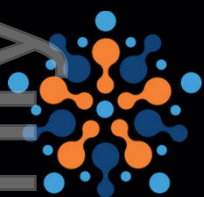


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**ISLAND**  
PHARMACEUTICALS

## COMBATting URGENT VIRAL DISEASE THREATS

**Advancing Galidesivir as a multi-filovirus countermeasure**

Dr. David Foster – Managing Director & CEO – Mr. Jason Carroll - Non-Executive Chairman

July 2026

ASX: ILA

# Company Overview

|                                                                                                    |             |
|----------------------------------------------------------------------------------------------------|-------------|
| Shares on issue <sup>1</sup> :                                                                     | 295,916,682 |
| Price per share <sup>1</sup> :                                                                     | \$0.475     |
| Market capitalisation <sup>1</sup> :                                                               | \$140.6m    |
| Cash at bank (31 March 2026) <sup>2</sup> :                                                        | \$14.2m     |
| Potential additional capital from vested options where current share price exceeds exercise price: | ~\$1.6m     |
| Debt:                                                                                              | Nil         |

## Price & volume (12 months)



Island Pharmaceuticals Limited



## Substantial shareholders

|                                      |        |
|--------------------------------------|--------|
| Dr William James Garner <sup>3</sup> | 15.50% |
| Jason Alan Carroll <sup>3</sup>      | 11.92% |
| MWP Partners Limited <sup>4</sup>    | 8.25%  |
| Dr Daniel Tillett <sup>3</sup>       | 7.80%  |

## Board of Directors

Jason Carroll, Non-Executive Chairman

Dr David Foster, CEO & Managing Director

Chris Ntoumenopoulos, Non-Executive Director

1. As at 7 July 2026

2. Does not take into consideration cash movement since reporting date

3. Per holding per Substantial interest notice lodged with ASX on 9 December 2025

4. Per holding per Substantial interest notice lodged with ASX on 3 June 2025

# Current Ebola & Marburg Outbreak

An urgent and growing global security challenge



Extremely high fatality rates: Marburg up to 88%, Ebola up to 90%, Sudan up to 47%, Bundibugyo 30–50%



## Limited countermeasures:

No approved therapeutics or vaccines for Marburg or Bundibugyo



## BSL-4 pathogens:

Require maximum containment; limited global capacity



## Bioterror relevance:

Historical weaponisation research; persistent intelligence concern



## Current situation:

Ongoing Bundibugyo outbreak with no available medical countermeasures

## THE WORLD LACKS A BROAD-ACTING ANTIVIRAL CAPABLE OF ADDRESSING MULTIPLE FILOVIRUS THREATS

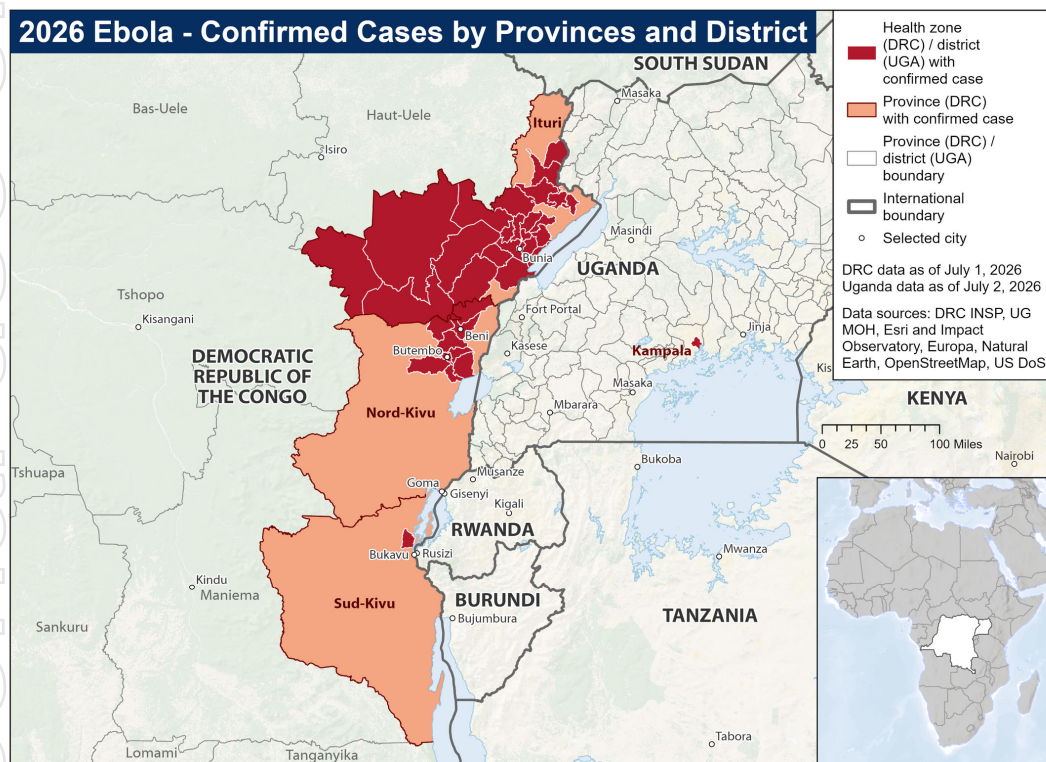
There are no filovirus therapeutics capable of cross-strain protection

**Galidesivir directly addresses this gap**

- Existing Ebola countermeasures are strain-specific (Zaire only)
- No approved therapeutics for Marburg, Bundibugyo or Sudan virus
- Outbreaks increasingly involve rare or divergent strains
- Stockpile lacks a broad-acting antiviral with Animal Rule feasibility



# African regions affected by the Ebola outbreak



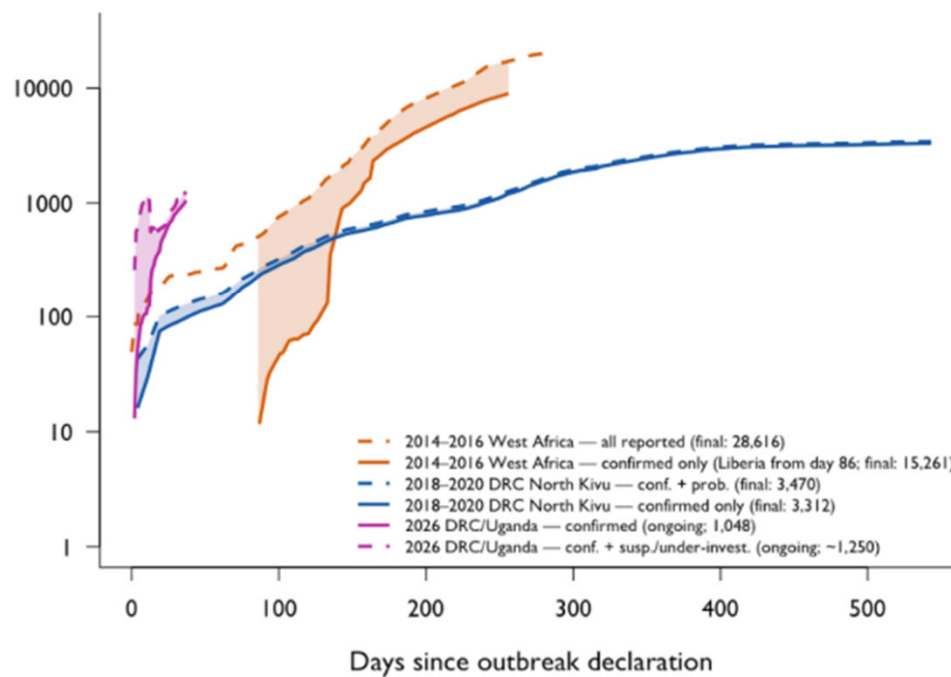
- **May 2026:** Bundibugyo Ebola outbreak declared in the DRC and Uganda.
- 1,582 confirmed cases and 508 deaths (July 4, 2026).
- Third-largest Ebola outbreak on record.
- WHO: Public Health Emergency of International Concern.
- CDC: Public health emergency response activated.

Source: <https://www.cdc.gov/ebola/situation-summary/index.html>

## Increase in Ebola cases in 2026



Major Ebola Outbreaks: Cumulative Cases Over Time



“This Outbreak Is Different From Any Before”

*John Drake, leading ecologist and infectious disease professor, 24 June 2026*

Source: <https://www.forbes.com/sites/johndrake/2026/06/24/ebola-has-passed-1000-cases-this-outbreak-is-different-from-any-before/>

# Why Galidesivir?

A broad-acting small molecule antiviral with strong filovirus efficacy and FDA-aligned pathway



-  Demonstrated multi-filovirus activity (Marburg, Ebola, Sudan)
-  Strong in vivo efficacy with delayed dosing
-  FDA confirmed Animal Rule pathway is appropriate

-  IV and IM formulations with favorable safety profile- the ideal product profile for Africa
-  Manufacturing route improved with 2–3X yield increase – GMP production underway
-  Developed with NIAID and BARDA support (>US\$70M historically)

**GALIDESIVIR IS ONE OF THE FEW ANTIVIRAL CANDIDATES WITH CREDIBLE CROSS-FILOVIRUS POTENTIAL**

# Government-Approved Africa Protocol

## Monitored Emergency Use of Unregistered and Investigational Interventions (MEURI) framework



Government approvals have been secured to evaluate Galidesivir during the active Bundibugyo Ebola outbreak in Uganda under the WHO MEURI framework, creating a unique opportunity to generate prospective human clinical data.

### Overview

- Government and regulatory approvals secured for compassionate use of Galidesivir.
- Patient treatment expected to commence in CY26.
- Clinical, safety and virological data will be prospectively collected throughout treatment.

### WHO MEURI Framework

- A World Health Organization emergency framework for evaluating investigational medicines during disease outbreaks where no approved treatment exists.
- Enables patients to access promising therapies while generating valuable clinical evidence.

### Strategic Importance

- First opportunity to evaluate Galidesivir during an active Ebola outbreak.
- Generates prospective human data in the intended disease setting.
- Complements the FDA Animal Rule program, strengthening Galidesivir's overall development strategy.

#### PARTNERS

Uganda Ministry of  
Health  
ACCEPT-Africa  
Infectious Diseases  
Institute  
World Health  
Organization

# Dual Development Strategy

Two complementary pathways advancing Galidesivir towards regulatory approval



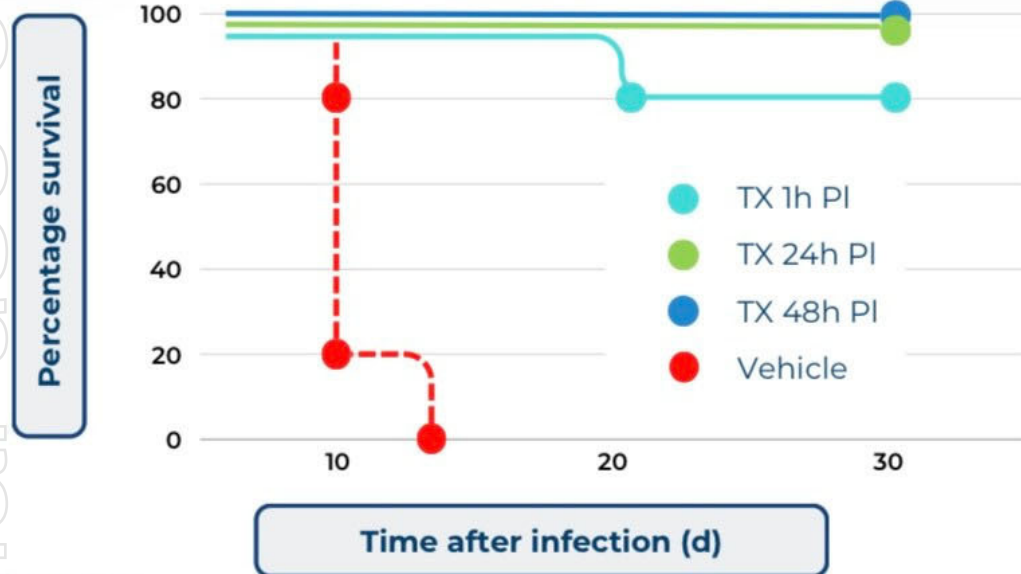
| Pathway 1                                   | Pathway 2                                      |
|---------------------------------------------|------------------------------------------------|
| Human Ebola Study                           | FDA Animal Rule Program                        |
| WHO MEURI Framework                         | USAMRIID Marburg challenge study               |
| Real-world clinical data                    | Controlled non-human primate efficacy data     |
| Bundibugyo Ebola patients                   | Marburg virus model                            |
| Human efficacy, safety and virological data | Controlled efficacy supporting FDA Animal Rule |

Together, these complementary pathways combine prospective human clinical data with controlled non-human primate efficacy studies, strengthening Galidesivir's regulatory package and development pathway.



# MARBURG NHP SURVIVAL

94% survival in Marburg NHP Model with treatment initiated up to 48 hours post-infection



- 6/6 animals survived when dosed 48 hours post infection
- 6/6 animals survived when dosed 24 hours post infection
- 5/6 animals survived when dosed 1 hour post infection

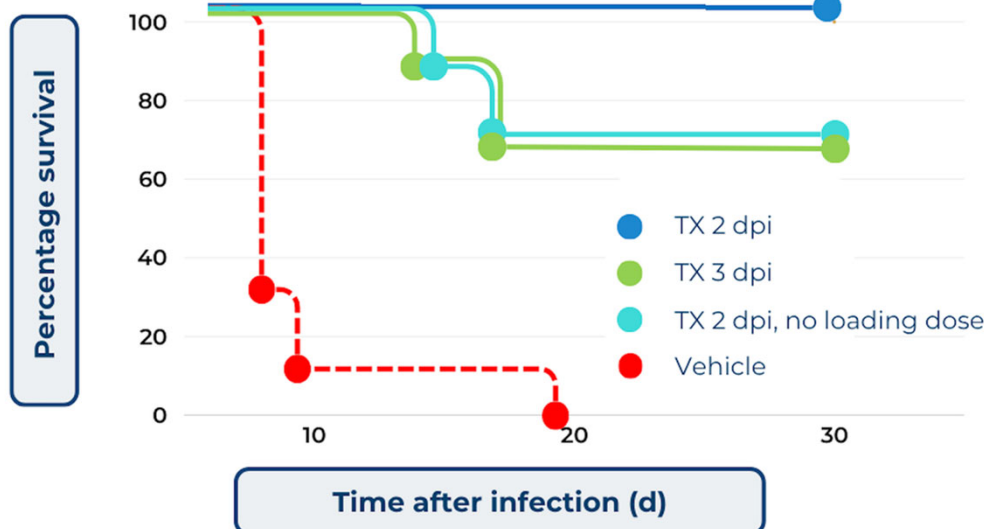
0/6 untreated animals survived as part of the control group

This level of efficacy, with a clinically meaningful therapeutic window, is rare in filovirus models and directly supports Animal Rule advancement

# EBOLA NHP SURVIVAL

## Robust efficacy in Ebola NHP model with delayed dosing

Survival of rhesus non-human primates challenged with Ebola virus following intramuscular administration of 100 mg/kg BID loading dose followed by 25 mg/kg BID for 10 days.



- 100% survival when treatment commenced 2 days post infection
- 67% survival when treatment commenced 3 days post infection
- 67% survival when treatment commenced 2 days post Infection with no loading dose

0% survival in untreated controls

Warren, T. K. et al. Efficacy of Galidesivir Against Ebola Virus Disease in Rhesus Monkeys. Poster Presentation ID Week 2017

Together with Marburg data, this positions Galidesivir as a multi-filovirus antiviral candidate



# Regulatory & Commercial Opportunity

A clear pathway to regulatory approval and commercialisation



## Regulatory pathway for Galidesivir

- FDA Animal Rule supported by pivotal Marburg efficacy studies.
- WHO MEURI framework providing prospective human data in Ebola or other outbreaks.



## Priority Review Voucher (PRV)

- Potential PRV eligibility upon FDA approval.
- A PRV may be used to accelerate FDA review of another product or sold in the secondary market.



## Government Procurement

- Potential procurement by U.S. and international governments following regulatory approval.
- Commercial opportunity supported by global biodefence and pandemic preparedness initiatives.



## Strategic National Stockpile

- Potential inclusion in government biodefence stockpiles for high-consequence viral threats.

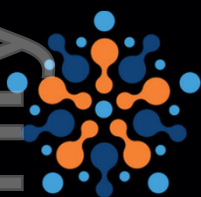
# Near-Term Catalysts

A number of value catalysts pending in the coming months



| Milestone                                                                               | Timeframe         |
|-----------------------------------------------------------------------------------------|-------------------|
| Establish Fellows Program to provide expert access to strategic subject matter KOLs     | Complete          |
| FDA feedback on Galidesivir protocol clarifying questions                               | Received          |
| Government-approved deployment of Galidesivir under the WHO MEURI framework in Uganda   | Received          |
| Prospective human clinical, safety and virological data generation from MEURI framework | Q4 CY26 - Q2 CY27 |
| Commencement of Galidesivir's development plan in non-human primates (NHP)              | Initiated         |
| Galidesivir NHP minimum effective dose study and PK study (20 NHPs)                     | Q4 CY26           |
| Galidesivir NHP Time of dose post-infection study program (12 NHPs)                     | Q1 CY27           |
| Galidesivir NHP pivotal Marburg study (~24 NHPs)                                        | Q2 CY27           |
| NDA preparation (Marburg / Ebola)                                                       | Q3 CY27           |
| Explore partnership and international government engagement opportunities               | Ongoing           |

Dates are indicative only, based on current estimates and subject to change



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