EFLUELDA BRAND TRACKER

WAVE 2 (POST- LAUNCH)

Report

May 2023

sanofi

BACKGROUND & OBJECTIVES

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BACKGROUND

To protect patients against influenza, prevention with **standard dose vaccines** are considered the **standard of care**. However, **Sanofi** received **reimbursement** for **Efluelda in Q3 2021** and **launched** this **high dose (HD) influenza vaccine Efluelda** in Belgium in **Q3 2022**, right **before the flu season**, especially focusing on protecting patients of **60 years and older**.

In preparation for this launch, a **baseline** market research was conducted in **April 2022** with assistance of Ipsos Belgium identifying key insights on **perception of HD Influenza vaccines** and the **willingness to pay** for higher protection, among both GPs and elderly. A **low awareness** of the Efluelda vaccine was revealed with a **higher price** possibly being one of the prescription **barriers** (especially amongst Dutch speaking GPs). However, GPs indicated that the current vaccination coverage **rates for influenza are unsatisfactory** and that there is a **clear need to increase protection** against influenza in the elderly population.

BUSINESS OBJECTIVE

Define the **success of the launch** of **Efluelda** to define **opportunities** to enhance **communication** and **preparation** for the next flu season.

RESEARCH OBJECTIVES

Through quantitative research, Ipsos will assist in defying:

- Awareness and familiarity of the Efluelda brand
- Perception of the Efluelda brand
- Willingness to recommend and prescribe Efluelda
- Attitudes towards vaccination needs in general
- The possibility of price being a barrier

RESEARCH METHODOLOGY

METHODOLOGY

SAMPLE DESCRIPTION

General Practitioners

- With at least 1 year of experience
- Treating at least 100 patients per month, of which at least 35% patients ≥ 60 y.o.
- Involved in recommendation & administration of vaccines to elderly

SAMPLE SIZE

N = 101

QUOTA

- Language: 50% Dutch vs 50% French

DATA COLLECTION METHOD

CAWI

AVG. INTERVIEW DURATION

15 minutes

FIELDWORK PERIOD

27/03/2023 – 30/04/2023

EVOLUTION

WAVE 1 – Q2 2022

Sample	N=100 Belgian GPs
Fieldwork period	25/02/2022 – 27/03/2022
Quota	▪ Language
Screening criteria	▪ With at least 1 year of experience ▪ Treating at least 100 patients per month, of which at least 35% patients ≥ 60 y.o. ▪ Involved in recommendation of vaccines to elderly

HOW TO READ THE RESULTS

All reported results are **percentages (%)**, unless indicated otherwise.

- Number of specialists is indicated with n=x

Low base sizes, i.e. n < 10, are indicated with an asterisk (*).

Where relevant **average and median** have been reported.
Average is the sum of a set of numbers divided by how many numbers there are.
Median is the number separating the higher half of a data sample from the lower half.

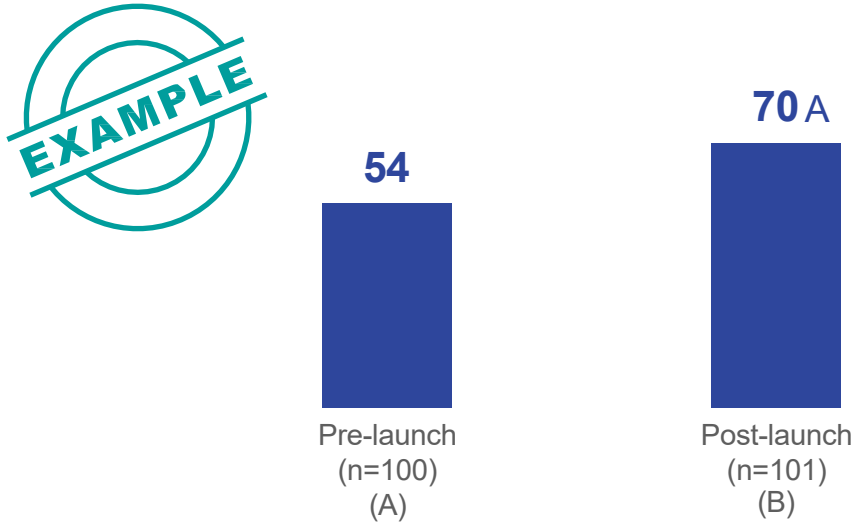
For instance assume the data sequence: 1 2 3
Average = (1+2+3)/3=2
Median = 2

Differences between subgroups are reported when relevant:

- Dutch vs. French speaking:
  - Indicated in report as 'North' and 'South'
  - Shown via following icons:

Significant differences are always tested for at the 95% confidence level.

- Significant differences between groups are marked via A, B, …
  - Differences are always indicated with the **highest %** of the comparison.
  - E.g. the indication A with South denotes a significant difference between 70% (B) and 54% (A)



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In case you are experiencing issues with viewing content in an older version of PowerPoint, please notify your Ipsos contact person.

EXECUTIVE SUMMARY

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ONLY 1 OUT OF 4 GPs RECOGNIZES THE NEED TO PRESCRIBE A HIGH DOSE INFLUENZA VACCINE TO ELDERLY PATIENTS

GPs are **aware** of the gradual **decline** of the **immune system function** of the **elderly**. There is a further **growing believe** in the **necessity for enhanced protection against influenza**, with an increasing number of GPs **recognizing** the **potential benefits** of a **vaccine** capable of eliciting a **stronger immune response** in the elderly. However:

- 8% is **aware** of the recommendation yet does **not** see the **need to prescribe** high dose influenza vaccines
- 44% **lacks knowledge** about high dose vaccines recommendations
- 26% is **aware** of the recommendations, yet **only** recognize the **need** to prescribe it to **some** of their patients
- 23% is **aware** and **recognizes** the **need** to prescribe a high dose influenza vaccine to elderly

FAMILIARITY WITH EFLUELDA AS BRAND INCREASED, YET REMAINS LIMITED

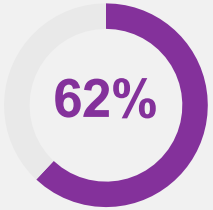
Still **half of GPs** is **not aware** of the **Efluelda** vaccine.

However, Efluelda is **favored** by 1 out of 5 for **elderly** patients aged 60 years and above and by nearly 1 out of 3 GPs specifically for patients aged 65 years older, which is still **behind competitive brands**. Furthermore, **half** of GPs would **recommend** this vaccine **to colleagues** for usage in the elderly population.

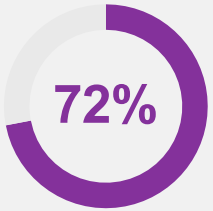
Although Efluelda has **not yet established a strong brand image**, and is outperformed by competitors, the vaccine is already **strongly associated among prescribers** with being **specifically developed for the elderly** and having a **higher dosage of antigen**.

GPs ARE MAINLY COMMUNICATING ABOUT INFLUENZA VACCINATION VERBALLY

of GPs **engage in verbal communication** about influenza vaccines during consultations. **Posters** in the practice or waiting room to convey information will be important in the future as well.



of GPs plan to share information about influenza vaccines between **mid-September and mid-October**.



of GPs anticipate receiving **information from pharmaceutical companies to aid in raising awareness** and obtaining additional details about the vaccine.

KEY FINDINGS

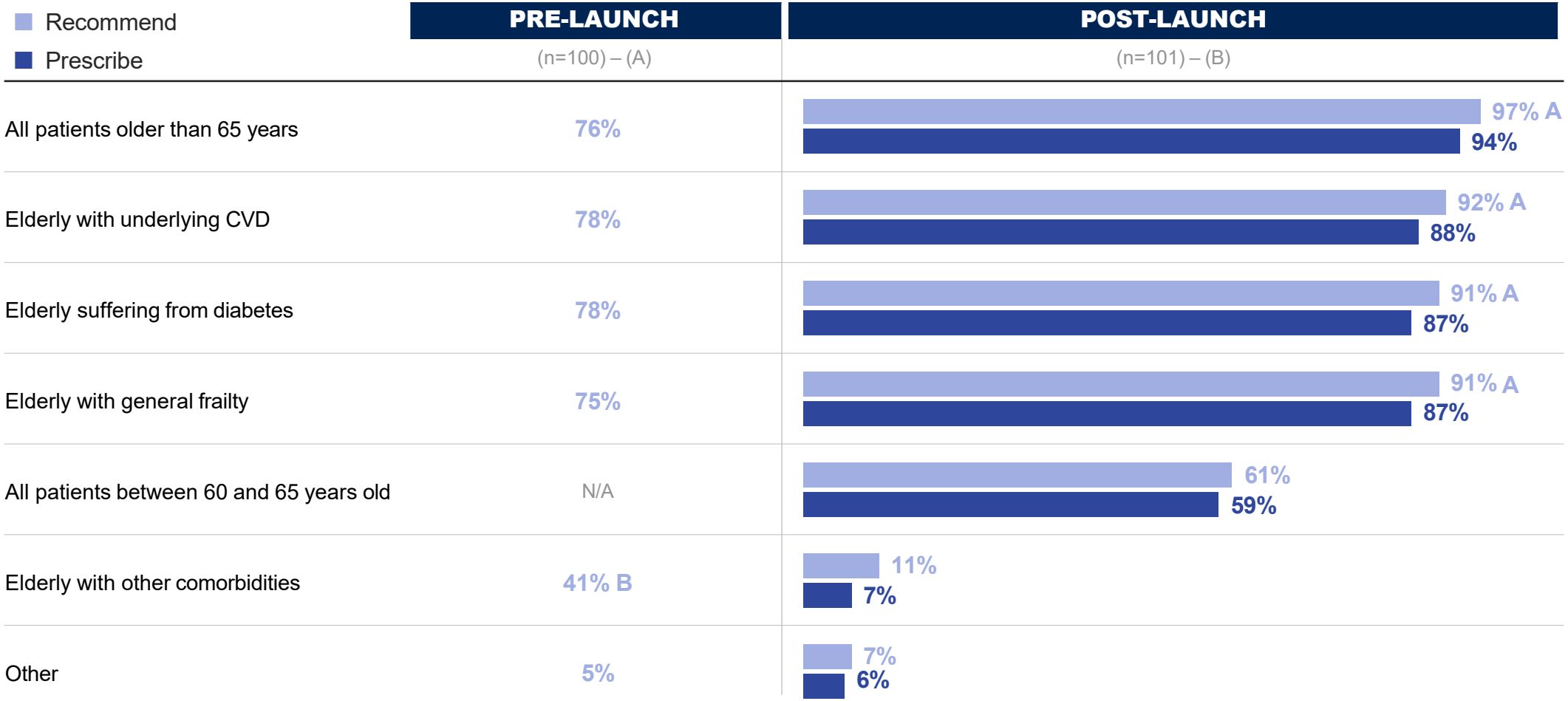
4

ONLY 1 OUT OF 4 GPS RECOGNIZES THE NEED TO PRESCRIBE A HIGH DOSE INFLUENZA VACCINE TO ELDERLY PATIENTS

4. KEY FINDINGS

In general, more GPs recommend influenza vaccines to their elderly patients compared to last wave with almost all GPs recommending/prescribing an influenza vaccine to patients aged 65 years and above, as indicated by the guidelines. Only 6 out of 10 recommends patients 60-65 y.o. to get vaccinated against influenza.

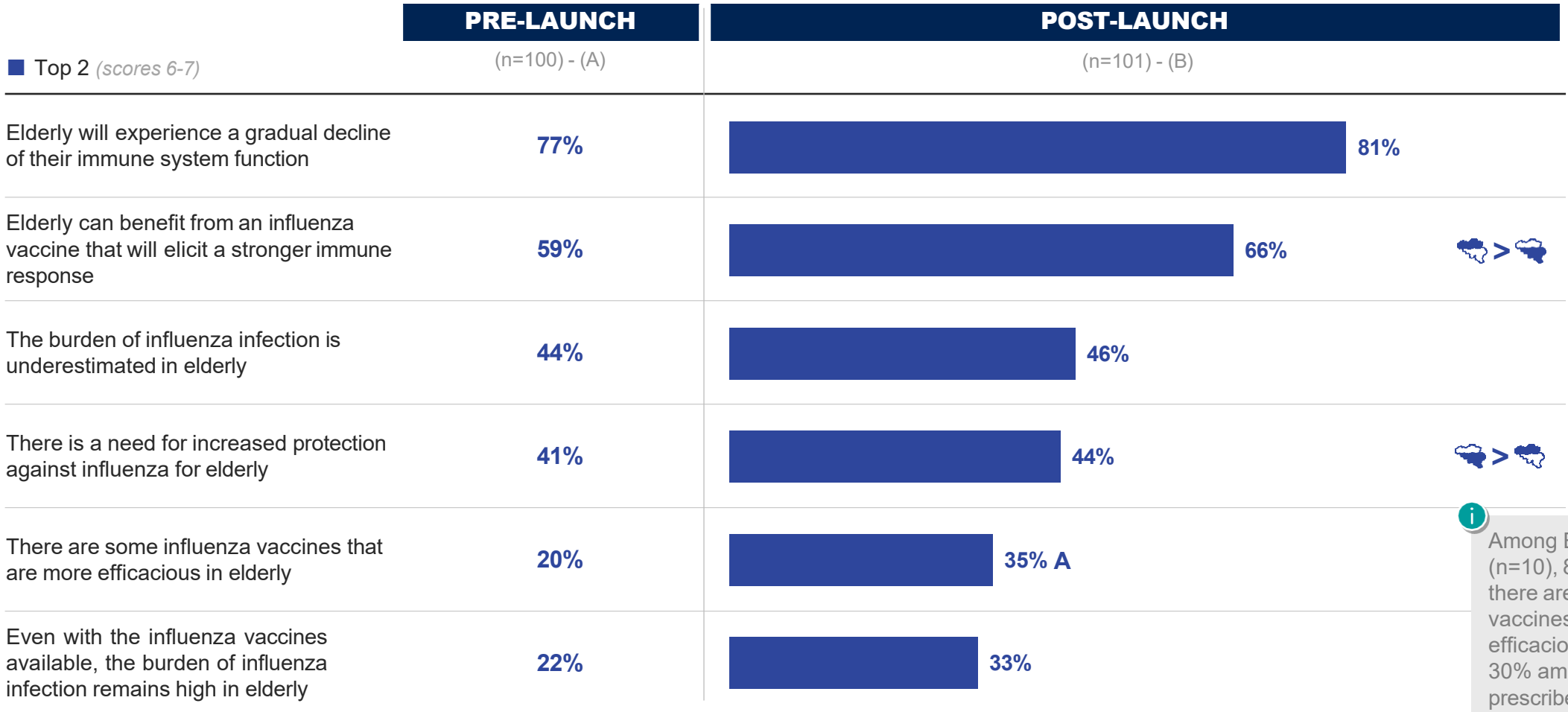
INTENT OF RECOMMENDATION & PRESCRIPTION OF INFLUENZA VACCINATION



Base: *Total sample pre- and post-launch*
Question: *S13. For which elderly do you recommend influenza vaccination? / S13b. For which elderly do you prescribe influenza vaccination?*

Most GPs recognize elderly experience a gradual decline in their immune system and could benefit from a vaccine that will elicit a stronger immune response.

PERCEPTION ON THE BURDEN OF INFLUENZA INFECTION



Among Efluelda prescribers (n=10), 80% do believe that there are some influenza vaccines that are more efficacious in elderly (versus 30% among non-Efluelda prescribers).

Base: *Total sample pre- and post-launch*
Question: *Q1.1. Can you please indicate on a 7-point scale to what extent you agree with the following statement on vaccines in elderly? / Q1.3. To what extent do you agree with the following statements on Influenza and vaccination against influenza in elderly (7-point scale)?*

Two third of GPs prefers to have the option to select from various vaccines that are tailored for different patient types. However, over half of the GPs believe that this scenario will not have an impact on vaccine coverage rates.

PERCEPTION ON DIFFERENT INFLUENZA VACCINES

PREFERENCE FOR DIFFERENT INFLUENZA VACCINE

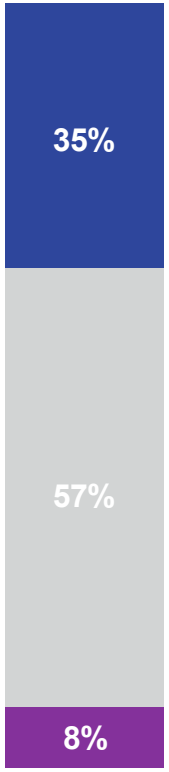
61%

(Somewhat / strongly) prefers:

- Having a **choice** between **more than 1 type** of influenza **vaccine**
- Which are tailored to **diverse patient types** to offer best possible efficacy according to **patient profile**

In previous wave, 73% of GPs preferred this scenario as well versus one type of influenza vaccine for all patients with a different efficacy between patients.

IMPACT ON INFLUENZA COVERAGE RATES IN BELGIUM



A differentiated approach, using different types of vaccines tailored to different patient types:

- would **increase** vaccine coverage rates (Score 6 – 7)
- would have **no impact** on vaccine coverage rates (Score 3 – 5)
- would **reduce** vaccine coverage rates (Score 1 – 2)

In previous wave, 37% of GPs believed having a differentiated approach, using different types of vaccines tailored to different patient types, would increase vaccine coverage rate, while 6% of the GPs believed this would reduce vaccine coverage rates.

Base: *Total sample post-launch (n=101)*
Question: *Q2.7. Assuming you have a choice in influenza vaccination, where would you put your opinion on the scale (7-point scale)? / Q2.8. What is your opinion on influenza vaccination coverage rates in Belgium (7-point scale)?*

GPs do believe it is their role to recommend, decide and prescribe a specific influenza vaccine to their (elderly) patients.

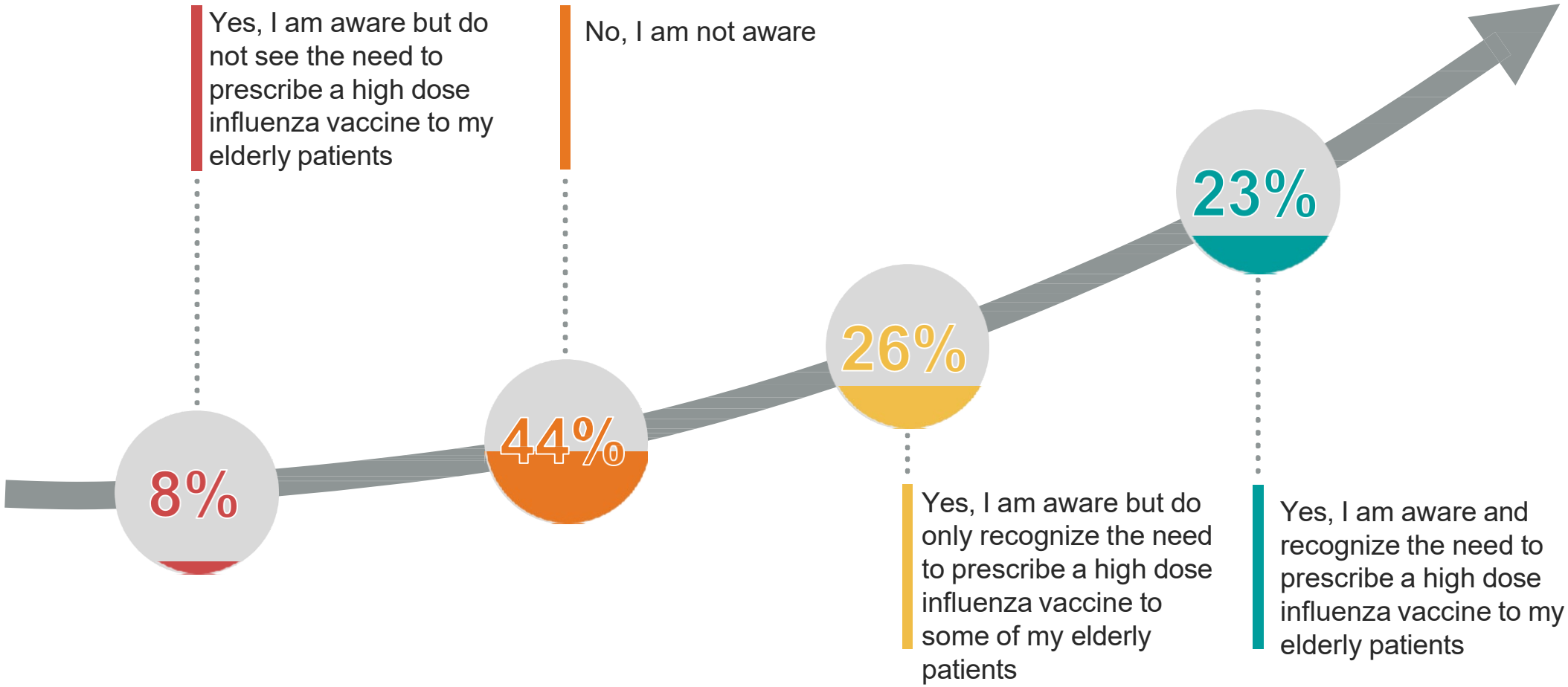
ATTITUDE TOWARDS A DIFFERENTIATED APPROACH AND VACCINATION COVARAGE RATES

■ Top 2 *(scores 6-7)*	PRE-LAUNCH (n=100) - (A)	POST-LAUNCH (n=101) - (B)
It is my role to recommend a specific influenza vaccine to a >65 years old high-risk patient	N/A	70%
It is my role to decide which influenza vaccine to use in different patient groups	58%	64%
It is my role to prescribe a specific influenza vaccine to a >65 years old high-risk patient	N/A	62%
I believe there is an unmet need to fulfil to improve influenza vaccination coverage rates in Belgium	49%	50%
Having a different vaccine for a different patient population would cause an unacceptable increase in my workload	14%	25%
I believe influenza vaccination coverage rates in Belgium are satisfactory	18%	13%

Base: *Total sample pre-and post launch*
Question: *Q2.6. To what extent do you agree or disagree with the statements below (7-point scale)?*

Only half of GPs is aware of the recommendation of a high dose influenza vaccine for elderly, and only 1 out of 4 recognizes the need to prescribing it to their elderly patients.

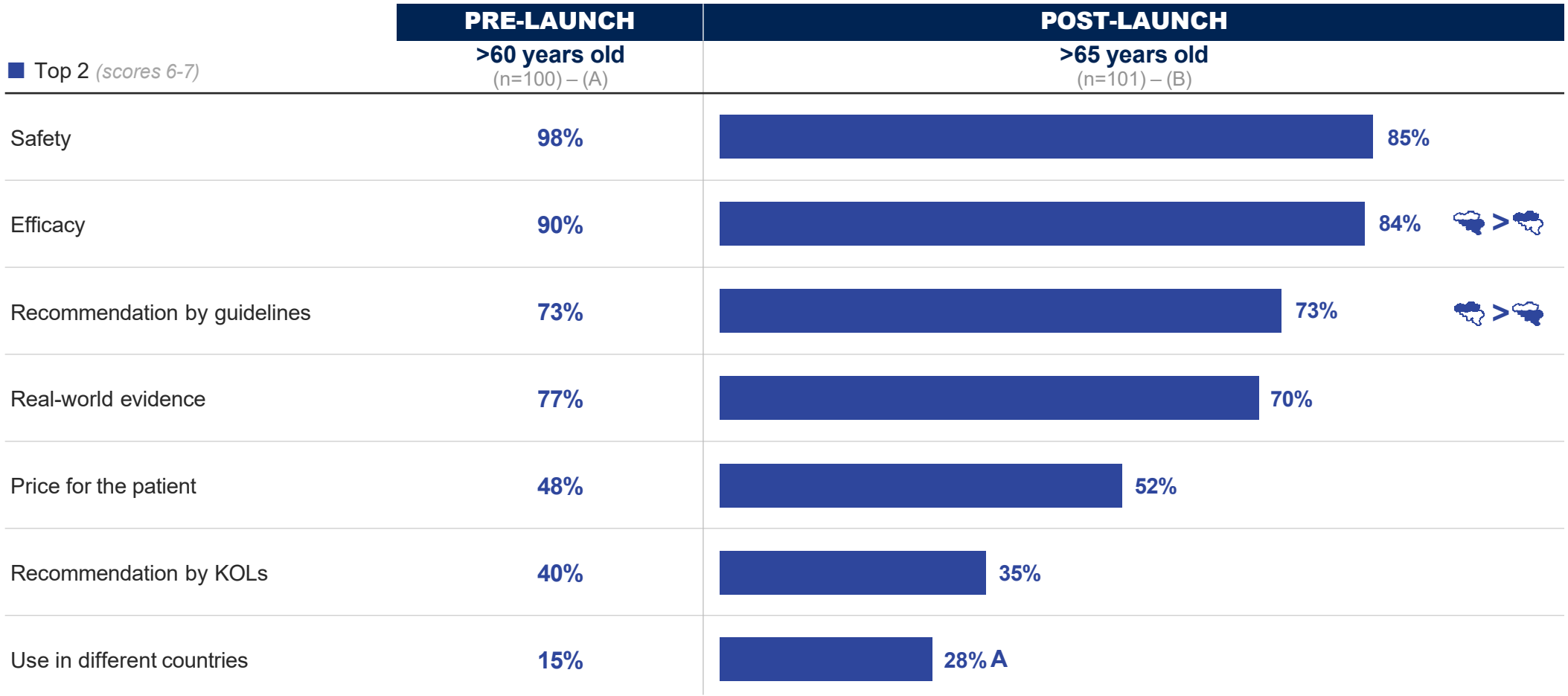
AWARENESS OVERALL HIGH DOSE INFLUENZA VACCINES RECOMMENDED FOR ELDERLY



Base: *Total sample post-launch (n=101)*
Question: *Q2.14 Are you aware of high dose influenza vaccine being included in the recommendation for the elderly patients?*

Safety and efficacy remain the main drivers to prescribe or administer a new influenza vaccine with improved efficacy.

DRIVERS TO PRESCRIBE / ADMINISTER A NEW INFLUENZA VACCINE WITH **IMPROVED EFFICACY**



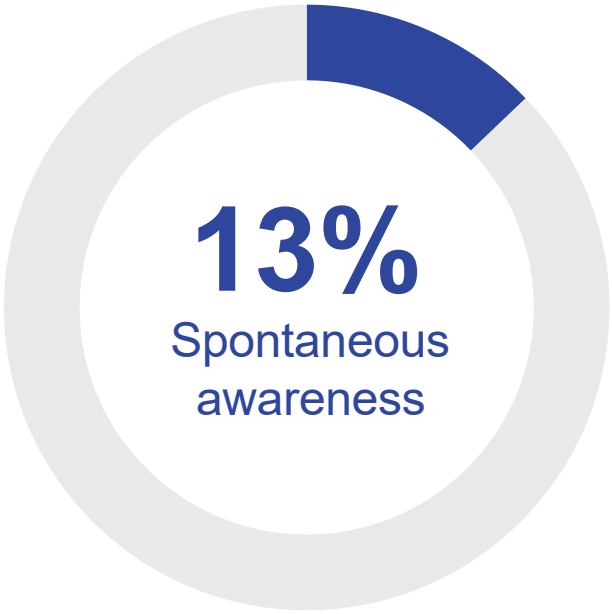
Base: *Total sample pre- and post-launch*
Question: *Q2.9. Imagine a new influenza vaccine with improved efficacy would become available for elderly patients. How important would each of the following attributes be to convince you of prescription and/or administration of this vaccine (7-point scale)?*

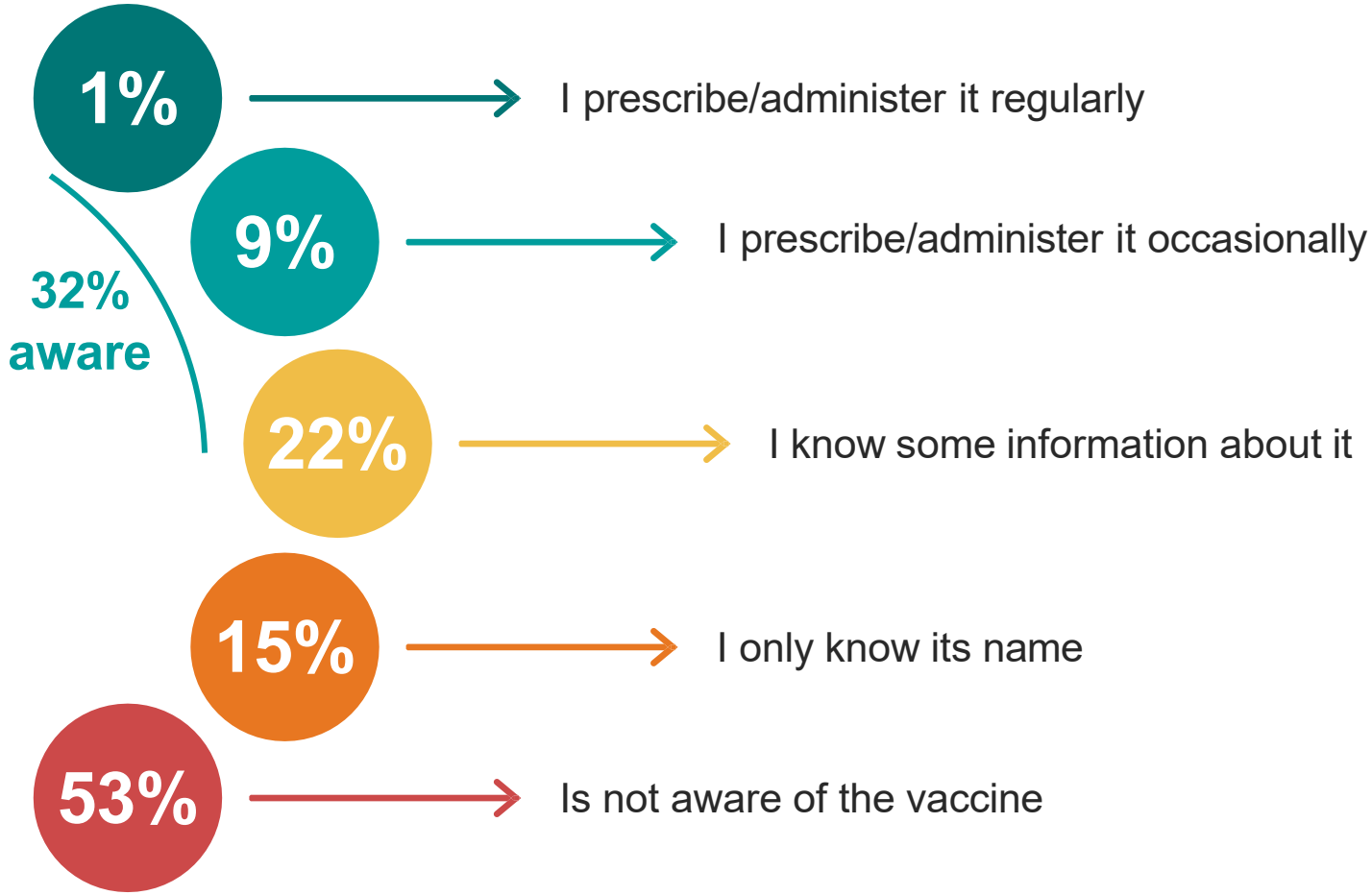
FAMILIARITY WITH EFLUELDA AS BRAND INCREASED, YET REMAINS LIMITED

4. KEY FINDINGS

Only 13% of GPs spontaneously mentioned Efluelda when thinking of influenza vaccines. One third indicated having at least some information about the vaccine. Nevertheless, approximately half of the GPs remain unaware of this high dose vaccine.

AWARENESS AND FAMILIARITY OF THE **EFLUELDA** VACCINE

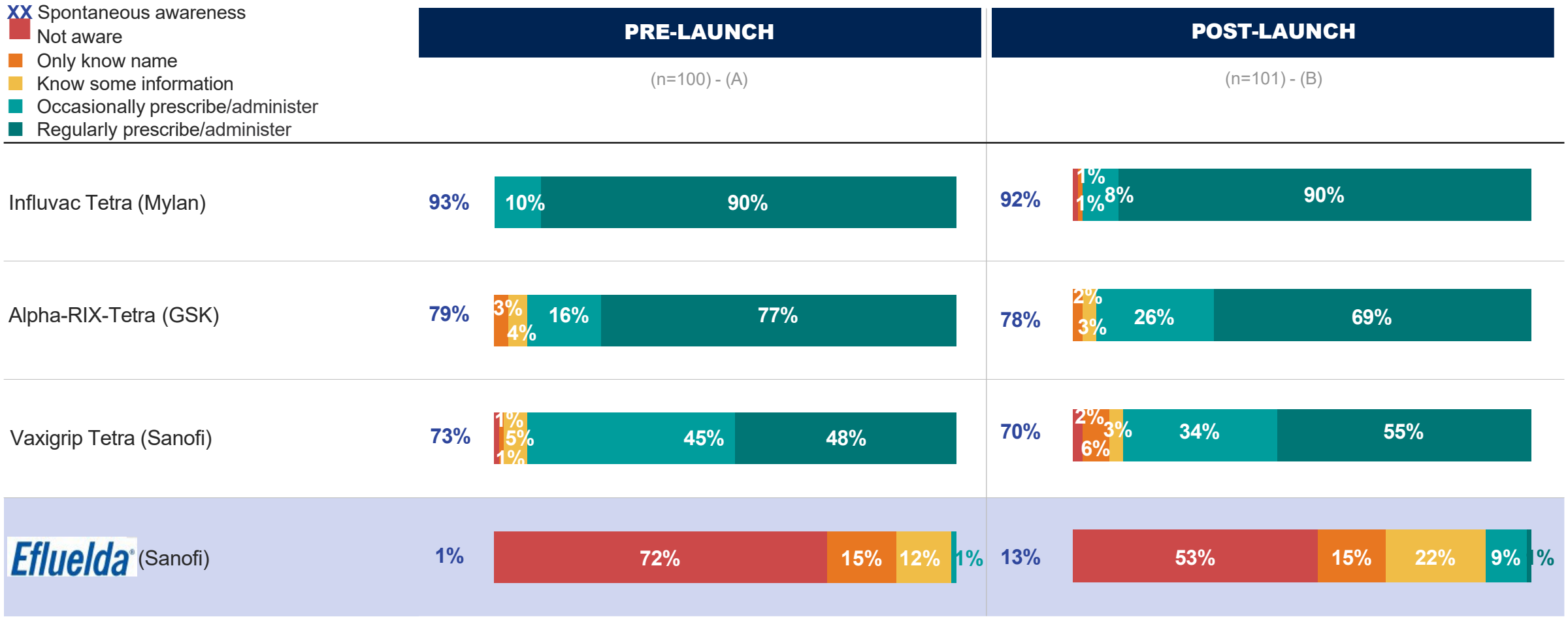




Base: *Total sample post-launch (n=101)*
Question: *Q2.1 which influenza vaccine brands or types come to mind when thinking about influenza vaccination in elderly, regardless of whether you recommend / administer them? Q2.2 To what extent are you familiar with each of the influenza vaccines below?*

Despite the slight improved awareness of Efluelda among GPs, the vaccine is still far behind more established brands in the market with Influvac maintaining a solid position as most regularly prescribed influenza vaccine.

FAMILIARITY WITH INFLUENZA VACCINE BRANDS

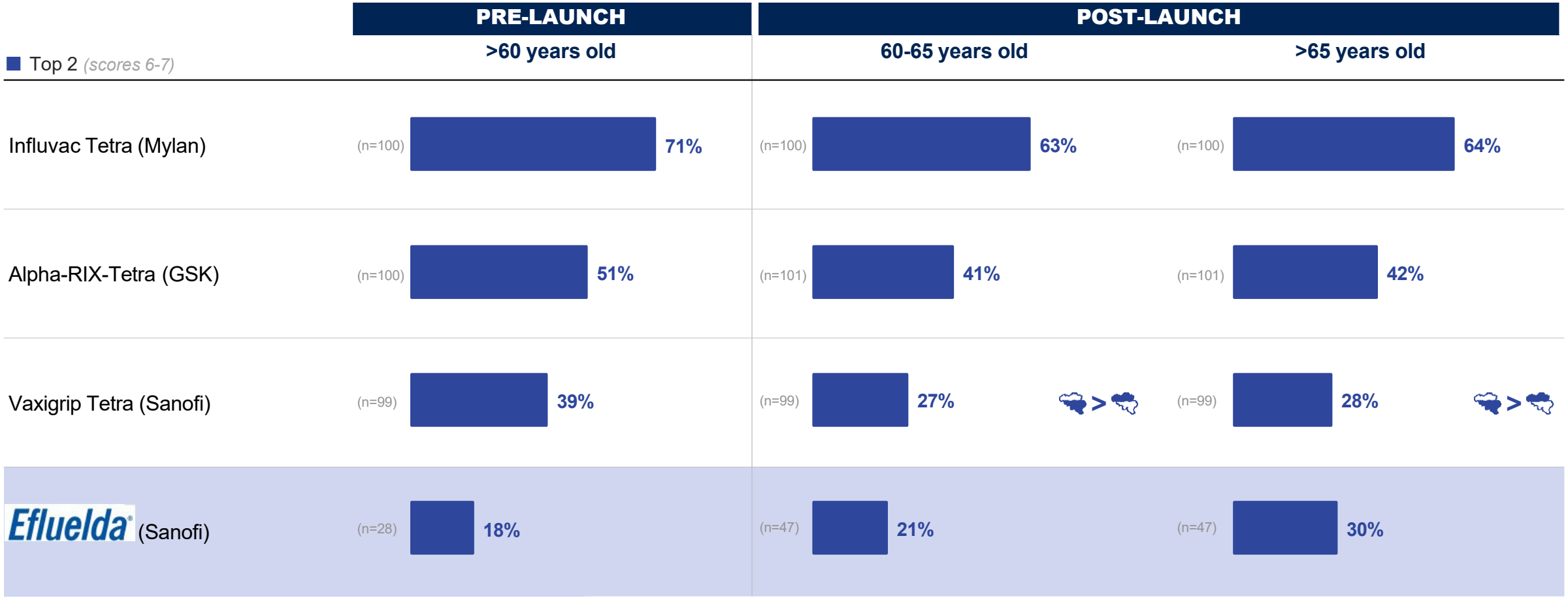


As in previous wave, Tetravalent was spontaneously mentioned by 4%.

Base: *Total sample pre- and post-launch*
Question: *Q2.1 which influenza vaccine brands or types come to mind when thinking about influenza vaccination in elderly, regardless of whether you recommend / administer them? Q2.2 To what extent are you familiar with each of the influenza vaccines below?*

Influvac Tetra remains the most preferred influenza vaccine among GPs to prescribe to elderly patients. Slightly higher preference for Efluelda for patients aged >65 years compared to for patients 60-65 y.o.

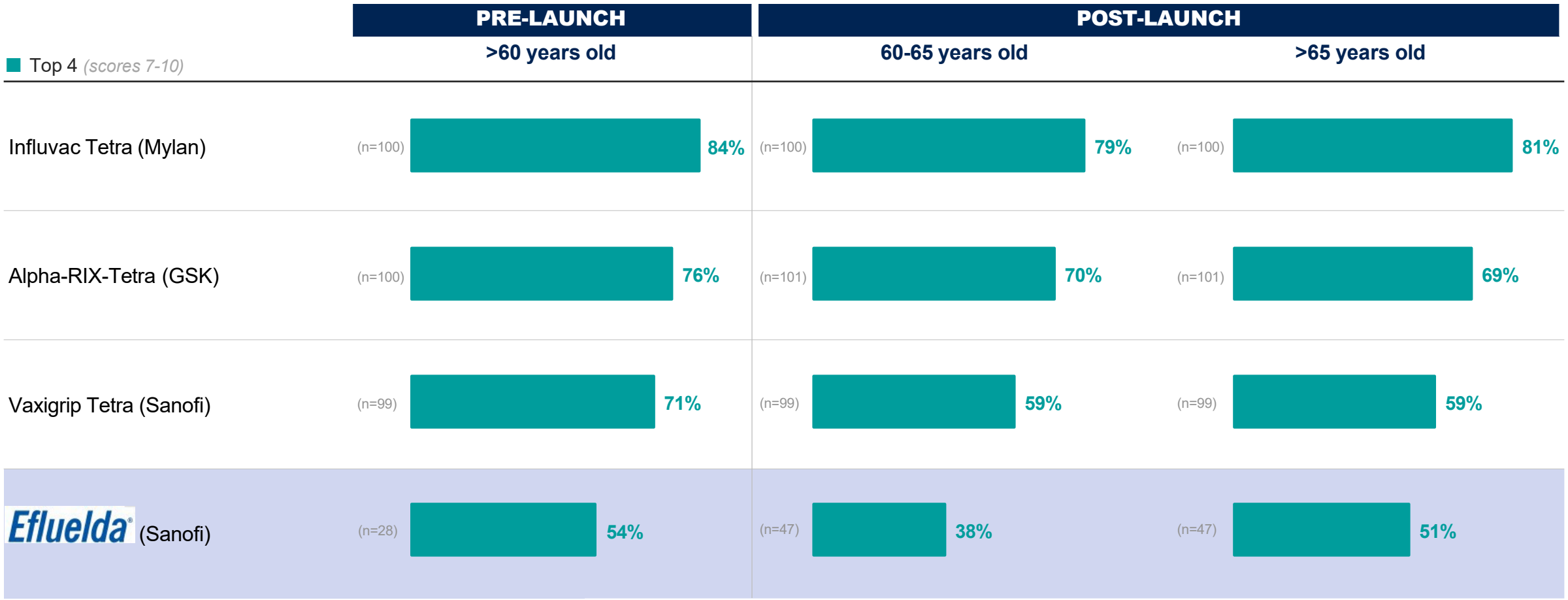
PREFERENCE INFLUENZA VACCINE BRANDS



Base: *GPs who know at least the name of the specific influenza vaccine brand*
Question: *Q2.3a. To what extent do you prefer each of the following vaccines for your patients aged 60-65 years (7-point scale)? / Q2.3b. To what extent do you prefer each of the following vaccines for your patients aged > 65 years (7-point scale)?*

Influvac Tetra remains the most recommended to colleagues to prescribe to elderly patients. Slightly more GPs would recommend Efluelda to their colleagues for prescription with patients aged 65 years and older.

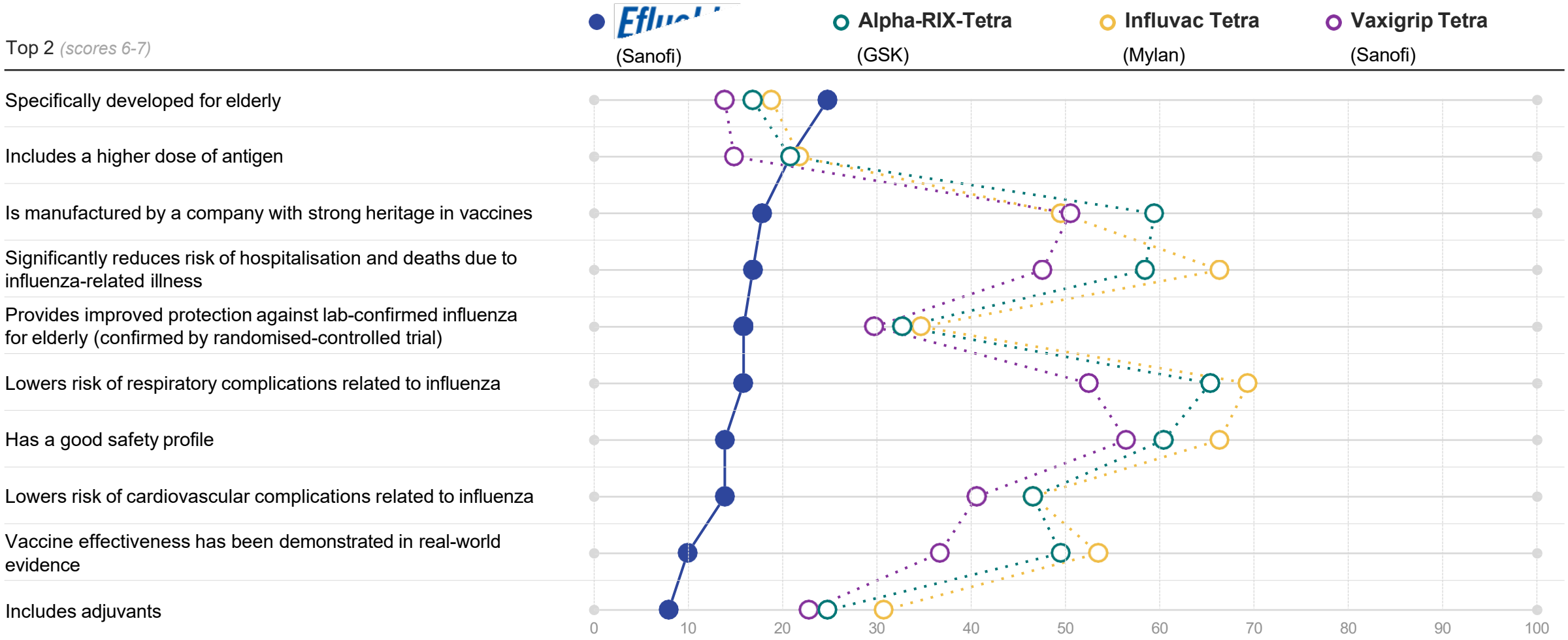
LIKELIHOOD TO RECOMMEND INFLUENZA VACCINE BRANDS TO COLLEAGUES



Base: *GPs who know at least the name of the specific influenza vaccine brand*
Question: *Q2.4a. Assuming the vaccines below are available, how likely or unlikely would you be to recommend the following influenza brands to a colleague, for use in adults aged 60-65 years (11-point scale)? / Q2.4b. Assuming the vaccines below are available, how likely or unlikely would you be to recommend the following influenza brands to a colleague, for use in adults aged > 65 years (11-point scale)?*

In general, Efluelda has not yet established an image, however, it is already known as a vaccine developed specifically for the elderly.

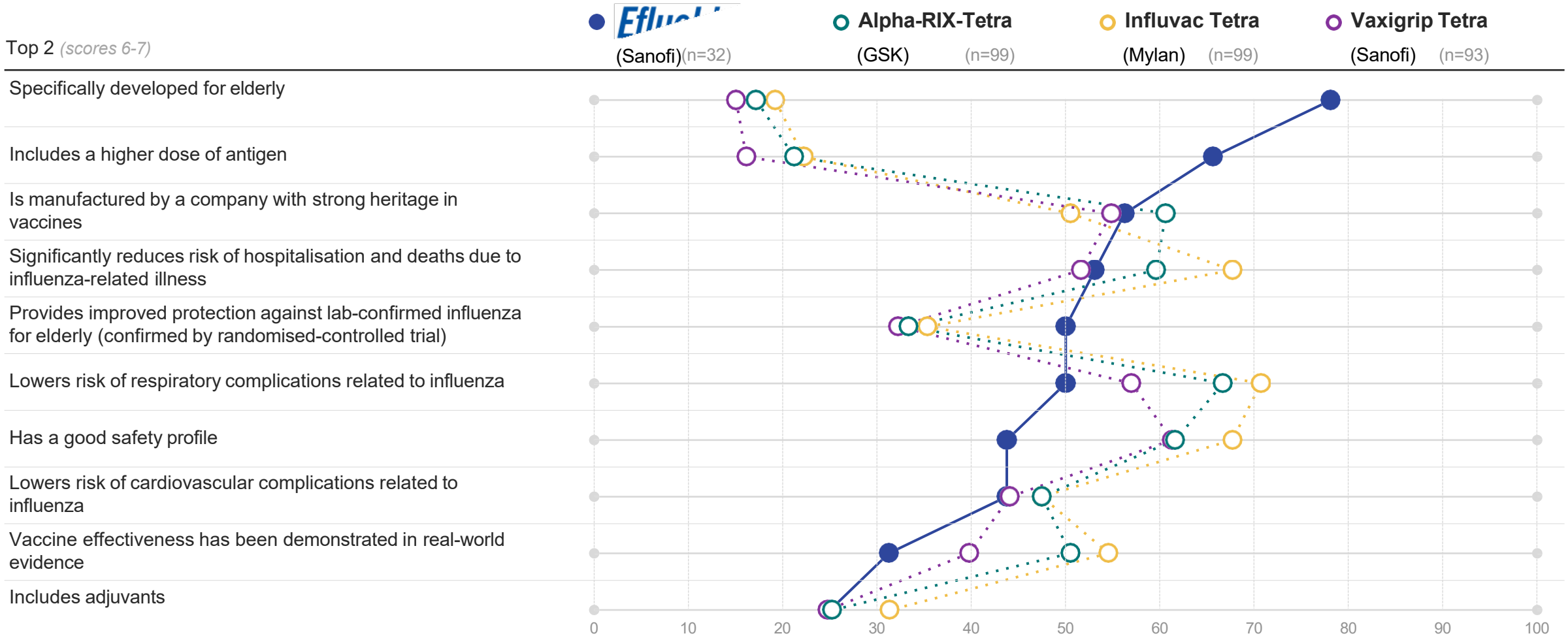
BRAND ASSOCIATIONS



Base: *Total sample (n=101)*
Question: *Q2.5. To what extent do you agree with the following statements about [BRAND] (7-point-scale)?*

GPs familiar with the Efluelda vaccine acknowledge it is specifically developed for elderly and strongly associate it to having a higher dose of antigen.

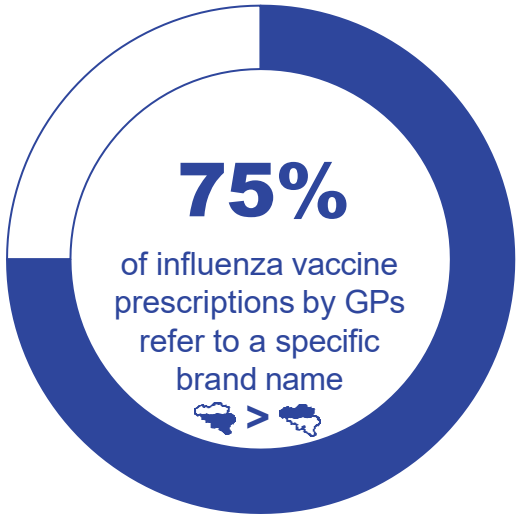
BRAND ASSOCIATIONS AMONG **GPs FAMILIAR WITH BRANDS**



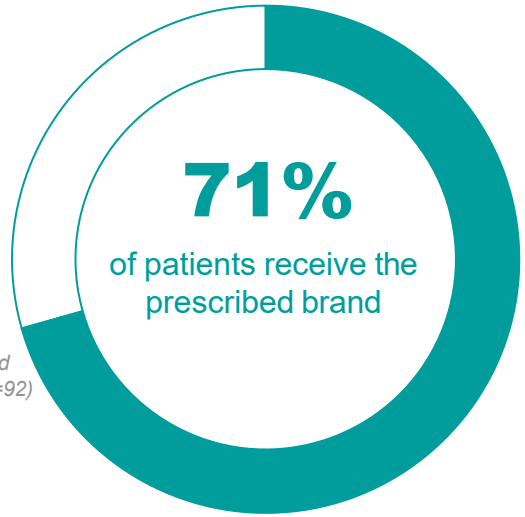
Base: *GPs who are familiar with the specific influenza vaccine brand*
Question: *Q2.5. To what extent do you agree with the following statements about [BRAND] (7-point scale)?*

GPs prescribe a specific brand name in 3 out of 4 influenza vaccine prescriptions, with on average estimated that 71% of their patients actually receive the prescribed brand from the pharmacist. If a switch happens between standard dose vaccines, over half of the GPs considers this as problematic.

POSSIBLE SWITCH BETWEEN PRESCRIBED INFLUENZA VACCINE BRANDS



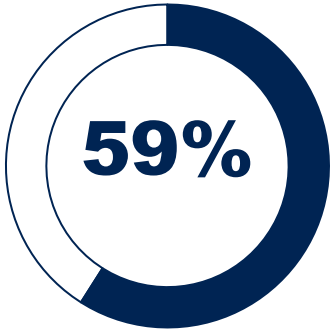
GPs who prescribe influenza vaccine brand name prescriptions (n=92)



SWITCH BETWEEN TWO STANDARD VACCINES

Base: GPs estimating not all their patients receive the prescribed influenza vaccine brand (n=88)

Perceive this switch as a problem



■ Top 3 *(scores 3-5)*

SWITCH FROM HIGH DOSE TO STANDARD DOSE VACCINE

Base: GPs estimating not all their patients receive the prescribed influenza vaccine brand and have already prescribed Efluelda (n=8)*

Perceive this switch as a problem

■ Top 3 *(scores 3-5)*

***Low base size!**

Also in the previous wave, GPs indicated to prescribe specific brand names in 78% of influenza vaccine prescriptions, of which they estimated 70% of patients actually received the brand.

56% of GPs indicated to always write brand name prescriptions instead of generics.

Base: *Total sample post-launch (n=101)*

Question: *Q2.2d. What percentage of your influenza vaccine prescriptions are referring to a specific brand name or to a generic brand name? / Q2.2e. When you prescribe a brand name, to what extent do you think your patient receives this specific prescribed brand from the pharmacist? / Q2.2f. Do you consider the possible switch by retail pharmacists from your prescription of a standard dose vaccine to another standard dose vaccine as a problem (5-point scale)? / Q2.2g. Do you consider the possible switch by retail pharmacists from your prescription of a high dose vaccine to a standard dose as a problem (5-point scale)?*

GPS ARE MAINLY COMMUNICATING ABOUT INFLUENZA VACCINATION VERBALLY

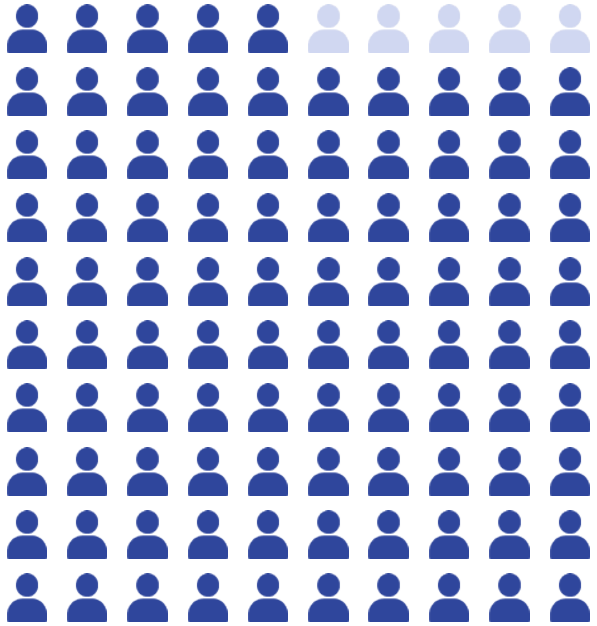
4. KEY FINDINGS

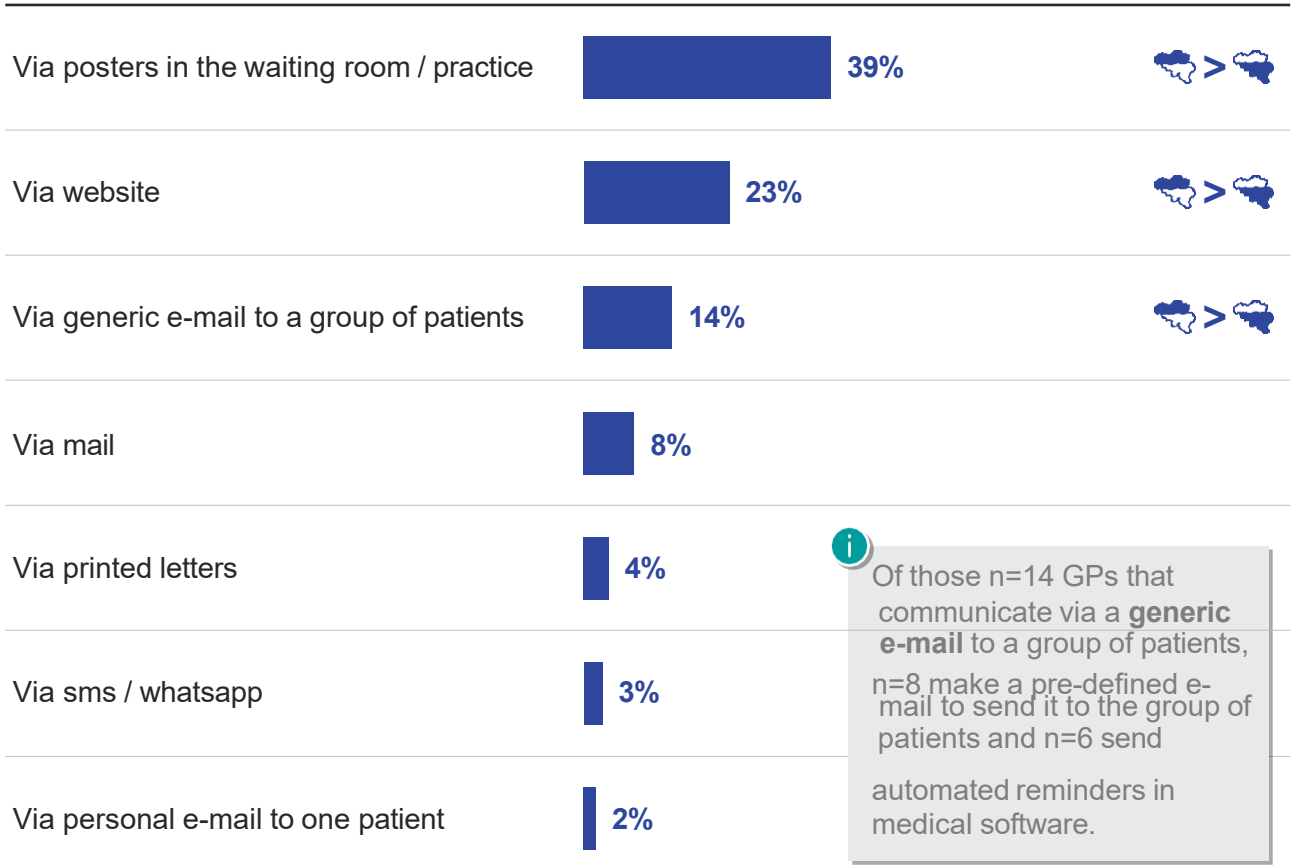
Most GPs convey information regarding the influenza vaccine through verbal communication during patient consultations. Additionally, 4 out of 10 utilize posters in their practice or waiting room to enhance the information.

COMMUNICATION CHANNEL

95%

Verbally, during a consultation



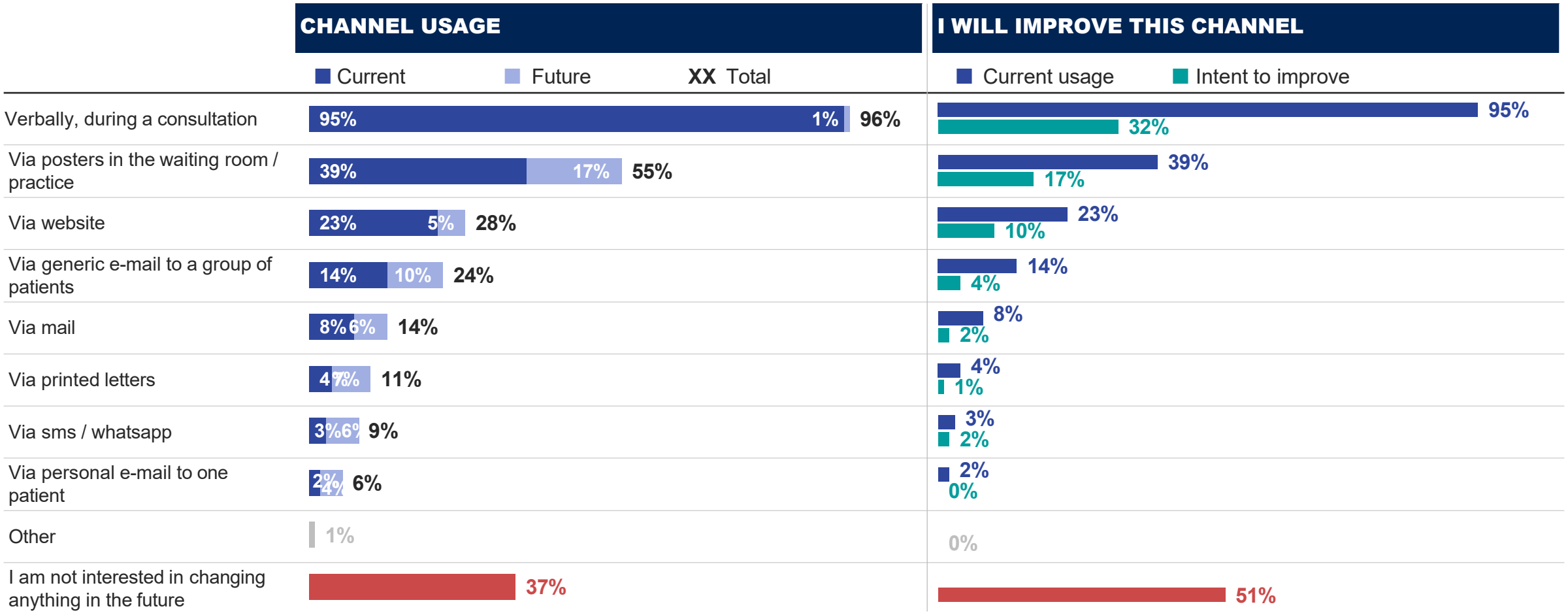


Of those n=14 GPs that communicate via a **generic e-mail** to a group of patients, n=8 make a pre-defined e-mail to send it to the group of patients and n=6 send automated reminders in medical software.

Base: *Total sample post launch (n=101)*
Question: *Q3.6. Via which channels are you communicating about influenza vaccination to your patients? / Q3.10. You indicated that you communicate about Influenza vaccination via a generic e-mail to a group of patients. How is this generic e-mail generated?*

Almost all GPs will communicate about influenza vaccination verbally in the future and more than half indicate to make use of posters in the waiting room or practice. Half is not interested in improving their communication via any channel in the future.

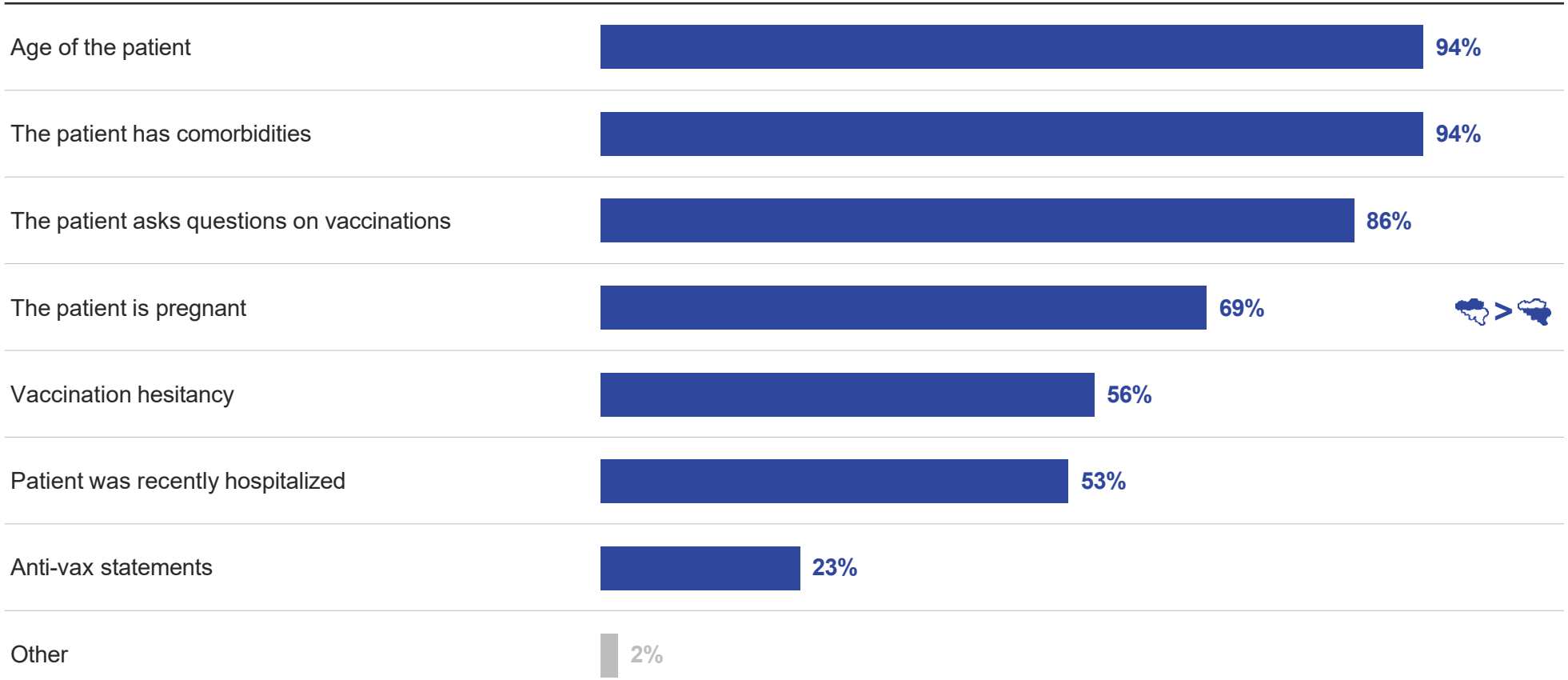
FUTURE USAGE AND IMPROVEMENT OF COMMUNICATION CHANNELS



Base: *Total sample post-launch (n=101)*
Question: *Q3.8. Are there channels you would like to start using or improve to communicate about influenza vaccination to your patients in the next flu season?*

Age of the patient, patients with comorbidities and pro-actively asking questions about vaccines are the most important triggers for GPs to discuss influenza vaccination with their patients.

TRIGGERS TO DISCUSS INFLUENZA VACCINATION



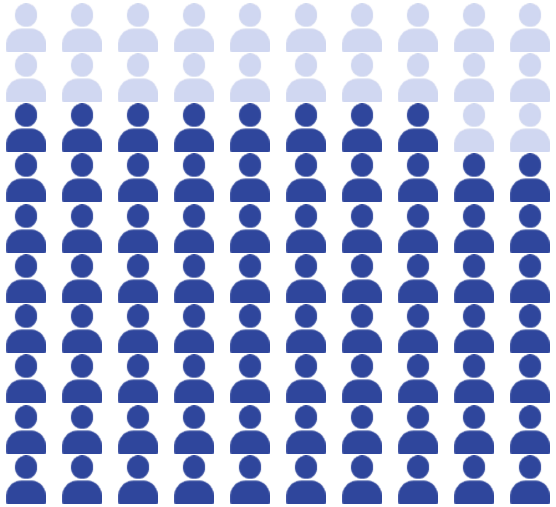
Base: *Total sample post-launch (n=101)*
Question: *Q2.15 Which of the below factors trigger you to discuss influenza vaccination with your patients during a routine consultation?*

Providing additional information to elderly patients about the availability of a high dose vaccine is considered valuable to add to communication, as they generally have a lower immune system.

EXTRA INFORMATION CONSIDERED TO PROVIDE TO ELDERLY PATIENTS ON INFLUENZA VACCINATION

78%

Elderly have lower immunity



72% >

Availability of a high dose vaccine

34%

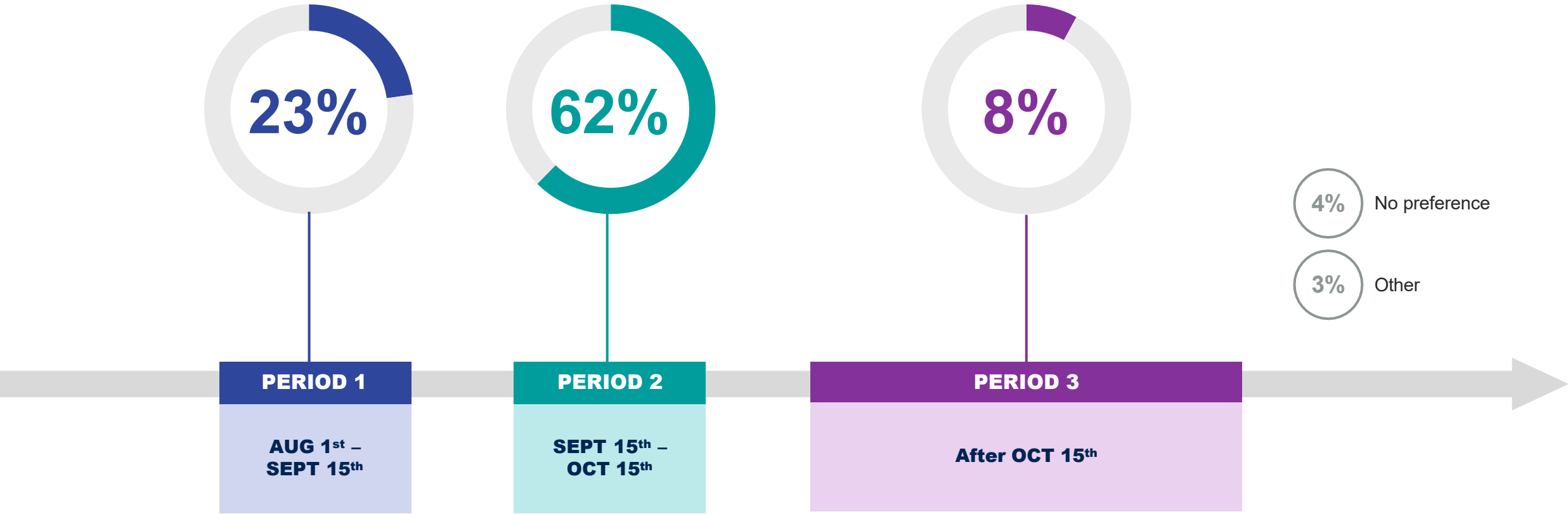
Foresee an option for them to click to have an automated prescription

Top 2 *(scores 4-5)*

Base: *Total sample post launch (n=101)*
Question: *Q3.7. Please indicate which of the following extra information you would consider adding to your communication to your elderly patients on influenza vaccination focused to elderly (5-point scale).*

Most of the GPs will engage in communication regarding the influenza vaccine during the period between September 15th and October 15th.

TIMING COMMUNICATION OF INFLUENZA VACCINATION



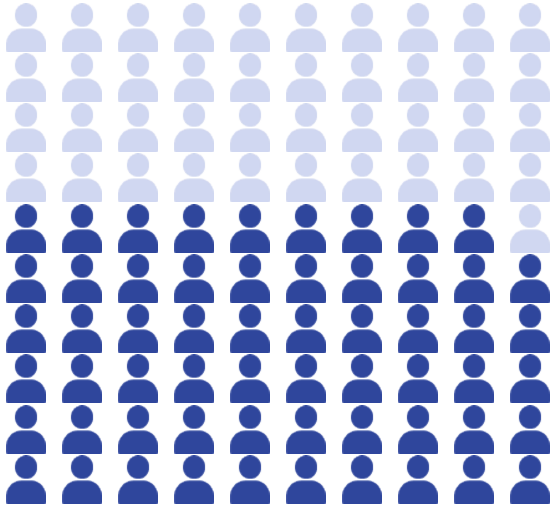
Base: *Total sample post-launch (n=101)*
Question: *Q3.9. When do you plan to communicate to your patients on influenza vaccination for the next flu season?*

Almost all GPs would inform their patients about the higher price of a higher dose influenza vaccine with 4 out of 10 including a strong recommendation that the higher dose vaccine will provide the best protection. However, only half do consider it as their role.

INFORM PATIENT OF PRICE OF **HIGH DOSE INFLUENZA VACCINE**

59%

I would inform my patients and let them decide



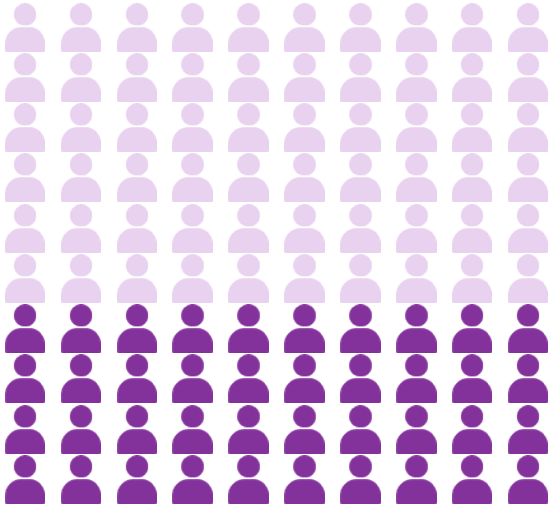
51%

It is my role to inform my patients of the higher price to pay for a high dose vaccine versus a standard dose vaccine

Top 2 *(scores 6-7)*

40%

I would inform my patients but with strong recommendation from me that this is the best protection for them



Base: *Total sample post-launch (n=101*

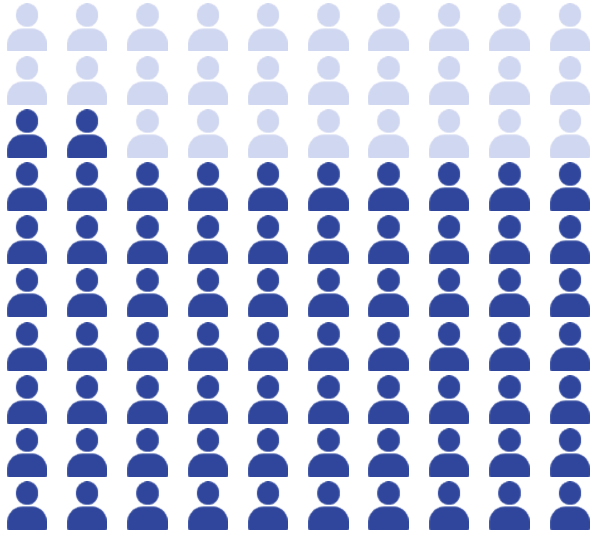
Question: *Q2.13. Knowing the price of this high dose vaccine, would you inform your patients of this price when prescribing the vaccine? / Q2.6. To what extent do you agree or disagree with the statements below (7-point scale)?*

More information campaigns and materials, such as flyers, on the topic of influenza vaccination to raise awareness is expected from GPs.

SPONTANEOUS ROLE OF PHARMACEUTIC COMPANIES IN SUPPORT ON INFLUENZA VACCINATION

72%

Information campaigns (flyers, raise awareness…)



In previous wave, 55% of the GPs indicated to expect more information from the pharmaceutical companies.

Provide assistance (nursing assistance, deliver materials, ...)	7%
Provide samples	4%
Delivery of the vaccines	4%
Keep the vaccines affordable/reduce prices	4%
Provide proof of the efficiency/safety of the vaccine(s)	3%
(Enough) production	2%
Visit from delegates/representatives	2%
Nothing	9
Other	4

Base: Total sample post-launch (n=101)
Question: Q4.2. And finally, what role do you think that pharmaceutic companies can play in support on influenza vaccination?

QUOTES

Provide a maximum of **folders**, **posters** and other means to **inform patients.**

Clear information to physicians regarding the **clinical effectiveness** of the drug. I notice little resistance in our practice regarding the flu vaccine in the elderly (>60 years old).

Provide adequate **information** material for **patients**, information via TV, magazines, ...

Conducting **seminars** and **conferences** on vaccination, printing brochures and distributing them to medical clinics.

Informing patients, explaining **action** and **side effects.**

Provision of **informational brochures** and posters.

More advertising in public to **raise patient awareness!**

Setting up **informational campaigns**.

Advertising on **TV** and **social media posters** in **waiting rooms** and **public buildings.**

Make the **vaccines available** to us in **September** and stop putting financial pressure on the pharmacies to allow us to get what we have prescribed from them.

RECOMMENDATIONS

5

RECOMMENDATIONS BASED ON THIS RESEARCH

RAISE AWARENESS
of the availability of high dose vaccines and Efluelda by developing flyers and posters about the vaccine.

BUILD BRAND IMAGE
by communicating about the safety and efficacy of Efluelda. Point out the benefits of a vaccine with a higher dose of antigen.

CREATE MARKET OPPORTUNITY
by focusing on inclusion of Efluelda in the guidelines. Create a need to prescribe it by informing the GPs of the recommendation in the guidelines.

SPREAD INFORMATION
at the onset of the summer period, with aim of creating more top of mind awareness among GPs regarding the Efluelda vaccine prior to their initiation of patient communication.

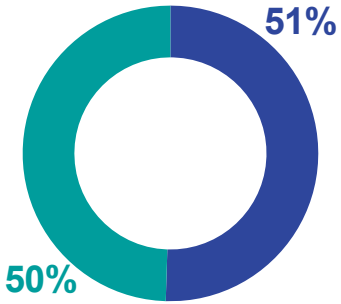
SUPPORTIVE DATA

6. Supportive data

GPs in sample have on average 21 years of experience, work more often in a private practice and are involved in recommending and administering influenza vaccines to adults.

SAMPLE COMPOSITION (1/2)

LANGUAGE



DUTCH

FRENCH

REGION

FLANDERS: 51%

WALLONIA: 32%

BRUSSELS: 18%

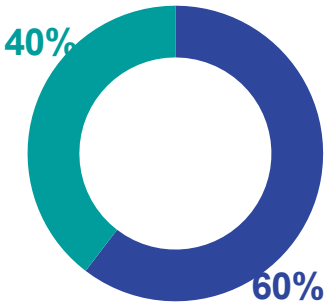
YEARS OF EXPERIENCE

1 – 10	21%
11 – 20	27%
21 – 30	29%
31 – 40	21%
> 40	3%

GPs who work in a private practice are more experienced (25 years vs 15 years). GPs from the South are more experienced as well (25 years vs 18 years).

Mean 21,4 Median 21,0

TYPE OF PRACTICE



Private practice

Group practice

61% of GPs from the North work in a group practice compared to only 18% of GPs from the South.

INVOLVEMENT VACCINATION

Recommending influenza vaccination to adults	93%
Administering influenza vaccines to adults	96%

I am not at all involved

I am not very involved (occasionally)

I am involved but not leading the activities

I am very involved

Base: *Total sample post-launch (n=101)*

Question: *S0. Language / S2b. Are you working in a private or a group practice? / S5. REGION / S8. How many years of experience do you have in your specialty? / S9. How involved are you in each of the activities below at your place of work?*

On average, GPs see 454 adult patients per month, whereof more than half is older than 60 years. Around 90% of these patients will receive a recommendation or prescription for an influenza vaccine.

SAMPLE COMPOSITION (2/2)

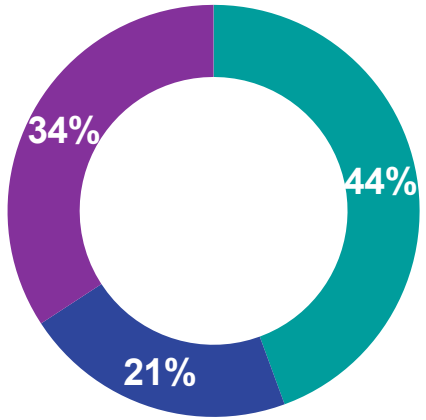
ADULT PATIENTS PER MONTH

Mean	453,6
Median	400,0

ELDERLY INFLUENZA VACCINATION

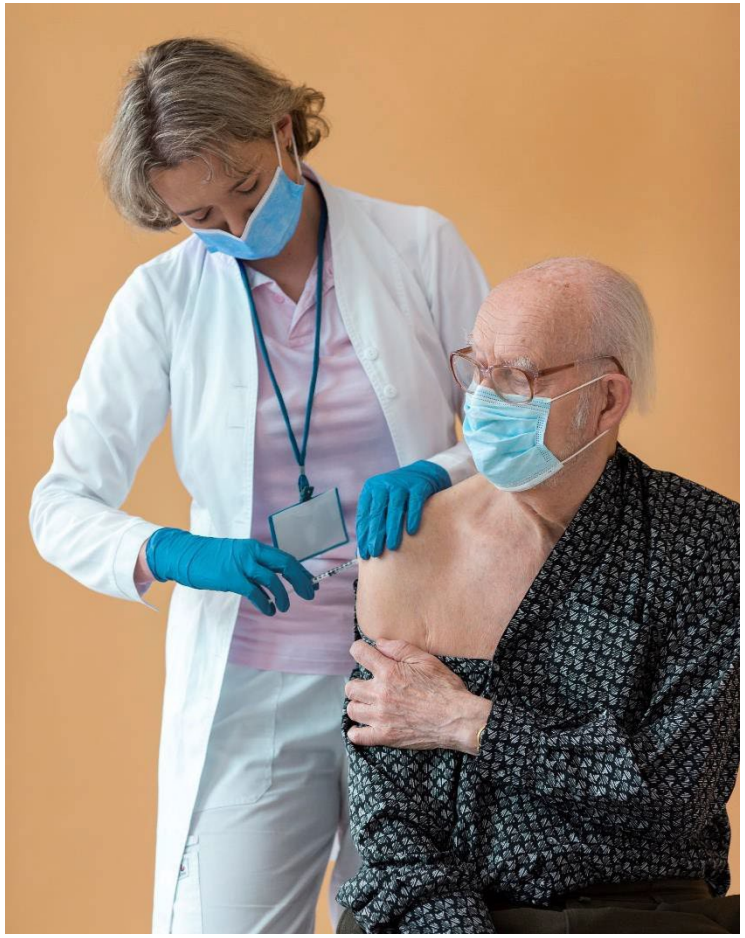
	RECOMMEND	PRESCRIBE
Mean	95%	88%
Median	100%	90%

PROPORTION ELDERLY PATIENTS



- < 60 years old patients
- Patients between 60 and 65 years old
- > 65 years old patients

More GPs from the North see patients younger than 60 years old (48% vs 41%), while GPs from the South see more patients between 60 and 65 years old (25% vs 18%).



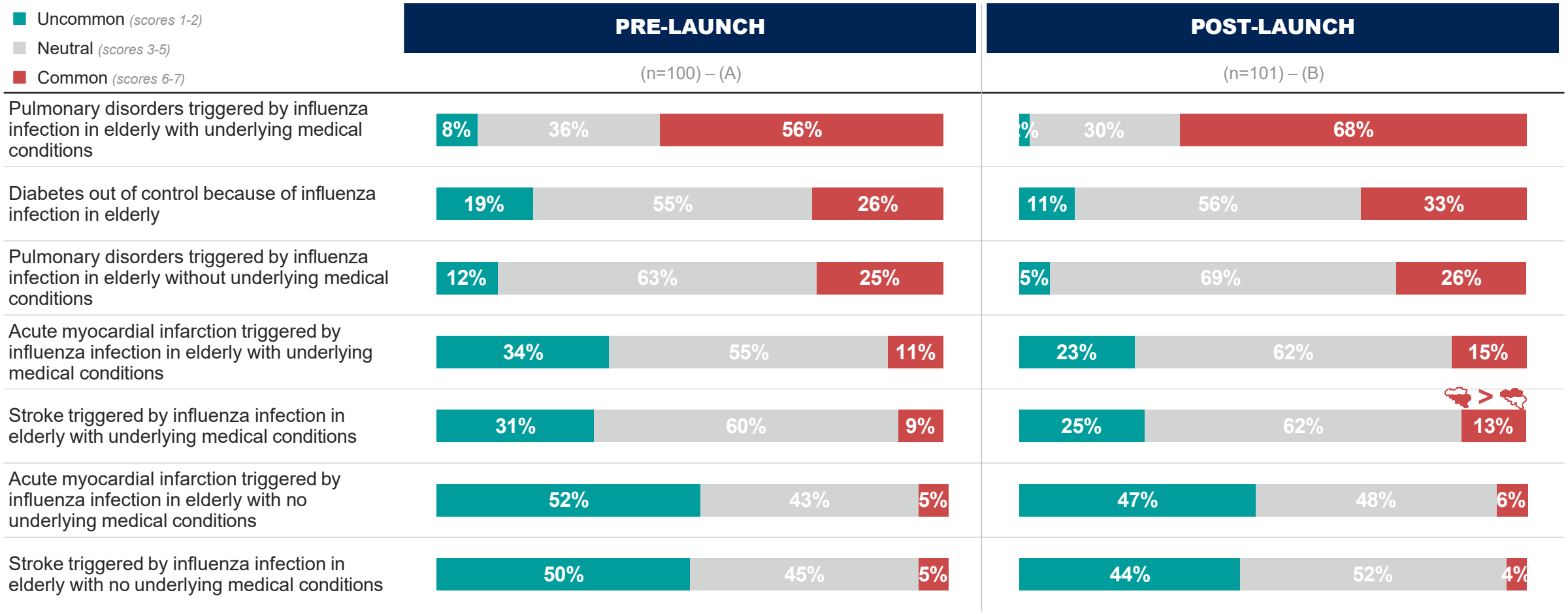
Base: *Total sample post-launch (n=101)*
Question: *S10. How many adult patients do you personally see (including virtual visits) in a typical month? / S11. Of these adult patients you are seeing in a typical month, what proportion would generally fall into each of the following categories? / S12. To what proportion of your elderly patients do you tend to recommend and prescribe influenza vaccination?*

ATTITUDES TOWARDS INFLUENZA PROTECTION

6. Supportive data

Especially pulmonary disorders in elderly are recognized by GPs because of an influenza infection. Other conditions, triggered by influenza are less well known.

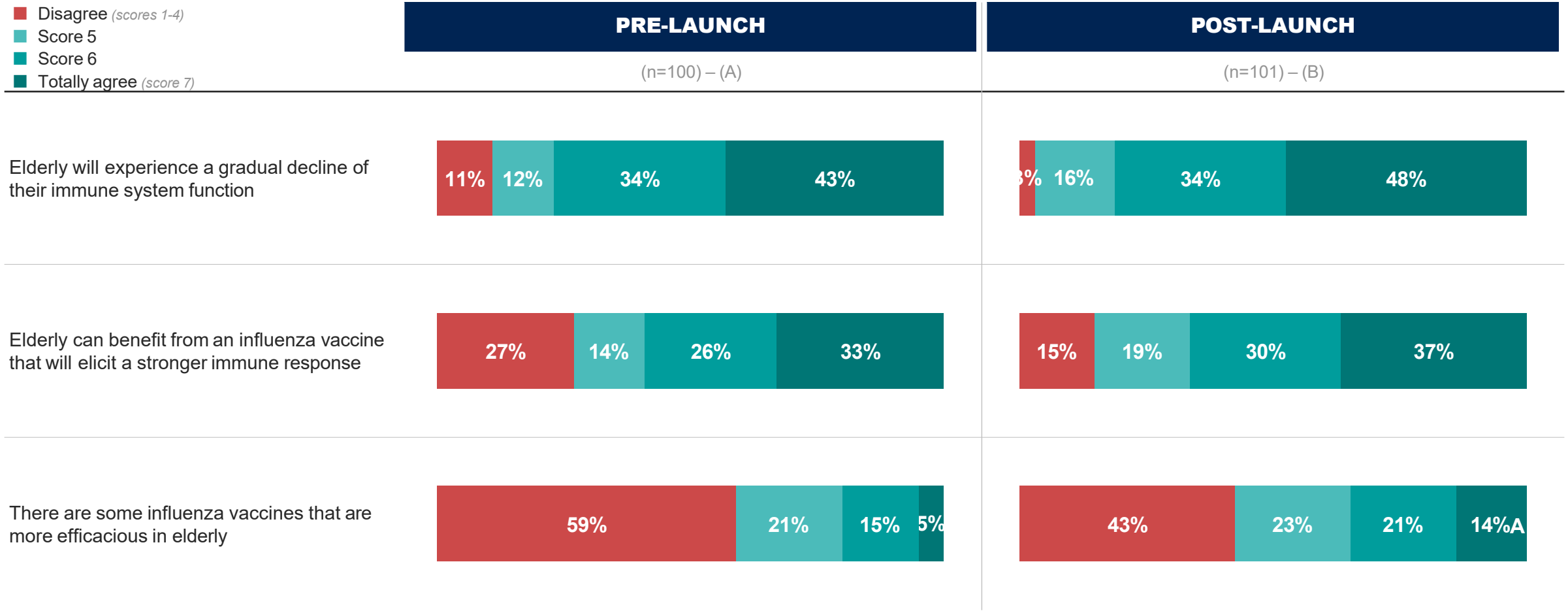
INCIDENCE OF UNDERLYING EVENTS DUE TO INFLUENZA INFECTION



Base: *Total sample pre- and post-launch*
Question: *Q1.2 How common or uncommon do you believe each of the events below to be in relation with an influenza infection (7-point scale)?*

Most GPs agree that the immune system of elderly undergoes a gradual decline and that they could benefit from a vaccine to enhance their immune response. In comparison to previous wave, slightly more GPs now recognize some influenza vaccines are more effective in elderly.

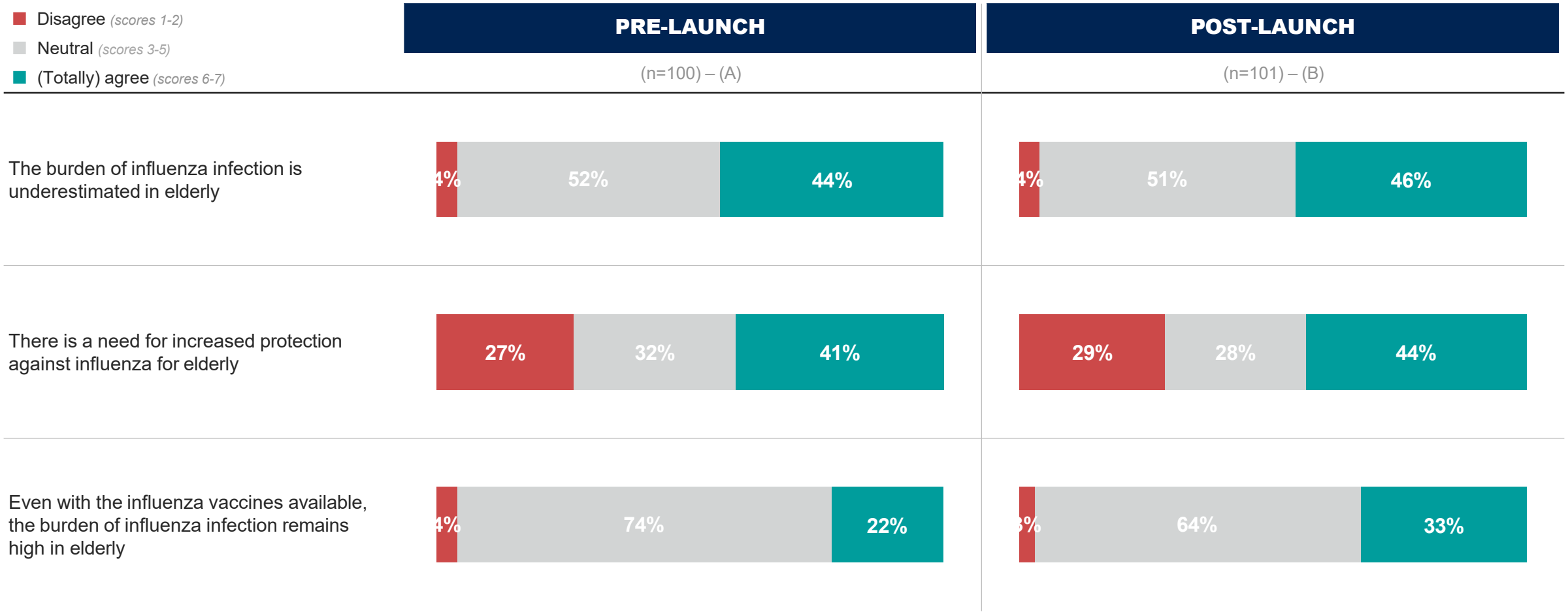
CORRELATION BETWEEN AGE AND VACCINATION EFFICACY



Base: *Total sample pre- and post-launch*
Question: *Q1.1 Can you please indicate on a 7-point scale to what extent you agree with the following statement on vaccines in elderly (7-point scale)?*

Half of GPs believe that the burden of influenza infection is underestimated in elderly and that there is a need to increase protection against influenza in this patient group.

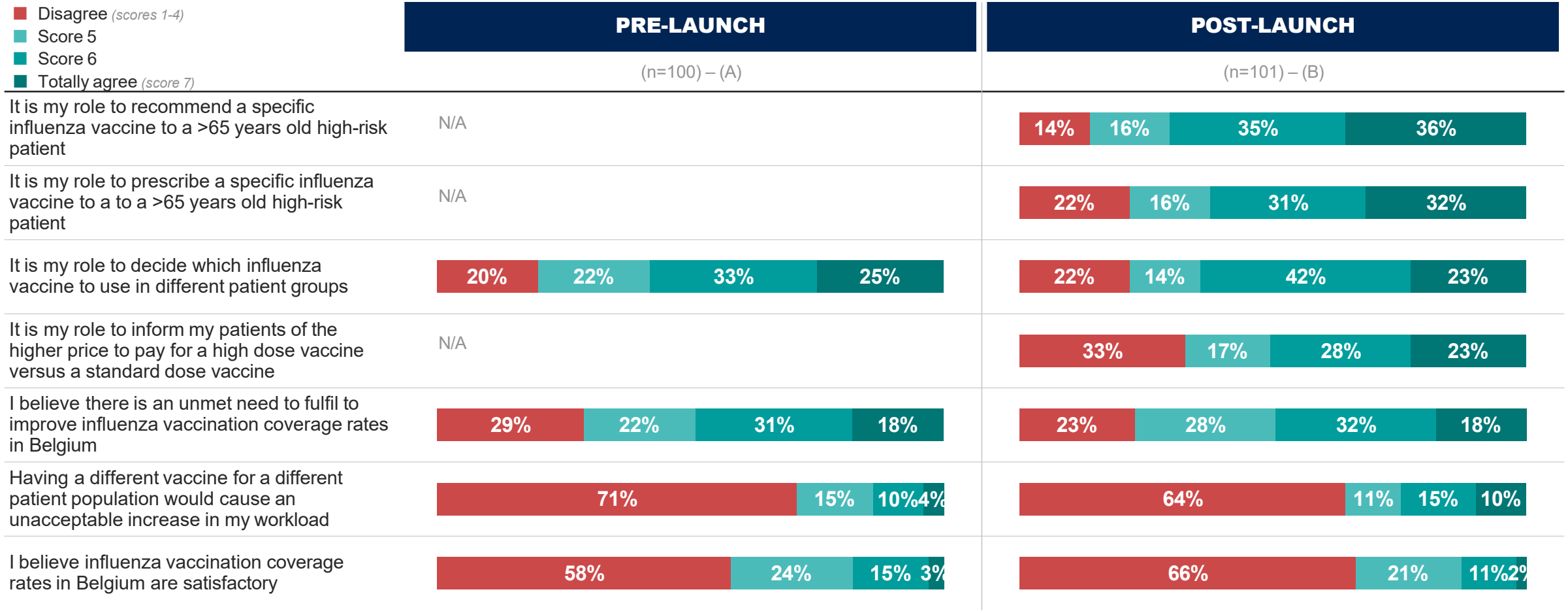
PERCEPTION ON THE BURDEN OF INFLUENZA INFECTION



Base: *Total sample pre-launch and post-launch*
Question: *Q1.3 To what extent do you agree with the following statements on influenza and vaccination against influenza in elderly (7-point scale)?*

GPs believe it is their role to recommend, decide and prescribe a specific influenza vaccine to their (elderly) patients.

ATTITUDE TOWARDS A DIFFERENTIATED APPROACH AND VACCINATION COVARAGE RATES



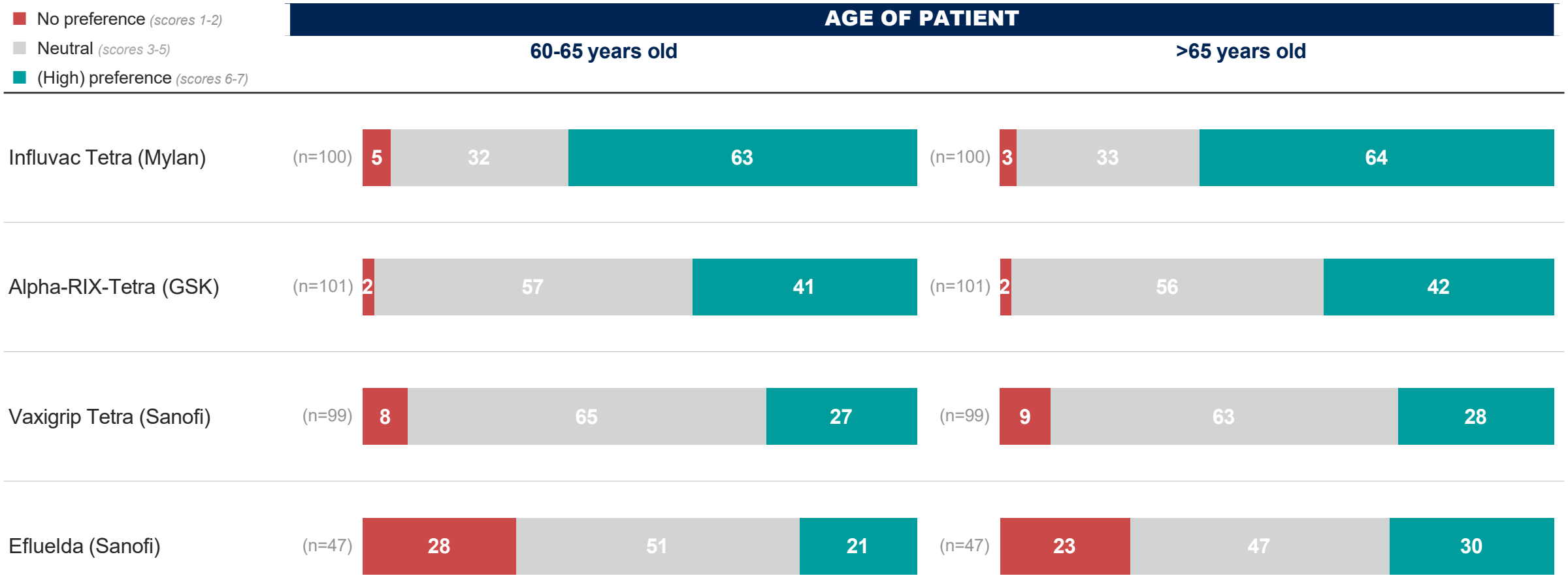
Base: Total sample pre-launch and post-launch
Question: Q2.6. To what extent do you agree or disagree with the statements below?

VACCINATION RECOMMENDATION AND PREFERENCE

6. Supportive data

Preference between brands is similar across both age groups as Influvac is for both groups the most preferred vaccine, followed by Alpha-RIX-Tetra. Eflueldа is slightly more preferred for patients older than 65 years.

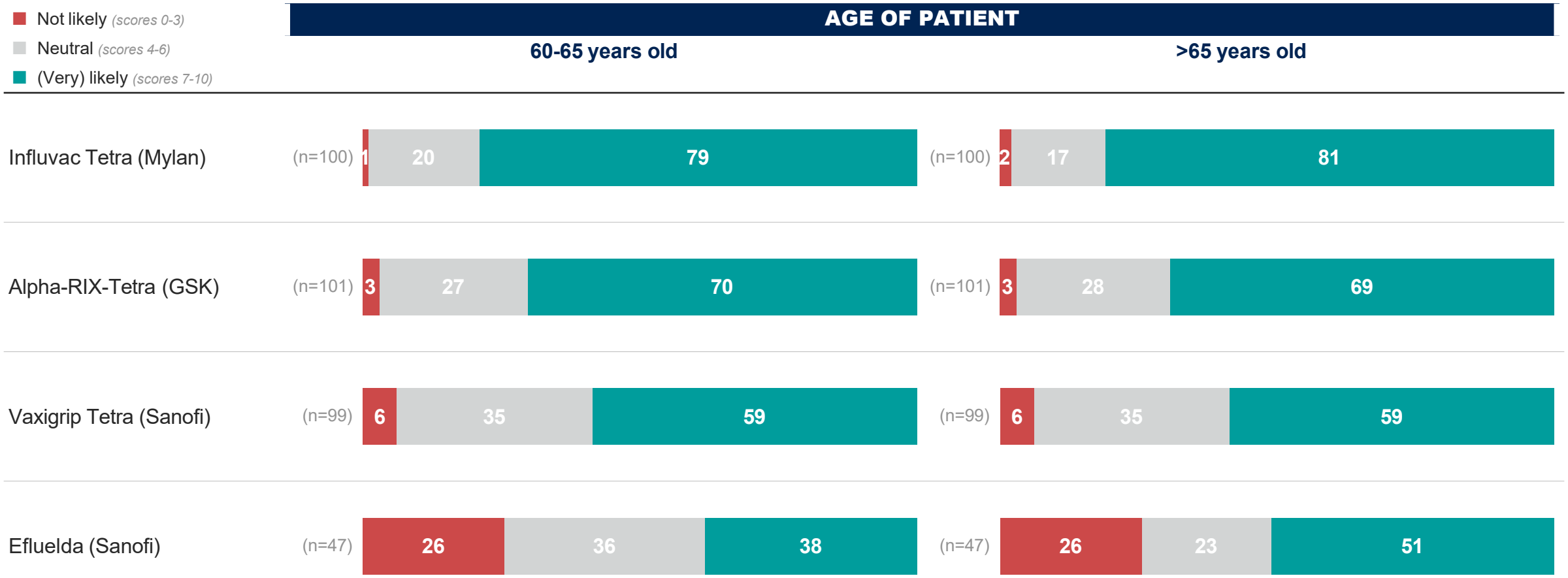
INFLUENZA VACCINE BRAND PREFERENCE



Base: *GPs who are familiar with the specific vaccine brand*
Question: *Q2.3a. To what extent do you prefer each of the following vaccines for your patients aged 60-65 years (7-point scale)? / Q2.3b. To what extent do you prefer each of the following vaccines for your patients aged > 65 years (7-point scale)?*

Already half of the GPs will recommend the Efluelda vaccine for use in adults older than 65 years to their colleagues.

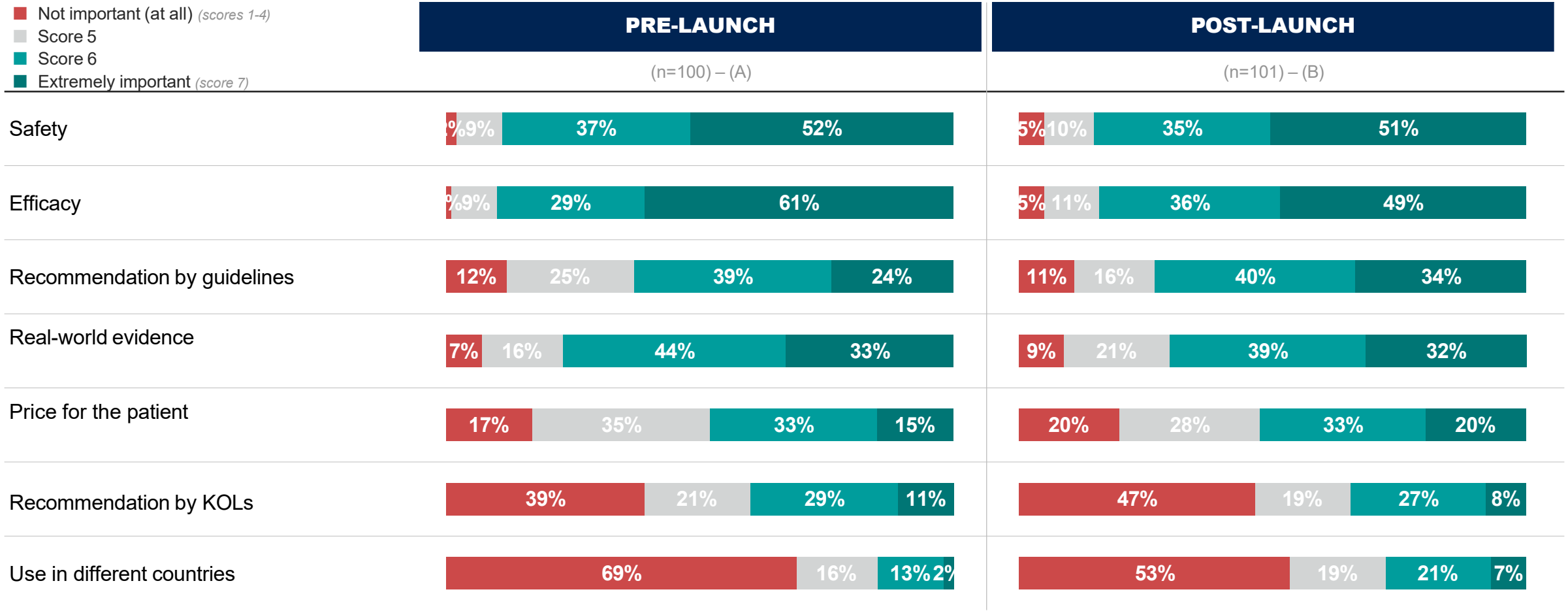
LIKELIHOOD TO RECOMMEND INFLUENZA VACCINE BRANDS



Base: *GPs who are familiar with the specific vaccine brand*
Question: *Q2.4a. Assuming the vaccines below are available, how likely or unlikely would you be to recommend the following influenza brands to a colleague, for use in adults aged 60-65 years (11-point scale)? / Q2.4b. Assuming the vaccines below are available, how likely or unlikely would you be to recommend the following influenza brands to a colleague, for use in adults aged > 65 years (11-point scale)?*

Safety, efficacy, recommendation by guidelines and real-world evidence are forming the top 4 of most important factors to convince the doctors of prescription/administration of a new influenza vaccine with improved efficacy.

DRIVERS TO PRESCRIBE AND/OR ADMINISTER A NEW INFLUENZA VACCINE WITH IMPROVED EFFICACY



Base: *Total sample pre- and post-launch*
Question: *Q2.9. Imagine a new influenza vaccine with improved efficacy would become available for elderly patients. How important would each of the following attributes be to convince you of prescription and/or administration of this vaccine (7-point scale)?*

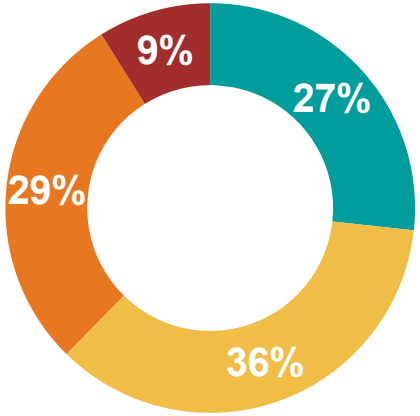
6. Supportive data

27% of GPs in sample indicates to organize influenza vaccination days. Half of them doesn't experience this as a burden, which is like previous wave.

INFLUENZA VACCINATION DAYS

ORGANIZATION OF INFLUENZA VACCINATION DAYS

Base: Total sample post-launch (n=101)

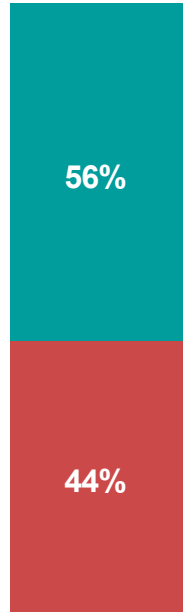


In previous wave, 35% of GPs indicated to organize vaccination days.

- Yes
- No, but I would like to have more information if this is eligible for me
- No, but I'm considering it for next season
- No, because organized by municipality

BURDEN OF INFLUENZA VACCINATION DAYS

Base: GPs who organize vaccination days in their practice



(n=27)

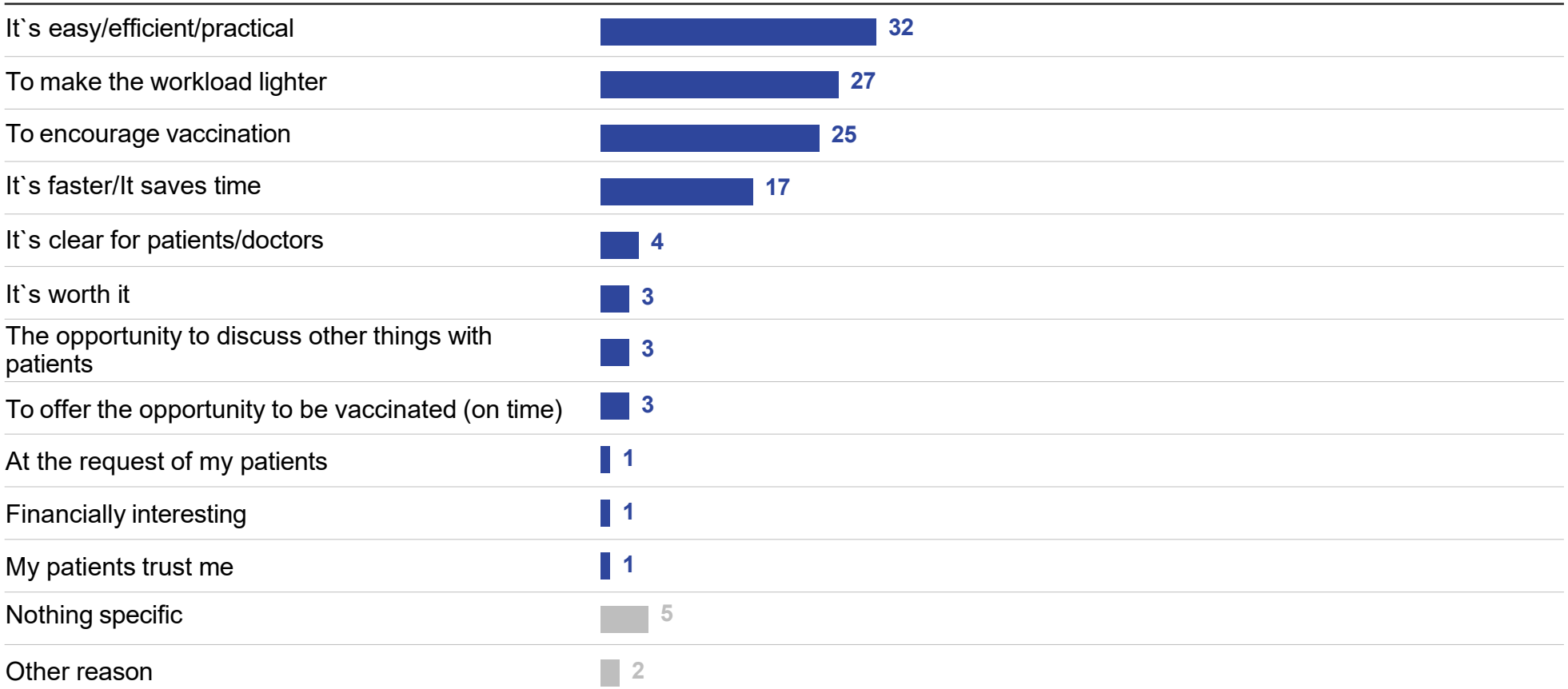
- Yes, yet I would like to keep organizing it
- Yes, and I would like pharmacists to take this over
- No

In previous wave, also 53% of GPs indicated that vaccination days are a burden, but that they would like to keep organizing it.

Question: Q3.3. As a general practitioner, do you organize influenza vaccination days in your practice? / Q3.3a. Do these influenza vaccination days create additional burden for you and/or your practice?

Organizing vaccination days is considered as easy and efficient. It makes the workload lighter and encourages vaccination.

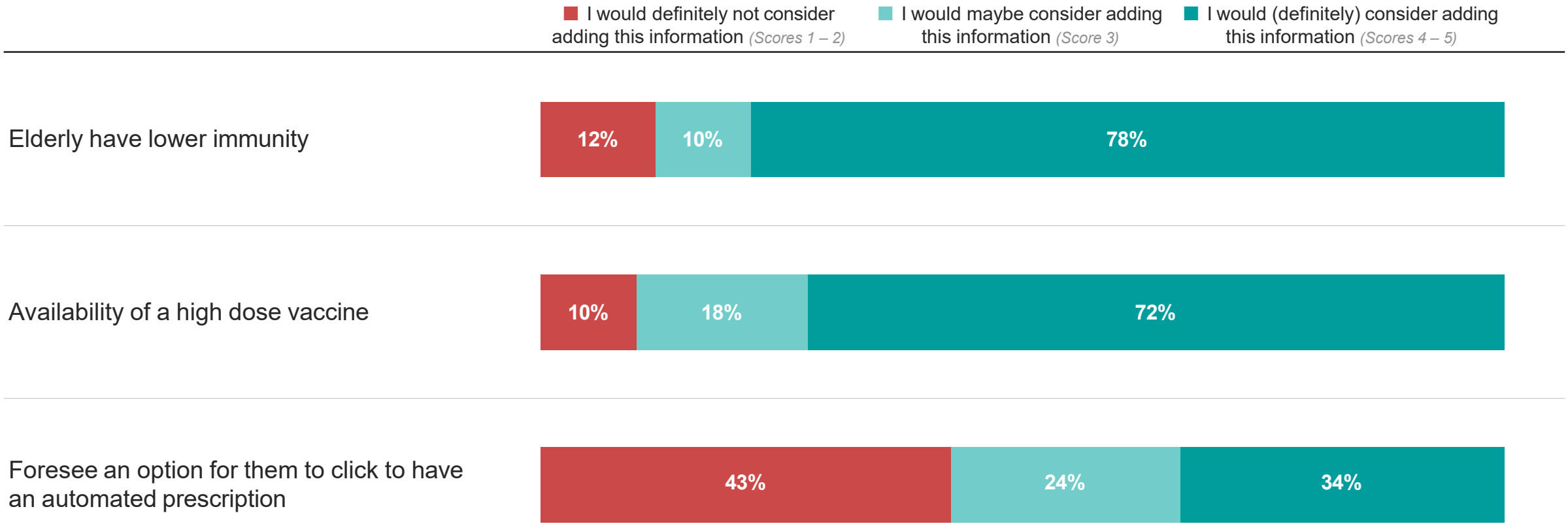
SPONTANEOUS REASONS FOR ORGANIZING VACCINATION DAYS



Base: GPs who organize or want to organize vaccination days in their practice (n=92)
Question: Q3.4. Why are you organizing influenza vaccination days in your practice? / Q3.5. Why do you not organize influenza vaccination days in your practice?

Almost half of the GPs do not consider it important to foresee an option for their patients to have an automated prescription.

EXTRA INFORMATION CONSIDERED TO PROVIDE TO ELDERLY PATIENTS ON INFLUENZA VACCINATION

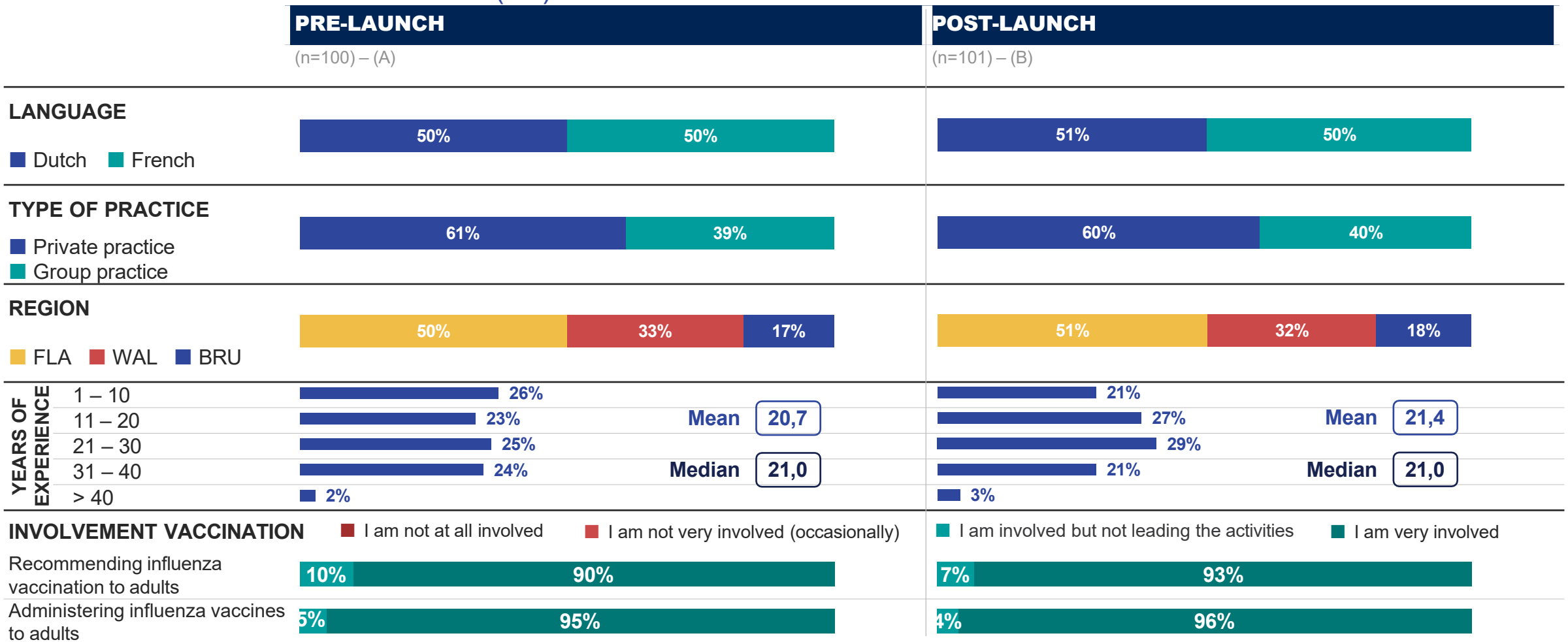


Base: *Total sample post-launch (n=101)*
Question: *Q3.7. Please indicate which of the following extra information you would consider adding to your communication to your elderly patients on influenza vaccination focused to elderly (5-point scale).*

APPENDIX

7

SAMPLE COMPOSITION EVOLUTION (1/2)



Base: *Total sample pre-launch and post-launch*
Question: *S0. Language / S2b. Are you working in a private or a group practice? / S5. REGION / S8. How many years of experience do you have in your specialty? / S9. How involved are you in each of the activities below at your place of work?*

SAMPLE COMPOSITION EVOLUTION (2/2)

	PRE-LAUNCH (n=100) – (A)	POST-LAUNCH (n=101) – (B)
ADULT PATIENTS PER MONTH	Mean 415,9 Median 400,0	Mean 453,6 Median 400,0
PROPORTION ELDERLY PATIENTS	< 60 years old patients: 53% ≥ 60 years old patients: 47%	< 60 years old patients: 44% 60 to 65 years old patients: 21% > 65 years old patients: 34%
INFLUENZA VACCINE PATIENTS ≥60 y.o.		
Recommend	Mean 91,9 Median 95,0	Mean 94,5 Median 100,0
Prescribe		Mean 88,0 Median 90,0

Base: *Total sample pre-launch and post-launch*
Question: *S10. How many adult patients do you personally see (including virtual visits) in a typical month? / S11. Of these adult patients you are seeing in a typical month, what proportion would generally fall into each of the following categories? / S12. In what proportion do you tend to recommend influenza vaccination for your patients ≥ 60 years old?*