combined with

suboptimal Ab responses that occur in infants (Pieren et al 2022), and potential maternal Ab interference in B-cell immune responses (Siegrist 2003). A dose-response relationship was not observed, i.e., a doubling in the dose level did not demonstrate an improvement in the immune response.

6.3. Discussion

The study in this age group shows baseline titres that are most likely derived from the mothers' vaccinations and/or infection with COVID-19. 60% of the mothers had been vaccinates and another 30% had been infected.

The MAH conducted this dose-finding study probably with antigen doses too low to result in an adequate immune reaction, additionally the presence of maternal antibodies might have negatively affected too.

7. Clinical Safety aspects

7.1. Methods – analysis of data submitted

The primary safety objective included evaluation of the following:

- Solicited local and systemic ARs that occurred during the 7 days following each injection (i.e., the day of injection and 6 subsequent days). Solicited ARs were recorded daily using eDiaries.
- Unsolicited AEs observed or reported during the 28 days following each injection (ie, the day of injection and 27 subsequent days).
- MAAEs, SAEs, AESIs, and AEs leading to discontinuation from Day 1 through end of study (EoS).

The number and percentage of participants with any solicited AR during the 7-day follow-up period after each injection by toxicity grade was provided. A 2-sided 95% exact CI using the Clopper-Pearson method was provided for the percentage of participants with any solicited AR.

The number and percentage of participants with unsolicited AEs, SAEs, MAAEs, AESIs, and AEs leading to withdrawal from study vaccine and/or study participation were also summarized. Unsolicited AEs were presented by MedDRA SOC and PT.

The following analyses populations were defined for the study:

- Safety Set: All enrolled participants who received at least 1 dose of study intervention. The Safety Set was used for all analyses of safety except for solicited ARs.
- Solicited Safety Set: All participants in the Safety Set who contributed any solicited AR data. The Solicited Safety Set was used for the analyses of solicited ARs.

All 68 enrolled participants received the first dose of study intervention, and 49 (98.0%) participants in Arm 1 and 15 (83.3%) participants in Arm 2 completed the study intervention schedule (Module 2.7.4 Table 2). The median (range) study duration from the first dose of study intervention was 421.5 days (79 to 491 days) in Arm 1 and 417.5 days (89 to 450 days) in Arm 2.

7.2. Results

7.2.1. Solicited Local Adverse Reactions

Within 7 days of receiving study intervention, solicited local ARs were reported in 11/50 (22.0% [95% CI: 11.5, 36.0]) participants in Arm 1 and 1/18 (5.6% [95% CI: 0.1, 27.3]) participant in Arm 2 after Dose 1; and in 10/49 (20.4%) (95% CI: 10.2, 34.3) participants in Arm 1 and 1/15 (6.7%) (95% CI: 0.2, 31.9) participant in Arm 2 after Dose 2. Pain/tenderness was the most frequently reported solicited local AR for both arms after any dose. In both arms and after any dose, all reported solicited local ARs were Grade 1. No Grade 2, Grade 3 or Grade 4 solicited local ARs were reported in the Study. Overall, most solicited local ARs occurred within the first 1 to 2 days after vaccination following both Dose 1 and Dose 2, in Arm 1 and Arm 2. After Dose 1, solicited local ARs in Arm 1 had a median onset at Day 1 (range: 1 to 3 days) and median duration of 1 day (range: 1 to 2 days). In Arm 2, only 1/18 (5.6%) participant reported a solicited local AR on Day 1 with a duration of 7 days. After Dose 2, solicited local ARs in Arm 1 had a median onset at Day 1 (range: 1 to 4 days) and median duration of 1 day (range: 1 to 2 days). In Arm 2, the only solicited local AR reported occurred on Day 3.

7.2.2. Solicited Systemic Adverse Reactions

Within 7 days of receiving study intervention, solicited systemic ARs were reported in 29/50 (58.0% [95% CI: 43.2, 71.8]) participants in Arm 1 and in 10/18 (55.6% [95% CI: 30.8, 78.5]) participants in Arm 2 after Dose 1; and 26/49 (53.1% [95% CI: 38.3, 67.5]) participants in Arm 1 and 8/15 (53.3% [95% CI: 26.6, 78.7]) participants in Arm 2 after Dose 2. Irritability/crying and sleepiness were the most frequently reported solicited systemic ARs. In both arms and after any dose, a higher proportion of solicited systemic ARs were Grade 1. There was a lower proportion of Grade 2 solicited systemic ARs in both arms after any dose, and 2 Grade 3 solicited systemic ARs (irritability/crying) reported, both in Arm 1 after Dose 1 and Dose 2. No Grade 4 solicited systemic ARs were reported. Overall, most solicited systemic ARs occurred within the first 1 to 2 days after vaccination following both Dose 1 and Dose 2, in Arm 1 and Arm 2. After Dose 1, solicited systemic ARs in Arm 1 had a median onset at Day 1 (range: 1 to 7 days) and median duration of 3 days (range: 1 to 7 days). In Arm 2, solicited systemic ARs had a median onset at Day 1.5 (range 1 to 5 days) and median duration of 4.5 days (range: 1 to 18 days). After Dose 2, solicited systemic ARs in Arm 1 had a median onset at Day 2 (range: 1 to 6 days) and median duration of 2 days (range: 1 to 7 days). In Arm 2, solicited systemic ARs had a median onset at Day 2 (range: 1 to 6 days) and median duration of 2.5 days (range: 1 to 18 days).

7.2.3. Unsolicited Adverse Reactions

No deaths related to the vaccination or serious reactions were seen. One unsolicited adverse reaction occurred that was also medically attended, a case of rash papular. This neither did lead to study discontinuation. One child died due to a drowning accident.

7.3. Discussion

The grade and frequency of adverse reactions are within the known parameters for this vaccine. No safety issues were identified.

8. Changes to the Product Information

As a result of this variation, sections 4.2 and 5.1 of the SmPC are being updated to reflect the study data in this age group.

Please refer to Attachment 1 which includes all agreed changes to the Product Information.

9. Attachments

1. Product Information (changes highlighted) Spikevax as adopted by the CHMP on 24 July 2025.