14 August 2025

ASX Announcement

Presentation to the Third Annual Dengue Endgame Summit

MELBOURNE Australia, 14 August 2025: Australian antiviral drug development company, Island Pharmaceuticals Ltd (**ASX: ILA**; **Island** or **the Company**) is pleased to provide the following presentation, which was presented by Dr Bert Slade, the Company's Chief Medical Officer at the 2025 Dengue Endgame Summit on Wednesday, 13 August 2025 in Syracuse New York and hosted by SUNY Upstate's Global Health Institute.

The summit brings together global experts from academia, government, industry and public health to address the escalating burden of dengue worldwide. Over 12 to 14 August, the program explores the drivers of recent dengue surges, advances in vaccines and therapeutics, vector control strategies, immune responses, and human challenge models, while fostering collaboration to define and accelerate pathways toward long-term dengue control.

Dr Slade presented the attached presentation to a large portion of the world's leading dengue experts, all of which were in attendance by invitation.

The attached presentation provides further data from the Company's recently completed Phase 2a/b PROTECT trial using ISLA-101 (refer ASX announcement: 12 June 2025), supporting the ongoing development of the molecule as a dengue countermeasure.

This additional data includes ongoing evidence of reduced viremia (viral load) across both the preventative and treatment cohorts, reduced dengue marker protein (NS1) in both arms in ISLA-101 treated subjects and improved white blood cell and platelet count, as well as a more favourable liver enzyme profile following infection, in ISLA-101 treated subjects when compared to controls.

Management commentary:

Island's CEO and Managing Director, Dr David Foster said: *"We are pleased to have been invited to present data from our recently completed Phase 2 trial at this very prestigious dengue summit. This will provide the Company with an opportunity to showcase additional data from the study and engage with leading dengue experts from around the globe."*

"The additional data which has come to light from ongoing review demonstrates that ISLA-101 treated subjects had a reduced viral load and improved markers of infection when compared to control, in both cohorts. This is very encouraging and makes up a larger data package that will help inform the planning for our next study using ISLA-101."

- Ends -

Approved for release to the ASX by:

David Foster (CEO and Managing Director)
Island Pharmaceuticals Limited
info@islandpharmaceuticals.com

Investors and media, for further information, please contact:

Henry Jordan
Six Degrees Investor Relations
+61 (0) 431 271 538
henry.jordan@sdir.com.au

About Island Pharmaceuticals

Island (ASX: ILA) is focused on areas of unmet need for drugs that can address urgent viral diseases, public health or biosecurity threats. The Company is executing a dual development strategy for its assets, ISLA-101 and Galidesivir.

ISLA-101 has a well-established safety profile, being repurposed for the prevention and treatment of dengue fever and other mosquito (or vector) borne diseases. Galidesivir is a clinical-stage antiviral molecule with a broad spectrum of activity in over 20 RNA viruses, including high-priority threats such as Ebola, Marburg, MERS, Zika and Yellow fever – viruses with significant unmet medical needs and that may contribute to national security threats.

Island encourages all current investors to go paperless by registering their details with theCompany's share registry, Automic Registry Services, whose contact info is housed on theShareholder Services page of the Company's website.

Visit www.islandpharmaceuticals.com for more on Island.

Results of a Phase 2 Placebo-controlled Study of ISLA-101 using DENV-1-LVHC 45AZ5 Challenge

Session 7. Advanced stage countermeasure update: therapeutics

Third Annual Dengue Endgame Summit

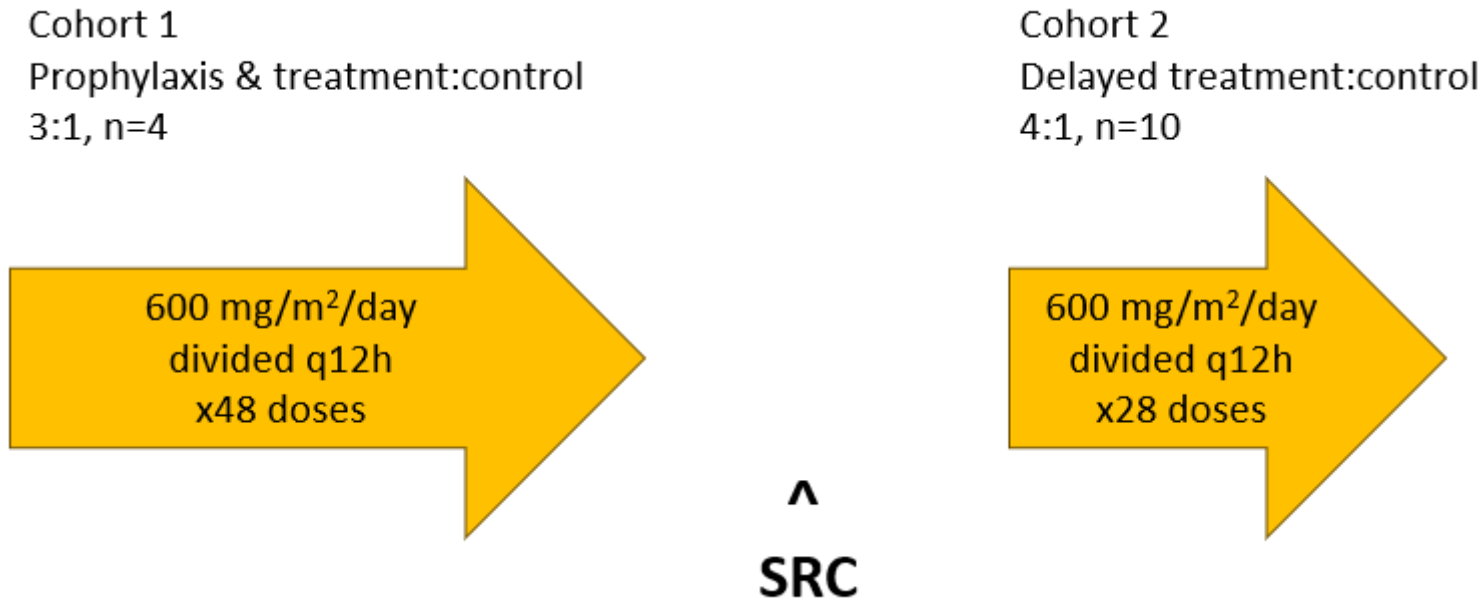
Conflicts of Interest

- Bert Slade MD FAAAAI
  - Consultant, Chisholm Clinical Research Services
  - Medical Monitor for the study
  - No conflicts to declare

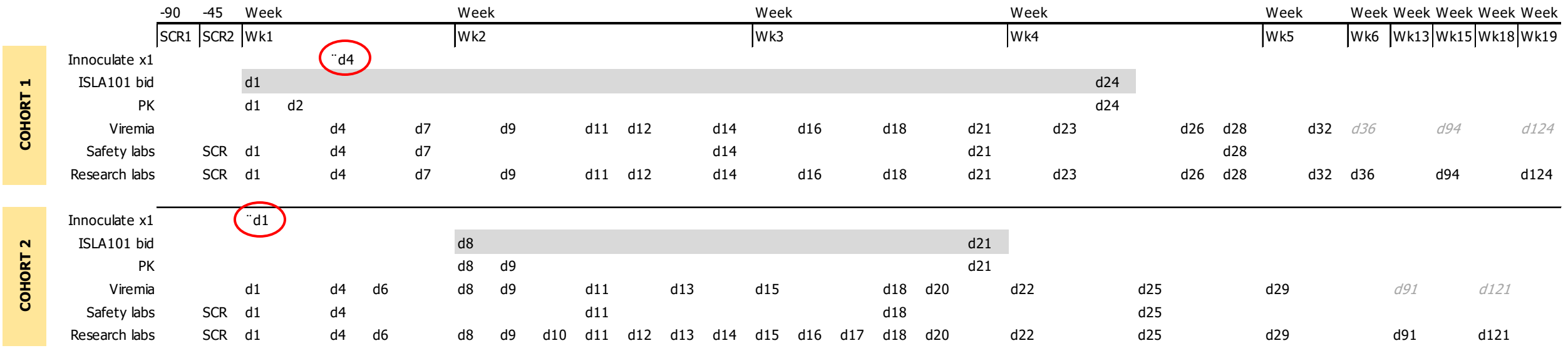
Chisholm Clinical Research Services

Clinical Study Design

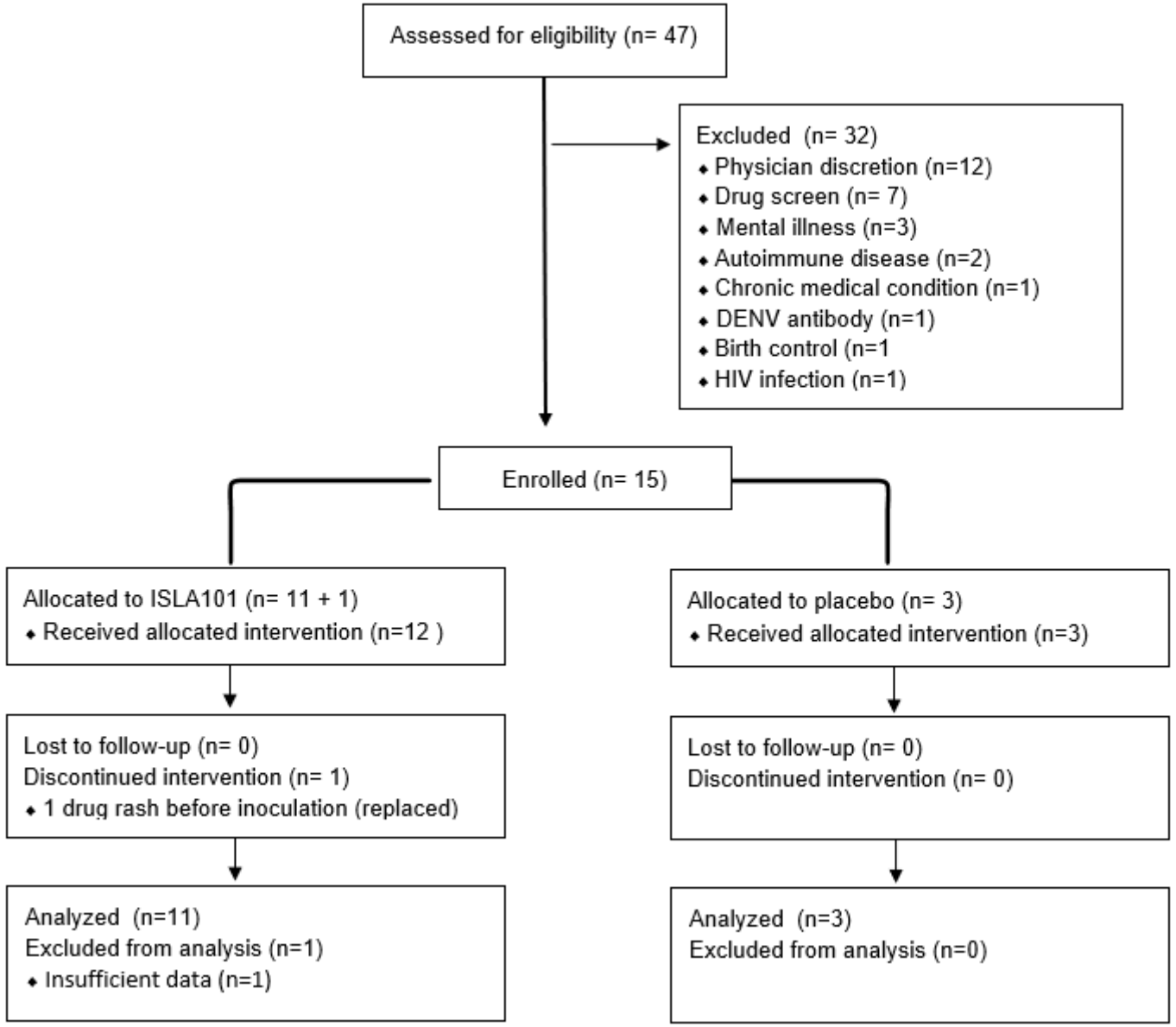
- ISLA-101 (fenretinide, 4-HPR)
  - Interferes with NS5 transport to the nucleus
  - NS5 is 70% conserved across serotypes
- Prophylactic [Cohort 1] 24 days of BID dosing, inoculation on Day 4 (after the 7th dose)
- Therapeutic [Cohort 2] 14 days of BID dosing, starting on Day 8



Study Design



CONSORT


Assessed for eligibility (n= 47)
Excluded (n= 32)
Physician discretion (n=12)
Drug screen (n= 7)
Mental illness (n=3)
Autoimmune disease (n=2)
Chronic medical condition (n=1)
DENV antibody (n=1)
Birth control (n=1
HIV infection (n=1)
Enrolled (n= 15)
Allocated to ISLA101 (n= 11 + 1)
Received allocated intervention (n=12)
Allocated to placebo (n= 3)
Received allocated intervention (n=3)
Lost to follow-up (n= 0)
Discontinued intervention (n= 1)
1 drug rash before inoculation (replaced)
Lost to follow-up (n= 0)
Discontinued intervention (n= 0)
Analyzed (n=11)
Excluded from analysis (n=1)
Insufficient data (n=1)
Analyzed (n=3)
Excluded from analysis (n=0)

Demographics

	Control (N = 3)	Prophylaxis & Treatment (N = 4)	Delayed Treatment (N = 8)	All Subjects (N = 15)
Age (years)				
Mean (SD)	36.0 (3.6)	41.3 (9.6)	41.8 (9.8)	40.5 (8.7)
Median	37.0	42.0	45.0	44.0
Min,Max	32, 39	29, 52	23, 49	23, 52
Sex, n (%)				
Male	3 (100)	4 (100)	6 (75.0)	13 (86.7)
Female	0	0	2 (25.0)	2 (13.3)
Ethnicity, n (%)				
Hispanic or Latino	0	0	1 (12.5)	1 (6.7)
Not Hispanic or Latino	3 (100)	4 (100)	7 (87.5)	14 (93.3)
Not Reported	0	0	0	0
Unknown	0	0	0	0
Race, n (%)				
White	3 (100)	4 (100)	7 (87.5)	14 (93.3)
Unknown	0	0	0	0
Multiple	0	0	1 (12.5)	1 (6.7)

Dosing

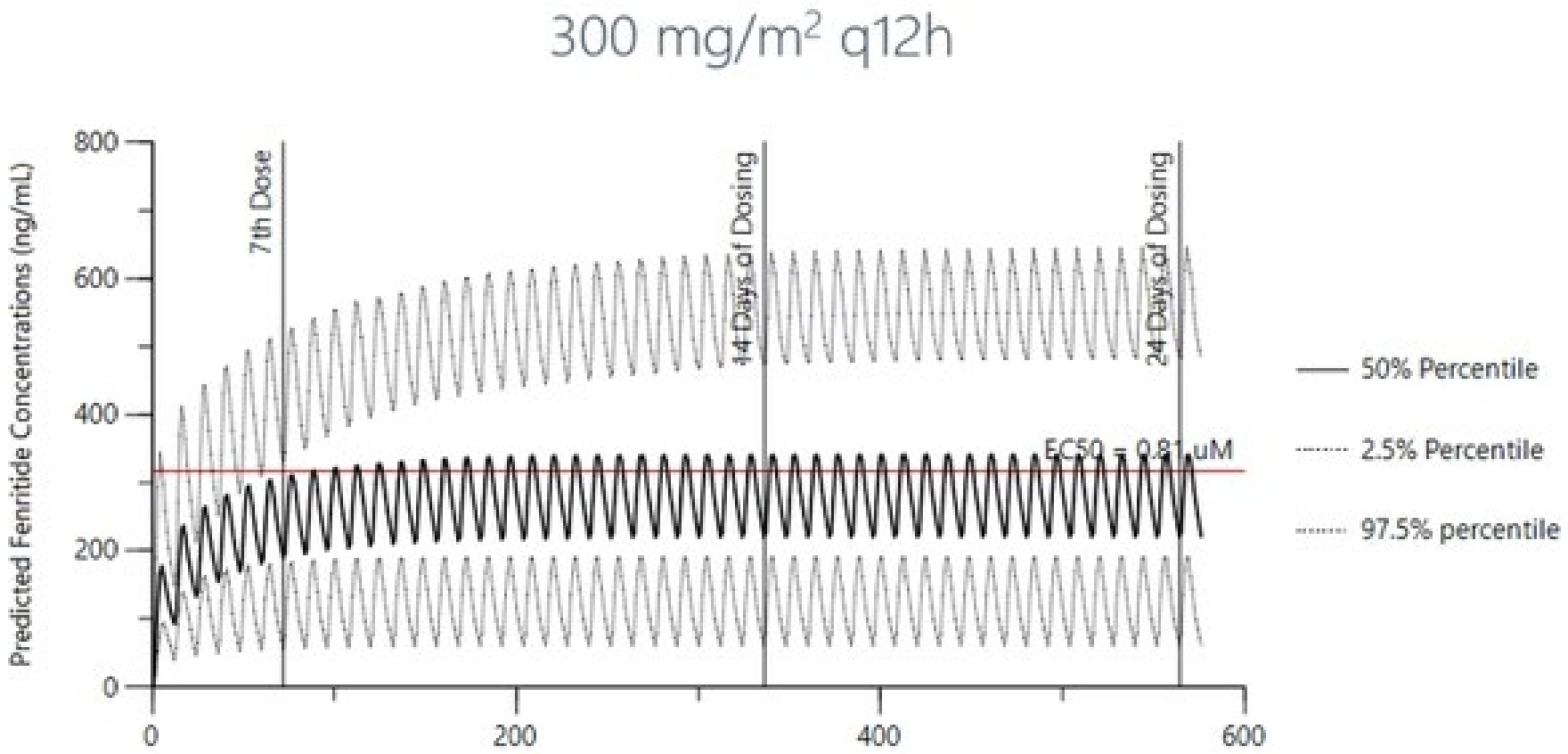
In Vitro inhibition

	EC_{50}			EC_{90}
	Huh-7 cells	PBMC	THP-1 cells + ADE	Vero
DENV-1	2.6 µM	0.81 µM	0.78 µM	
DENV-2	2.1 µM			2.0 µM
DENV-3	1.4 µM			
DENV-4	2.1 µM			

	EC_{50}			EC_{90}
	Huh-7 cells	PBMC	THP-1 cells + ADE	Vero
DENV-1	1,018 ng/mL	317 ng/mL	305 ng/mL	
DENV-2	822 ng/mL			783 ng/mL
DENV-3	548 ng/mL			
DENV-4	822 ng/mL			

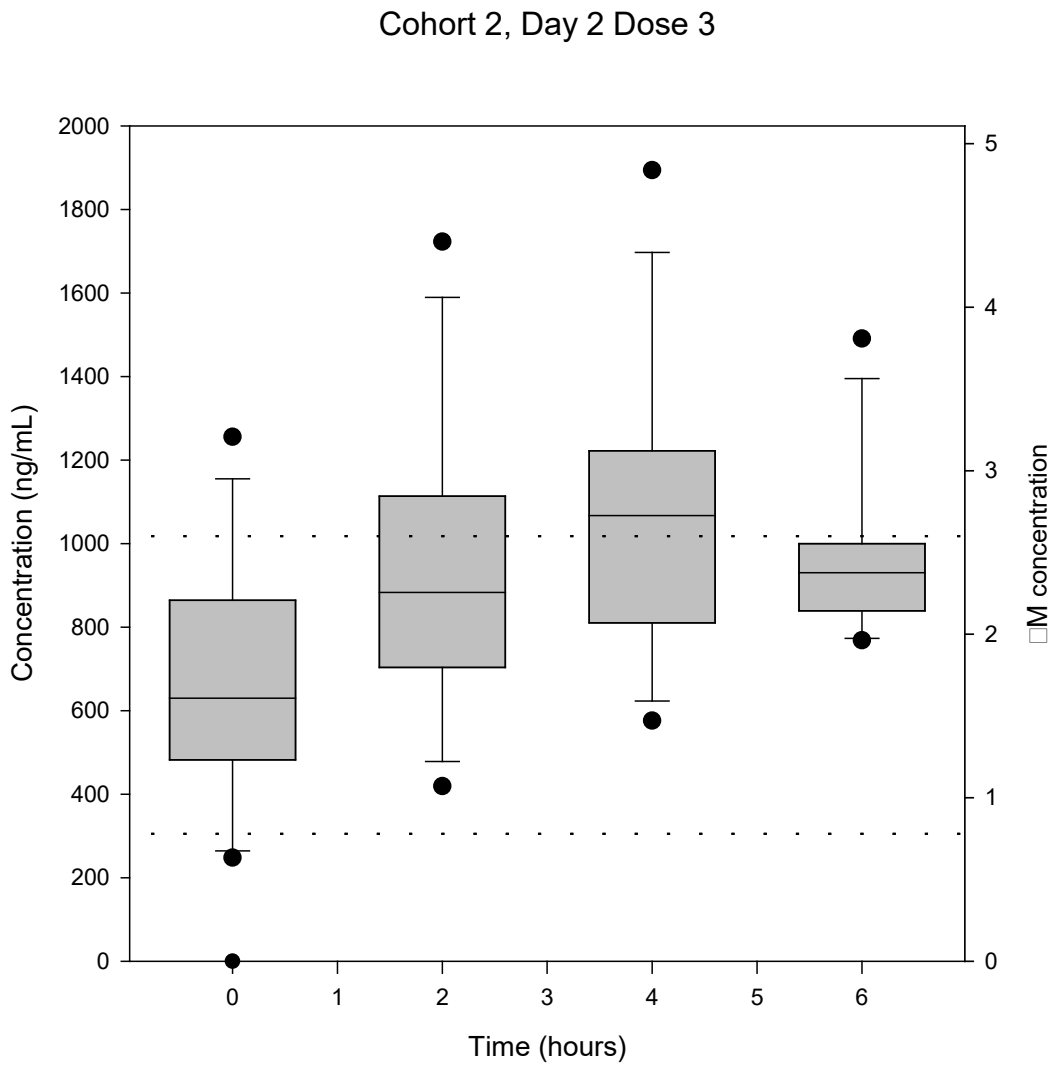
Dosing

PK modeling



Drug Levels

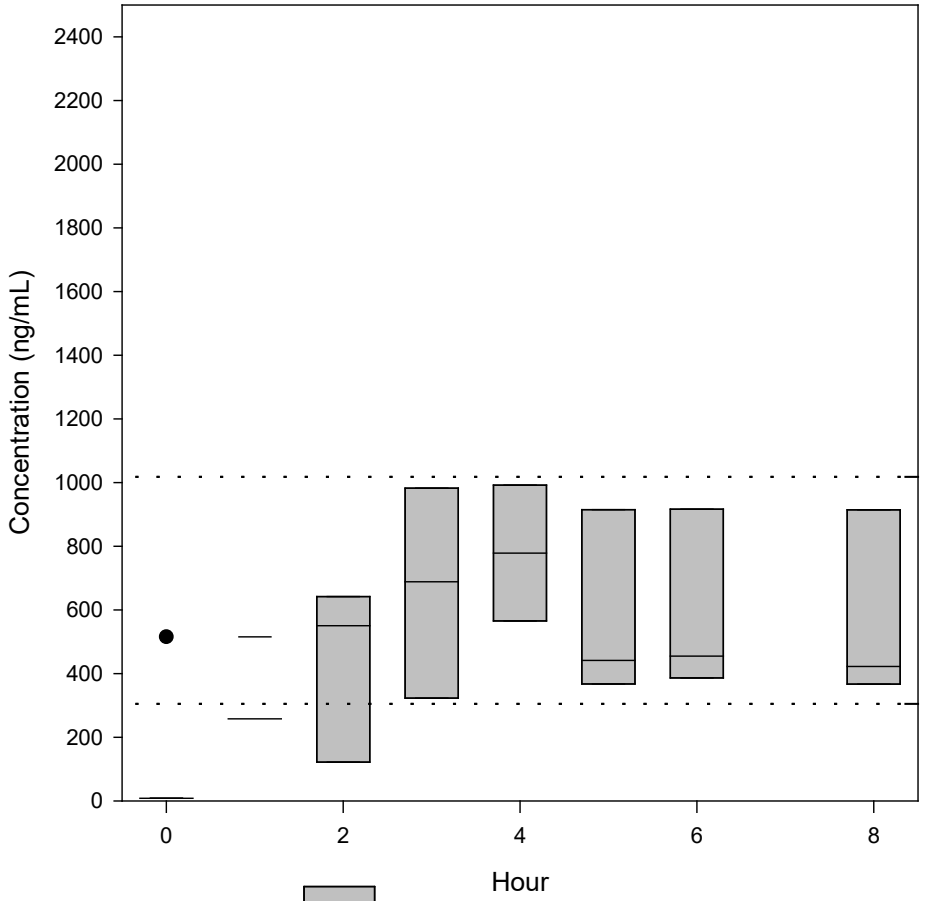
Levels achieved @ 300 mg/m^2 q12h plus high fat, high calorie meal



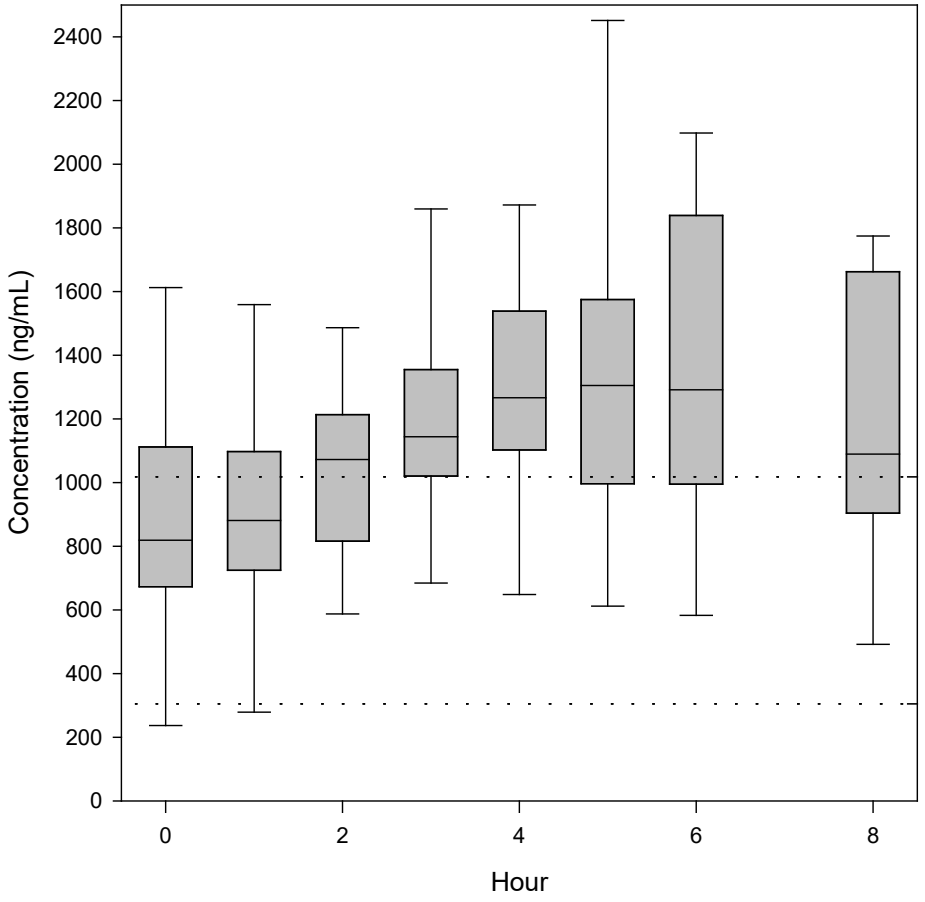
Drug Levels

Levels achieved @ 300 mg/m^2 q12h plus high fat, high calorie meal

Cohort 1, D24

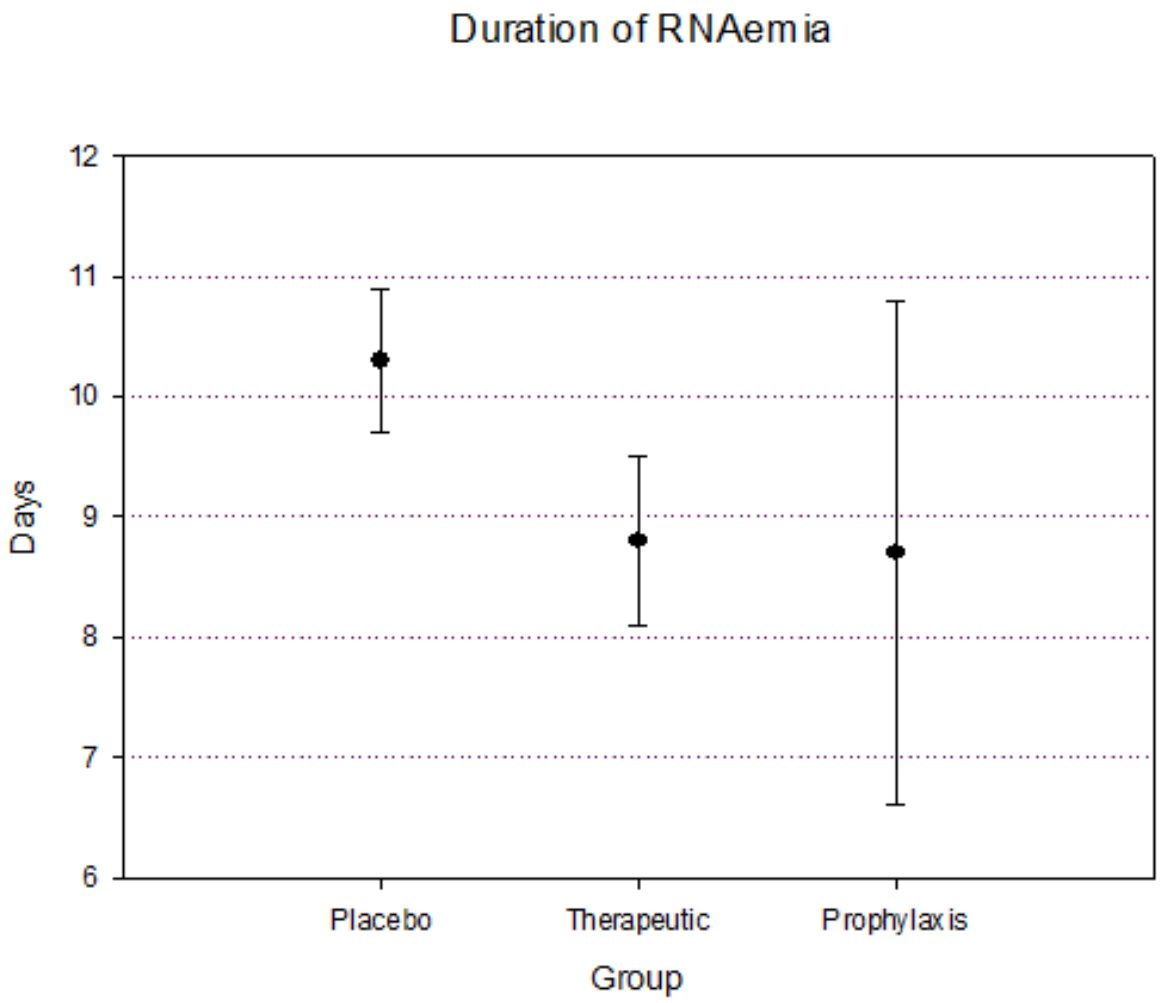


Cohort 2 Day 21



Effect on Virus

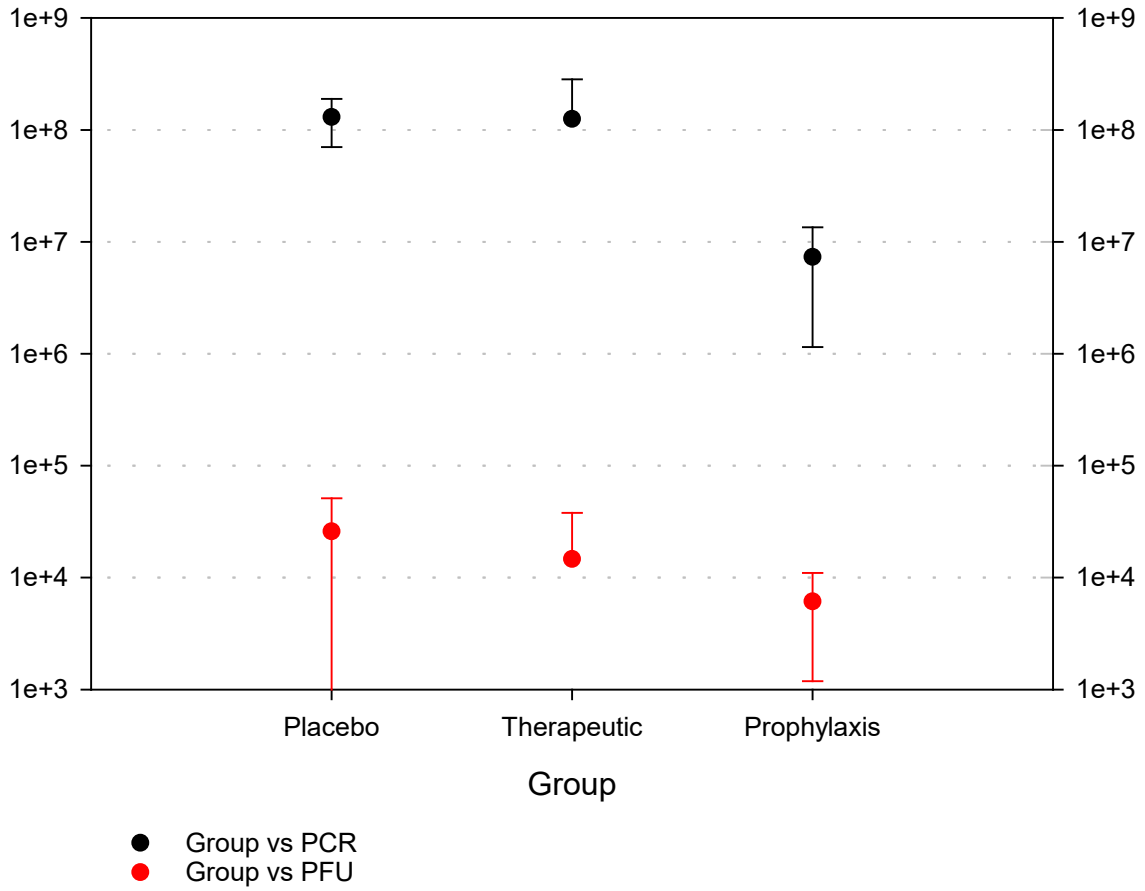
Time to clear



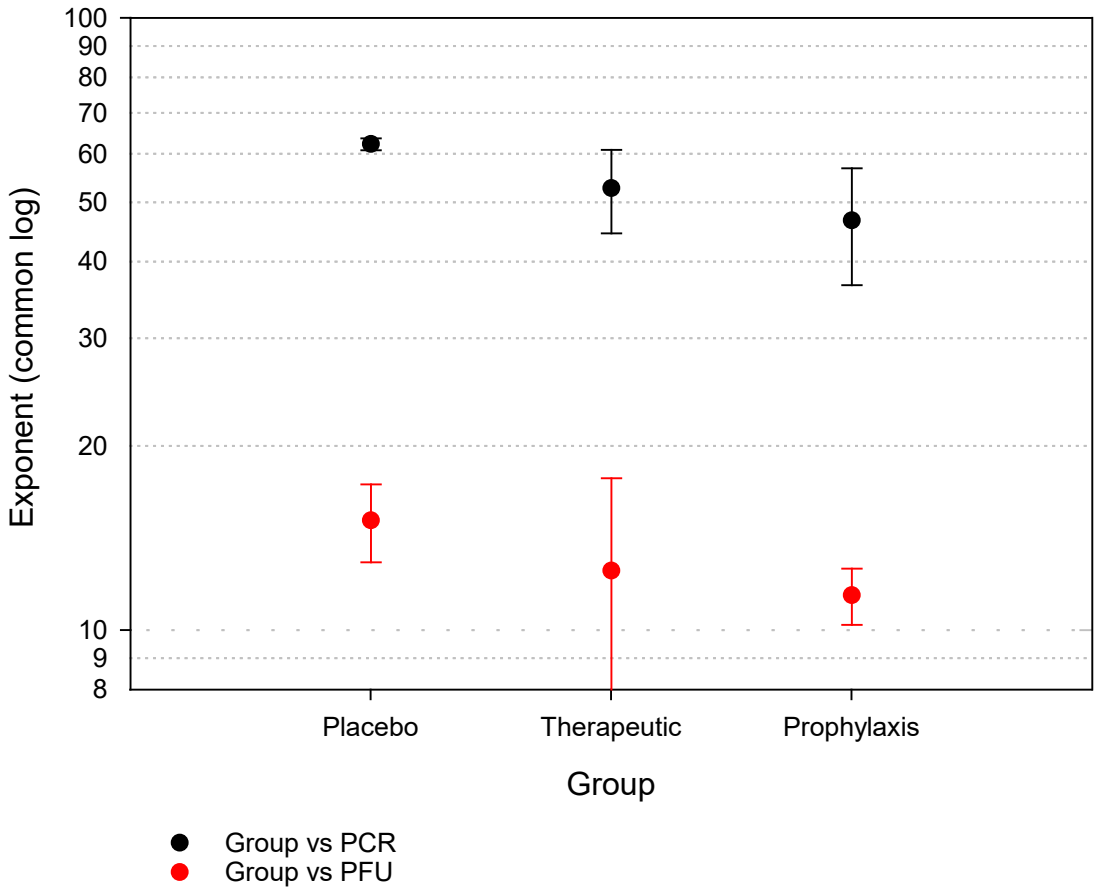
Effect on Virus

RNA GE/mL, Virus PFU/mL

Peak

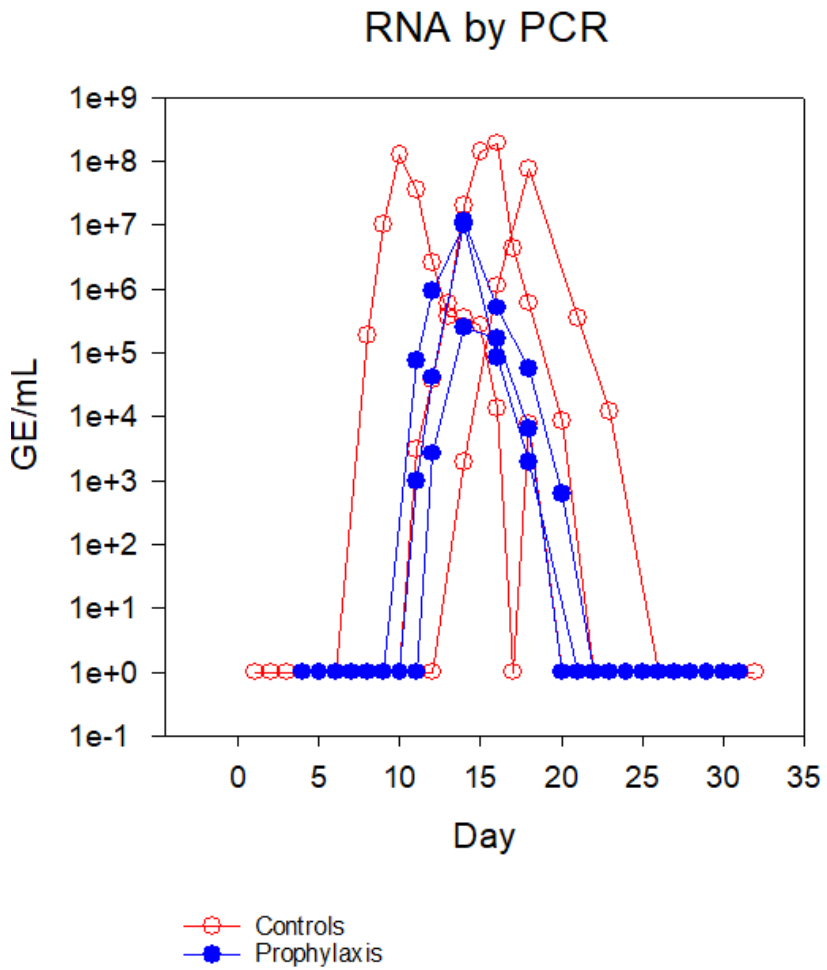


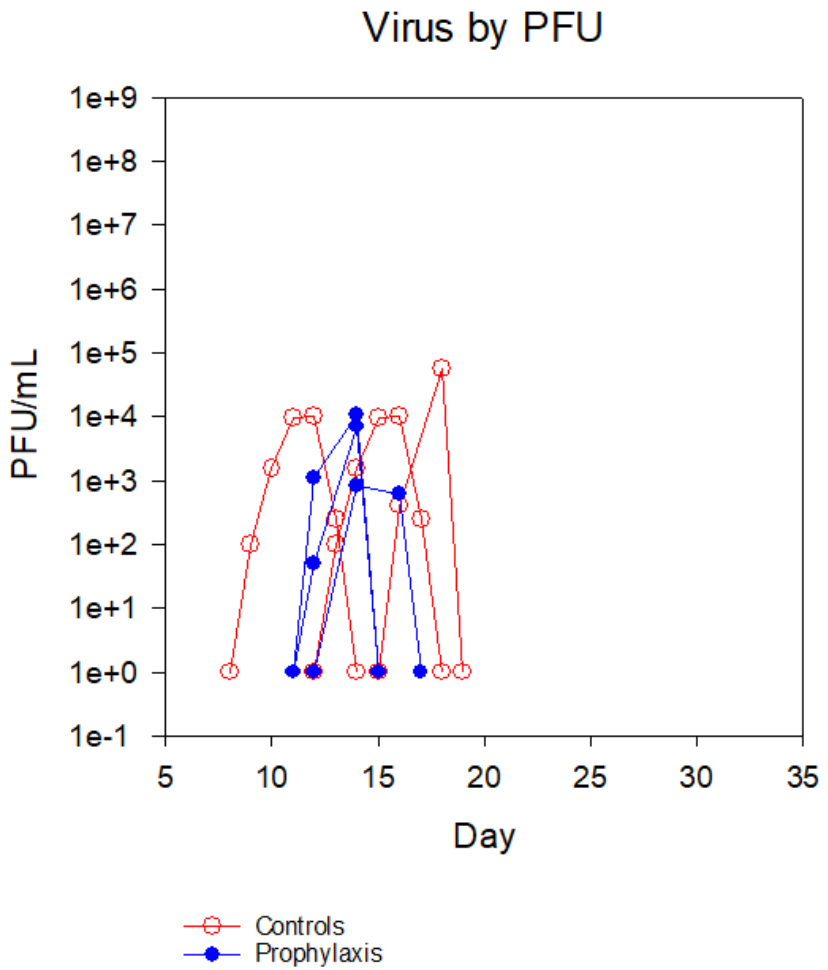
Area Under the Curve



Effect on Virus

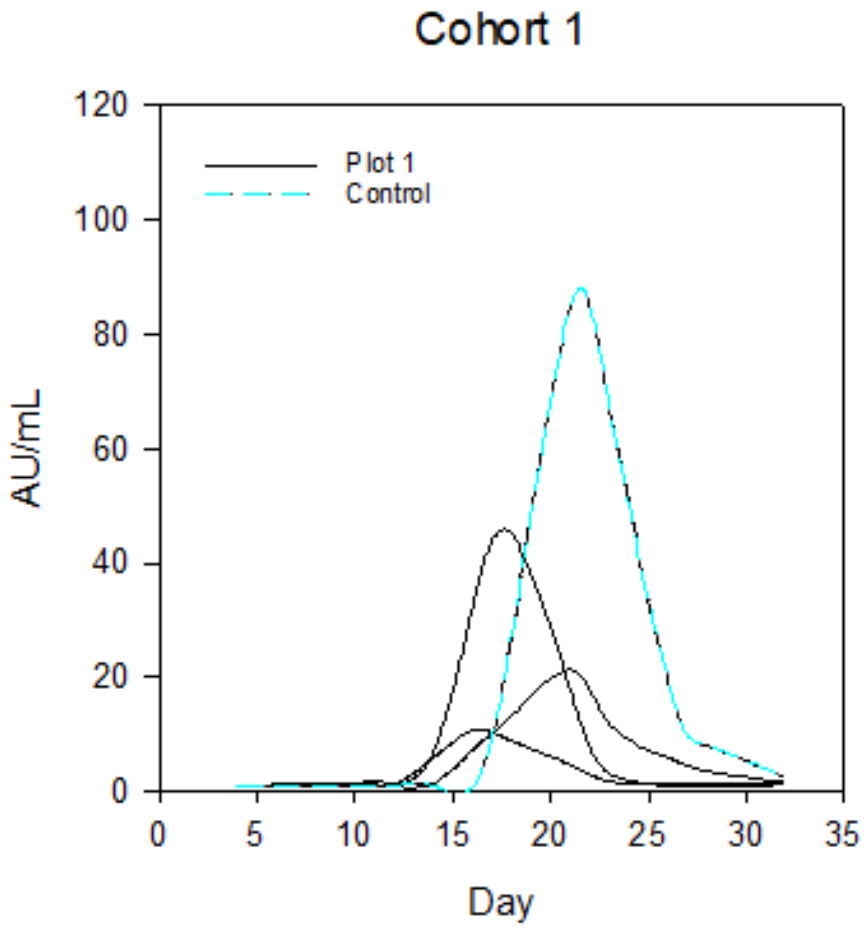
Prophylactic group vs. all 3 controls

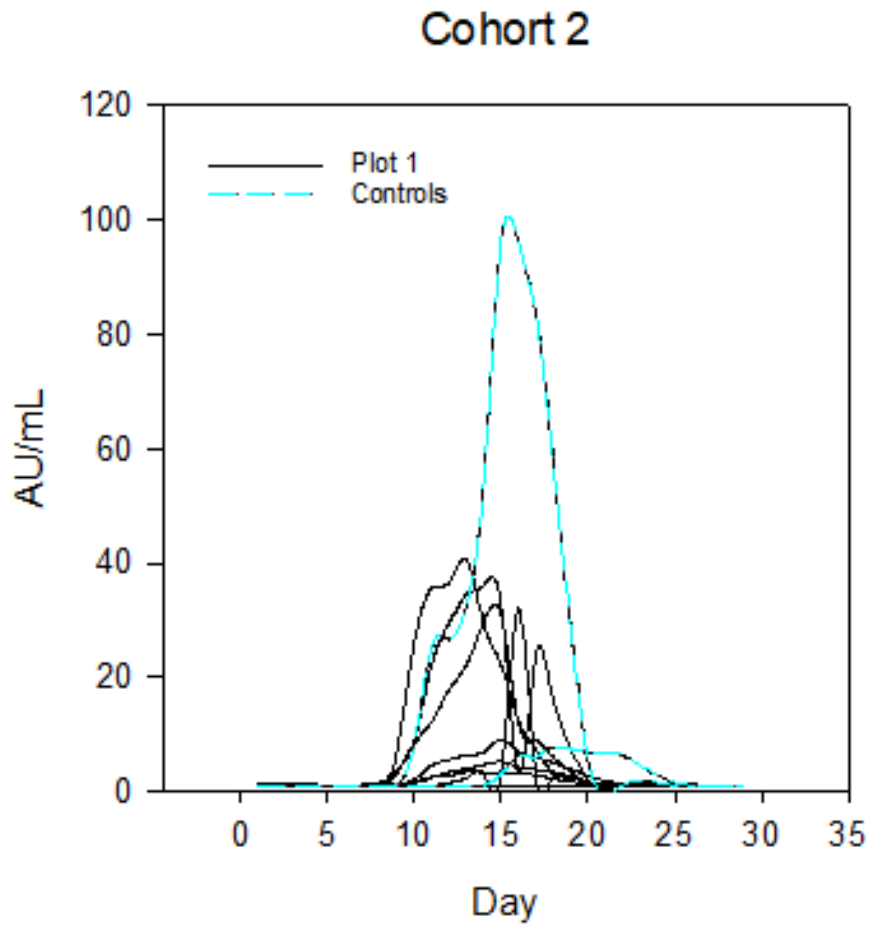




Effect on Virus

NS1 antigen





Clinical Observations

Signs & symptoms of Dengue infection (solicited AEs)

	Placebo	All Treated	Prophylaxis	Waickman 2022
Abdominal pain	2/3=.67	5/11=.45	0/3=0.00	0
Fever	2/3=.67	2/11=.18	0/3=0.00	5/9=0.56
Joint pain	2/3=.67	6/11=.54	1/3=0.33	0
Nausea	2/3=.67	6/11=.54	1/3=0.33	0
Mann-Whitney	*p=0.0202*			

	Placebo	All Treated	Prophylaxis	Waickman 2022
Leukopenia	2/3=0.67	3/11=0.27	1/3=0.33	6/9=0.67
Thrombocytopenia	1/3=0.33	0/11=0.00	0/3=0.00	1/9=0.11
ALT	3/3=1.00	6/11=0.55	2/3=0.67	3/9=0.33
AST	2/3=0.67	3/11=0.27	1/3=0.33	3/9=0.33
Hypernatremia	1/3=0.33	0/11=0.00	0/3=0.00	
Mann-Whitney	*p=0.0344*			

Grade 2 nausea and/or vomiting was seen only among controls.

Clinical Lab Observations

Hematology - WBC

	SID	SCR2	V1	V4	V7	V11	V14	V18	V21	V25	V28
LYMPHOCYTES	01-002	2.73	2.89	2.77	2.28		0.88		2.26		2.98
	01-004	1.09	1.16	1.58	1.26		0.82		0.83		0.82
	01-019	2.81	2.57	2.63	2.14		1.15		2.00		2.54
	01-008	1.35	1.06	1.07		0.26	0.31 US	0.52		0.85	
	01-012	1.32	1.49	1.24		0.68		0.97		1.56	
	01-030	1.92	1.84	1.93		0.98		1.51		1.96	
	01-036	1.38	1.34	1.46		0.45		0.66		0.99	
	01-037	0.77	1.68	1.50		0.57		1.28		1.59	
	01-038	1.64	1.48	1.59		0.78	0.6 US	1.14		1.30	
	01-044	1.46	1.46	1.72		0.77		1.29		1.17	
	01-046	2.64	2.21	2.23		1.66		1.51		2.21	
	01-022	1.89	1.65	1.94	1.61		2.39		0.58		0.99
	01-043	1.41	1.56	1.48		0.82		1.38		1.54	
	01-045	1.94	1.72	0.19		2.00		0.60		2.39	

1.2 - 4.0 = normal range, lymphocytes

CTCAE lymphocytes

GR1	GR2	GR3	GR4
<LLN-.8	.5-.8	.2-.5	<.2

	SCR2	V1	V4	V7	V11	V14	V18	V21	V25	V28
NEUTROPHILS	01-002	4.32	5.56	5.35	4.78		3.37		2.14		4.41
	01-004	3.81	2.45	5.09	5.45		2.81		1.7		2.39
	01-019	5.92	5.86	7.07	10.46		3.77		3.28		6.54
	01-008	2.83	2.82	2.99		3.35		2.38		2.36	
	01-012	4.10	4.72	3.81		2.55		2.34		4.27	
	01-030	3.68	2.72	2.80		2.15		1.37		2.19	
	01-036	3.21	5.04	3.66		1.96		2.59		2.14	
	01-037	4.91	3.84	4.23		3.90		2.28		4.47	
	01-038	2.03	1.4	1.51		0.91	0.6 US	1.28		1.77	
	01-044	2.75	3.66	3.23		2.32		2.35		1.83	
	01-046	4.53	4.12	4.67		4.70		2.07		4.02	
	01-022	3.23	2.55	2.88	3.25		2.64		1.03		1.85
	01-045	3.18	2.25	6.38	0.73	2.57		2.20		2.08	
	01-043	3.50	2.32	2.66		1.86		1.81		2.02	

1.8 - 7.0 Normal range, neutrophils

CTCAE neutrophils

GR1	GR2	GR3	GR4
<LLN - 1.5	<1.5 - 1.0	<1.0 - 0.5	<0.5

Clinical Lab Observations

Hematology - WBC

Grade 1

	SID	SCR2	V1	V4	V7	V11	V14	V18	V21	V25	V28
LYMPHOCYTES	01-002	2.73	2.89	2.77	2.28		0.88		2.26		2.98
	01-004	1.09	1.16	1.58	1.26		0.82		0.83		0.82
	01-019	2.81	2.57	2.63	2.14		1.15		2.00		2.54
	01-008	1.35	1.06	1.07		0.26	0.31 US	0.52		0.85	
	01-012	1.32	1.49	1.24		0.68		0.97		1.56	
	01-030	1.92	1.84	1.93		0.98		1.51		1.96	
	01-036	1.38	1.34	1.46		0.45		0.66		0.99	
	01-037	0.77	1.68	1.50		0.57		1.28		1.59	
	01-038	1.64	1.48	1.59		0.78	0.6 US	1.14		1.30	
	01-044	1.46	1.46	1.72		0.77		1.29		1.17	
	01-046	2.64	2.21	2.23		1.66		1.51		2.21	
	01-022	1.89	1.65	1.94	1.61		2.39		0.58		0.99
	01-043	1.41	1.56	1.48		0.82		1.38		1.54	
	01-045	1.94	1.72	0.19		2.00		0.60		2.39	

1.2 - 4.0 = normal range, lymphocytes

CTCAE lymphocytes

GR1	GR2	GR3	GR4
<LLN-.8	.5-.8	.2-.5	<.2

Grade 1

	SCR2	V1	V4	V7	V11	V14	V18	V21	V25	V28
NEUTROPHILS	01-002	4.32	5.56	5.35	4.78		3.37		2.14		4.41
	01-004	3.81	2.45	5.09	5.45		2.81		1.7		2.39
	01-019	5.92	5.86	7.07	10.46		3.77		3.28		6.54
	01-008	2.83	2.82	2.99		3.35		2.38		2.36	
	01-012	4.10	4.72	3.81		2.55		2.34		4.27	
	01-030	3.68	2.72	2.80		2.15		1.37		2.19	
	01-036	3.21	5.04	3.66		1.96		2.59		2.14	
	01-037	4.91	3.84	4.23		3.90		2.28		4.47	
	01-038	2.03	1.4	1.51		0.91	0.6 US	1.28		1.77	
	01-044	2.75	3.66	3.23		2.32		2.35		1.83	
	01-046	4.53	4.12	4.67		4.70		2.07		4.02	
	01-022	3.23	2.55	2.88	3.25		2.64		1.03		1.85
	01-045	3.18	2.25	6.38	0.73	2.57		2.20		2.08	
	01-043	3.50	2.32	2.66		1.86		1.81		2.02	

1.8 - 7.0 Normal range, neutrophils

CTCAE neutrophils

GR1	GR2	GR3	GR4
<LLN - 1.5	<1.5 - 1.0	<1.0 - 0.5	<0.5

Clinical Lab Observations

Hematology - platelets

		SCR2	V1	V4	V7	V11	V14	V18	V21	V25	V28
PLATELETS	01-002	346	386	367	336		299		230		370
	01-004	222	209	218	205		214		160		232
	01-019	326	384	373	375		335		268		410
	01-008	278	322	323		303		181		380	
	01-012	258	286	273		236		180		311	
	01-030	285	305	269		241		177		329	
	01-036	244	390	421		---		156		303	
	01-037	274	312	306		249		293		319	
	01-038	192	175	182		166	*142 US*	188		289	
	01-044	253	275	257		215		259		259	
	01-046	302	291	329		289		244		297	
	01-022	178	168	183	172		185		*124*		160
	01-043	199	181	209		188		181		226	
	01-045	238	269	222		259		293		329	

150-400 Normal range, platelets

GR1	*GR2*	*GR3*	*GR4*
<LLN - 75	<75.0 - 50	<50.0 - 25	<25

Clinical Lab Observations

Chemistry – Hepatic Enzymes

	SID	SCR2	V1	V4	V7	V11	V14	V18	V21	V25	V28
ALT	01-002	37	37	45	50		49		55		56
	01-004	---	40	43	32		30		35		31
	01-019	53	20	5	17		27		27		26
	01-008	34	46	39		35		126		124	91 US
	01-012	30	32	31		24		29		51	20 US
	01-030	16	16	15		35		21		33	
	01-036	29	19	22		43		29		29	
	01-037	20	16	14		17		19		12	
	01-038	24	23	22		31		24		19	
	01-044	22	23	22		38		24		42	
	01-046	19	14	16		21		25		29	
	01-022	---	36	40	45		55		136		60
	01-043	83	70	67		97		94		107	
	01-045	11	16	21		21		57		37	

<41 = normal range, alanine aminotransferase

CTCAE ALT

GR1

>ULN - 3.0 x ULN if baseline was normal; 1.5 - 3.0 x baseline if baseline was abnormal

GR2

>3.0 - 5.0 x ULN if baseline was normal; >3.0 - 5.0 x baseline if baseline was abnormal

GR3

>5.0 - 20.0 x ULN if baseline was normal; >5.0 - 20.0 x baseline if baseline was abnormal

GR4

>20.0 x ULN if baseline was normal; >20.0 x baseline if baseline was abnormal

	SCR2	V1	V4	V7	V11	V14	V18	V21	V25	V28
AST 01-002	22	24	28	27		30		41		26
01-004	25	25	26	22		25		24		23
01-019	33	22	5	17		24		33		28
01-008	---	35	31		25		112		58	47 US
01-012	18	15	20		17		21		24	
01-030	24	20	21		32		21		30	
01-036	26	15	18		29		22		22	
01-037	27	17	22		16		20		19	
01-038	27	23	21		42		28		21	
01-044	23	23	25		37		23		39	
01-046	21	16	19		22		23		26	
01-022	---	27	22	30		34		84		32
01-043	65	53	52		82		72		77	
01-045	13	14	22		16		32		24	

<40 = normal range, aspartate transferase

CTCAE AST

GR1

>ULN - 3.0 x ULN if baseline was normal; 1.5 - 3.0 x baseline if baseline was abnormal

GR2

>3.0 - 5.0 x ULN if baseline was normal; >3.0 - 5.0 x baseline if baseline was abnormal

GR3

>5.0 - 20.0 x ULN if baseline was normal; >5.0 - 20.0 x baseline if baseline was abnormal

GR4

>20.0 x ULN if baseline was normal; >20.0 x baseline if baseline was abnormal

Adverse Events (unsolicited)

Prophylactic subjects

- GI disorders (3/4, 75%)
- Nervous system disorders (2/4, 50%)
- Skin and subcutaneous tissue disorders (2/4, 50%)
- Grade 2 drug rash led to discontinuation of 1 subject

Treatment subjects

- Eye disorders (2/8, 25%)
- GI disorders (1/8, 12.5%)

Regardless of treatment, all subjects had clinical AEs assessed as Grade 1 or 2 (mild or moderate) severity.

Conclusions

- Drug levels were in the targeted zone for 50% inhibition
- Drug effect on virus was seen with both prophylactic and therapeutic use
- Prophylactic use showed more profound effects
  - 48 doses vs 28
  - Drug on board at inoculation

- ISLA-101 was associated with rash, night vision disturbance and gastrointestinal complaints

Discussion

- The chosen dose was at the low end of doses found to be safe in Ph1 single ascending dose (300, 600, 900 mg/m^2 tested); higher doses are possible
- Reported EC_{50} were *in vitro*, with constant drug level
- No subject dropped out due to drug effects
- Impact on virus was evident
- Evaluating avoidance of warning signs / severe Dengue will require field trials
- Household contacts is a consideration for trial design

Acknowledgments

Kris Paolino MD
Stephen Thomas MD
Adam Waickman PhD

SUNY Study Team
Michelle Klick
BreAnn Burnette
Lisa Ware

Island Study Team
David Foster PhD JD
Nick McCoy (McCoy Clinical Consulting)
Mari Heghinian PhD (Seran LLC)
H.B.Slade MD (Chisholm Clinical Research Services)
Bobbi Drais (Drais Regulatory Consulting)