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Nuvaxovid JN.1™▼
COVID-19 Vaccine
(Recombinant, Adjuvanted)

PROVEN EFFICACY AGAINST COVID-19

NUVAXOVID JN.1 is a non-mRNA, protein-based COVID-19 vaccine[1]

NUVAXOVID JN.1 is indicated for active immunisation to prevent COVID-19 caused by SARS-CoV-2 in individuals 12 years of age and older. The use of this vaccine should be in accordance with official recommendations.

Vaccination rates are declining, while the risks of COVID-19 remain[2,3]

~4000 deaths from COVID-19 in the UK in 2025[4]

Why older adults are more vulnerable?

Age is the strongest predictor

75+

Adults ≥75 years have **19–35x** higher COVID-19 mortality risk than adults <35 years, due to frailty, comorbidities, and immune senescence[5‡]

Underlying comorbidities*

In the UK, 75% of people aged 75 years have >1 comorbidity[6]

*Type 2 diabetes, chronic kidney disease, cardiovascular disease, and cancer.

‡Multicentric prospective cohort study of 11,765 hospitalised COVID-19 patients from the LEOSS registry (March 2020–February 2023). Across all periods of SARS-CoV-2, patients aged 66–75, 76–85, and >85 years had 11.4-, 19.3-, and 34.7-fold higher mortality odds than those aged 26–35 years (p <0.001 in all listed comparisons).

THE FEATURES OF NUVAXOVID JN.1:
A non-mRNA, PROTEIN-BASED COVID-19 VACCINE[1]

PROVEN EFFICACY

NUVAXOVID has demonstrated ~90% efficacy against COVID-19 in PREVENT-19* (0.69% ARR) and UK Study§ (1.57% ARR) vs placebo in Phase 3 clinical trials[1,7]

SAFETY PROFILE

NUVAXOVID helped protect patients from COVID-19, and was generally well tolerated in clinical trials[7,8]

FRIDGE STABLE STORAGE AND ADMINISTRATION

Store in a refrigerator and administration with pre-filled syringes[1]

*Phase 3, multicentre, randomised, observer-blinded, placebo-controlled clinical trial evaluating efficacy and safety of 29,582 total participants aged 18 years and older. 25,452 participants were included in the per-protocol efficacy analysis population. Primary endpoint was efficacy in preventing PCR-confirmed symptomatic mild, moderate, or severe COVID-19 from 7 days after the second dose 90.4% (0.69% ARR)(95% CI: 82.9, 94.6), p<0.001, N=25,452. The primary endpoint was met.
§Phase 3, multicentre, randomised, observer-blinded, placebo-controlled study conducted in a total of 15,187 participants aged 18–84. 14,039 were included in the per-protocol efficacy analysis population. Primary endpoint was virologically confirmed mild, moderate, or severe COVID-19 infection with an onset at least 7 days after the second injection in patients who were serologically negative at baseline 89.7% (1.57% ARR)(95% CI: 80.2, 94.6). The primary endpoint was met.

NUVAXOVID JN.1 arrives ready to use in pre-filled syringes, no freezing or thawing needed.[1†]

Turn to see the continued features of NUVAXOVID JN.1

The efficacy and safety of NUVAXOVID JN.1 is inferred from the efficacy and safety data of the NUVAXOVID (Original, Wuhan strain) vaccine and immunogenicity data from the adapted vaccine of the Omicron BA.5 strain.[1]

†Store pre-filled syringes between 2°C to 8°C (36°F to 46°F). Keep in the outer carton to protect from light.[1]

NUVAXOVID JN.1 OFFERS PROVEN EFFICACY

Nuvaxovid JN.1™ ▼
COVID-19 Vaccine
(Recombinant, Adjuvanted)

PREVENT-19 Study Design[1,7]

A Phase 3, multicentre, randomised, observer-blinded, placebo-controlled clinical trial evaluating efficacy and safety in 25,452 adults aged 18 and older. Primary endpoint was efficacy in preventing PCR-confirmed symptomatic mild, moderate, or severe COVID-19 from 7 days after the second dose (90.4%) (95% CI 82.9, 94.6; P<0.001) N=25,452. Participants were stratified by age (18 to 64 years and ≥65 years) and assigned in a 2:1 ratio to receive 2 doses of NUVAXOVID or placebo 21 days apart. Data was based on strains circulating at time of study.
Moderate COVID-19 (secondary endpoint) defined as high fever and objective evidence of lower respiratory tract infection. Severe disease (secondary endpoint) was defined as clinically significant tachypnea, tachycardia, or hypoxia; receipt of intensive respiratory support; major dysfunction of one or more organ systems; admission to an intensive care unit; or death. The study was conducted with participants from the US and Mexico.

UK Study Design[1,9]

A Phase 3, multicentre, randomised, observer-blinded, placebo-controlled study conducted in 15,187 participants aged 18–84. 14,039 were included in the per-protocol efficacy analysis population. Primary endpoint was virologically confirmed mild, moderate, or severe COVID-19 infection with an onset at least 7 days after the second injection in patients who were serologically negative at baseline (89.7%) (95% CI: 80.2, 94.6; P<0.001). Patients were stratified by age (18 to 64 years; 65 to 84 years) to receive 2 doses of NUVAXOVID or placebo 21 days apart. Data based on strains circulating at time of study.

NUVAXOVID was generally well-tolerated in clinical trials[1]

The safety of NUVAXOVID was evaluated from pooled data from 5 clinical trials. At the time of the analysis, a total of 49,950 patients aged 18+ received at least one dose of the 2-dose primary series of NUVAXOVID or placebo. Safety was also evaluated in one clinical trial in which 13,354 participants received a booster dose of the vaccine at least 6 months after the 2-dose primary series[1]

≈50,000 patients were evaluated across 5 clinical trials[1]

The majority of adverse reactions were usually **mild to moderate in severity[1]***

Safety profile primary series

Participants 18 years of age and older: The most frequent adverse reactions were injection site tenderness (75%), injection site pain (62%), fatigue (53%), myalgia (51%), headache (50%), malaise (41%), arthralgia (24%), and nausea or vomiting (15%). Adverse reactions were usually mild to moderate in severity with a median duration of less than or equal to 2 days for local events and less than or equal to 1 day for systemic events following vaccination.

Adolescents 12 through to 17 years of age: The most frequent adverse reactions were injection site tenderness (71%), injection site pain (67%), headache (63%), myalgia (57%), fatigue (54%), malaise (43%), nausea or vomiting (23%), arthralgia (19%) and pyrexia (17%).
Fever was observed more frequently in adolescents aged 12 through to 17 years compared to adults, with the frequency being very common after the second dose in adolescents. Adverse reactions were usually mild to moderate in severity with a median duration of less than or equal to 2 days for local events and less than or equal to 1 day for systemic events following vaccination.

For a full list of adverse events please refer to the NUVAXOVID JN.1 SmPC.

*Median duration was ≤2 days for local events and ≤1 day for systemic events.[1]

The efficacy and safety of NUVAXOVID JN.1 is inferred from the efficacy and safety data of the NUVAXOVID (Original, Wuhan strain) vaccine and immunogenicity data from the adapted vaccine of the Omicron BA.5 strain.[1]

non-mRNA. Proven efficacy. Generally well-tolerated.[1]

Scan or click the QR code to learn more about how to help protect your patients with NUVAXOVID JN.1

Scan or click the QR code to see the full Prescribing Information for NUVAXOVID JN.1

Adverse events should be reported.
Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.
Adverse events should also be reported to the Sanofi drug safety department on Tel: 0800 0902 314. Alternatively, send via email to UK-drugsafety@sanofi.com

References: 1. NUVAXOVID JN.1 [Summary of Product Characteristics]. Sanofi Inc; 2025. **2.** National Foundation for Infectious Diseases. 2024 National Survey: attitudes and behaviors about influenza, COVID-19, respiratory syncytial virus, and pneumococcal disease. September 2024. Accessed September 5, 2025. https://www.nfid.org/resource/2024-national-survey-attitudes-and-behaviors-aboutinfluenza-covid-19-respiratory-syncytial-virus-and-pneumococcal-disease/ **3.** World Health Organization. WHO COVID-19 Dashboard. August 2025. Accessed September 5, 2025. https://data.who.int/dashboards/covid19/deaths **4.** UKHSA. UKHSA Data Dashboard – COVID-19. Available at: https://ukhsa-dashboard.data.gov.uk/respiratory-viruses/covid-19. Last accessed: February 2026 **5.** Triebelhorn J et al, *Infection*, 2025, 53(6): 2481-2489 **6.** NHS England. Improving care for older people. Available at: https://www.england.nhs.uk. [Accessed March 2026] **7.** Dunkle LM, Kotloff KL, Gay CL, et al; 2019nCoV-301 Study Group. Efficacy and safety of NVX-CoV2373 in adults in the United States and Mexico. *N Engl J Med.* 2022;386(6):531-543. doi:10.1056/NEJMoa2116185 **8.** Marchese AM, et al. *Vaccine*. 2025 Jan 12;44:126569. doi: 10.1016/j.vaccine.2024.126569 **9.** Heath PT, Galiza EP, Baxter DN, et al. Safety and efficacy of NVX-CoV2373 Covid-19 vaccine. *N Engl J Med.* 2021;385(13):1172-1183. doi:10.1056/NEJMoa2107659