

Cautionary Statement Regarding Forward-Looking Statements

In order to utilise the 'Safe Harbor' provisions of the United States Private Securities Litigation Reform Act of 1995, AstraZeneca is providing the following cautionary statement. This presentation contains forward-looking statements with respect to the financial condition, results of operations and businesses of AstraZeneca. By their nature, forward-looking statements and forecasts involve risk and uncertainty because they relate to events and depend on circumstances that will occur in the future. There are a number of factors that could cause actual results and developments to differ materially from that expressed or implied by these forward-looking statements. These factors include, among other things, the loss or expiration of patents, marketing exclusivity or trade marks; exchange rate fluctuations; the risk that R&D will not yield new products that achieve commercial success; the impact of competition, price controls and price reductions; taxation risks; the risk of substantial product liability claims; the impact of any failure by third parties to supply materials or services; the risk of delay to new product launches; the difficulties of obtaining and maintaining governmental approvals for products; the risk of failure to observe ongoing regulatory oversight; the risk that new products do not perform as we expect; and the risk of environmental liabilities.



MedImmune

Commercial Overview RSV & Vaccines

Peter Greenleaf

Senior Vice President, Marketing & Sales



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Commitment to RSV



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RSV Burden of Disease

- Dangerous, unpredictable, and highly variable virus that attacks almost all infants by age 2
- Can have devastating effects in high-risk infants ranging from:
 - Medically attended out-patient lower respiratory track infections
 - Acute hospitalizations
 - Long-term consequences such as recurrent wheezing and/or asthma
 - Death

RSV Burden of Disease

- Leading cause of infant hospitalization
 - >300,000 hospital admittances each year in U.S.
- Causes substantial economic burden on the U.S. healthcare system
 - 1.7 million physician office visits in 2000
 - >400,000 emergency room visits
 - >230,000 hospital outpatient emergency room visits

Synagis® (palivizumab)

- Technological advancement over polyclonal antibody – Respigam®
- Standard of care in prevention of serious RSV lower respiratory tract infections in high risk infants
- Major Launches: U.S. '98, EU '00, JP '02
- Liquid formulation intro in U.S. '05
- Marketed by MedImmune in U.S.
- Distributed by Abbott Intl. ex-U.S.
- Approved in over 60 countries

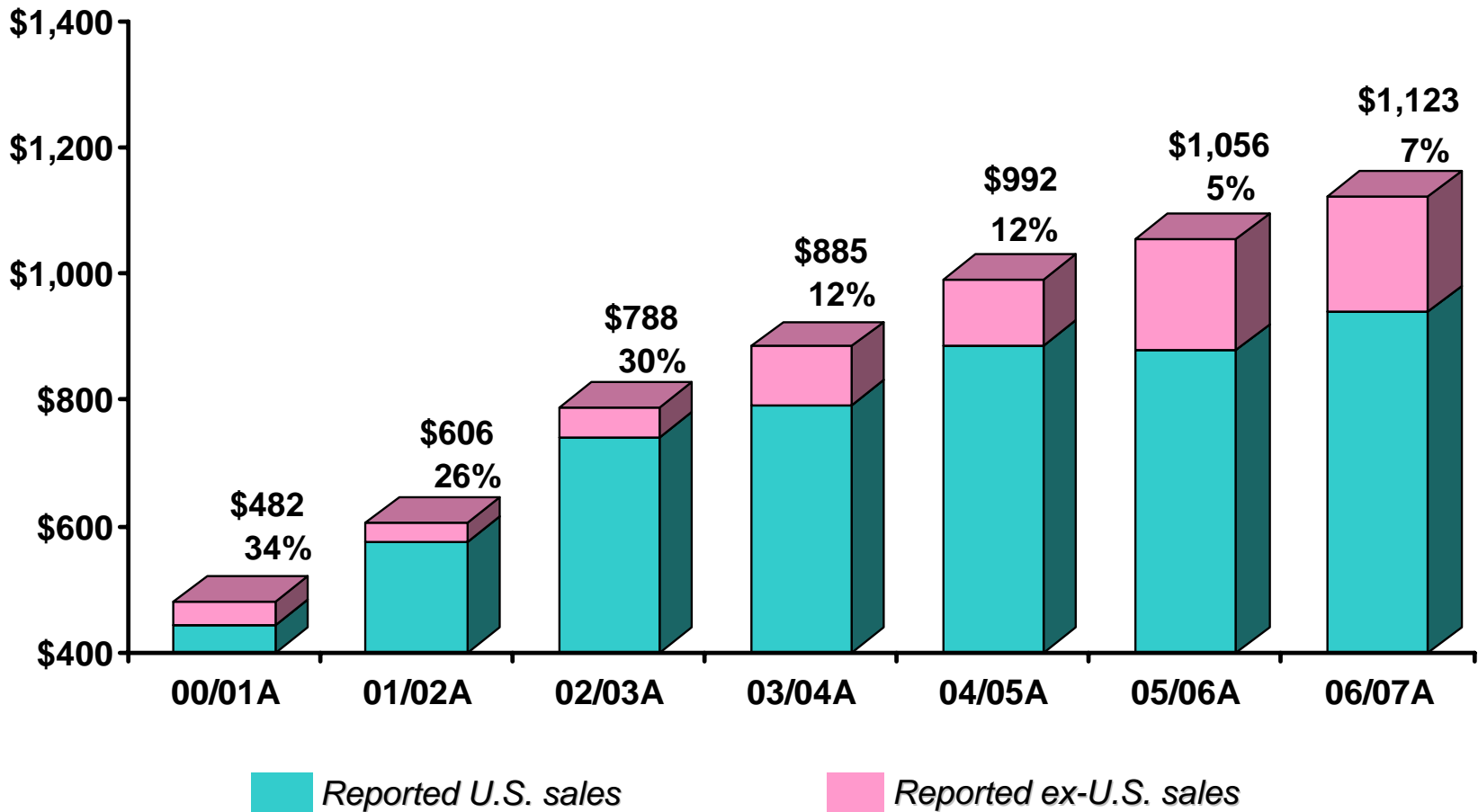


The Future with Motavizumab

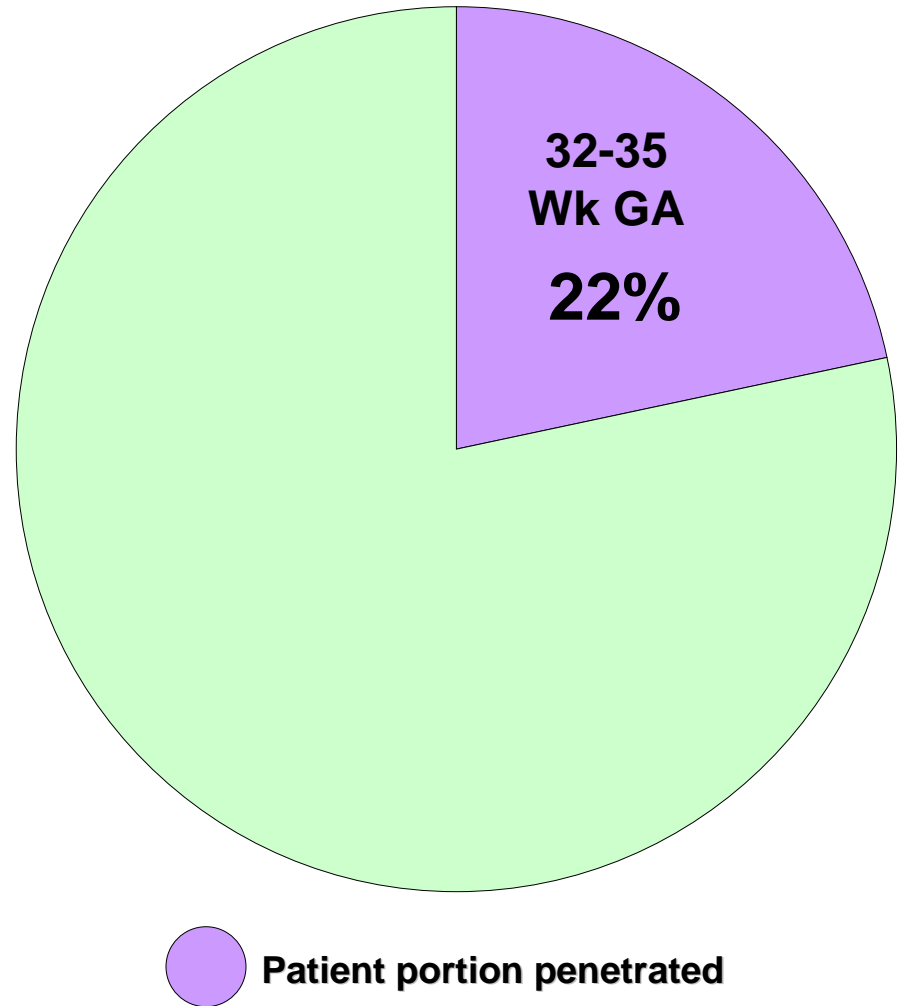
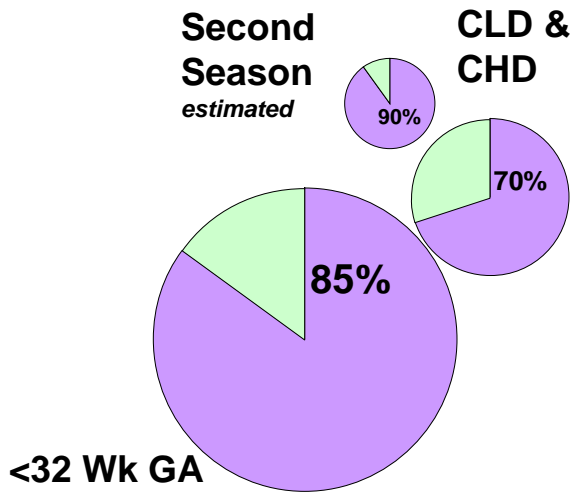
- Near term
 - Next evolution in RSV prevention
 - Increased potency; improved efficacy
 - Improvement in secondary outcomes
 - Significant protection from RSV disease
 - More data to support effectiveness of MAbs in RSV prevention
- Mid to long-term
 - Provides competitive “high bar” for efficacy
 - Patent protection beyond basic Synagis® patents
 - Greater potential for future development areas

MedImmune Reported WW Sales

RSV Seasonal Basis (\$million)



Synagis® U.S. Patient Segment Penetration



Segment	Est. Total Size 06/07
32-35 Wk GA	~248,000
<32 Wk GA	~85,000
} 333k	
CHD & CLD	21,000 – 30,000
2 nd season	~18,000
>36 Wk GA (TERM)	~3,900,000

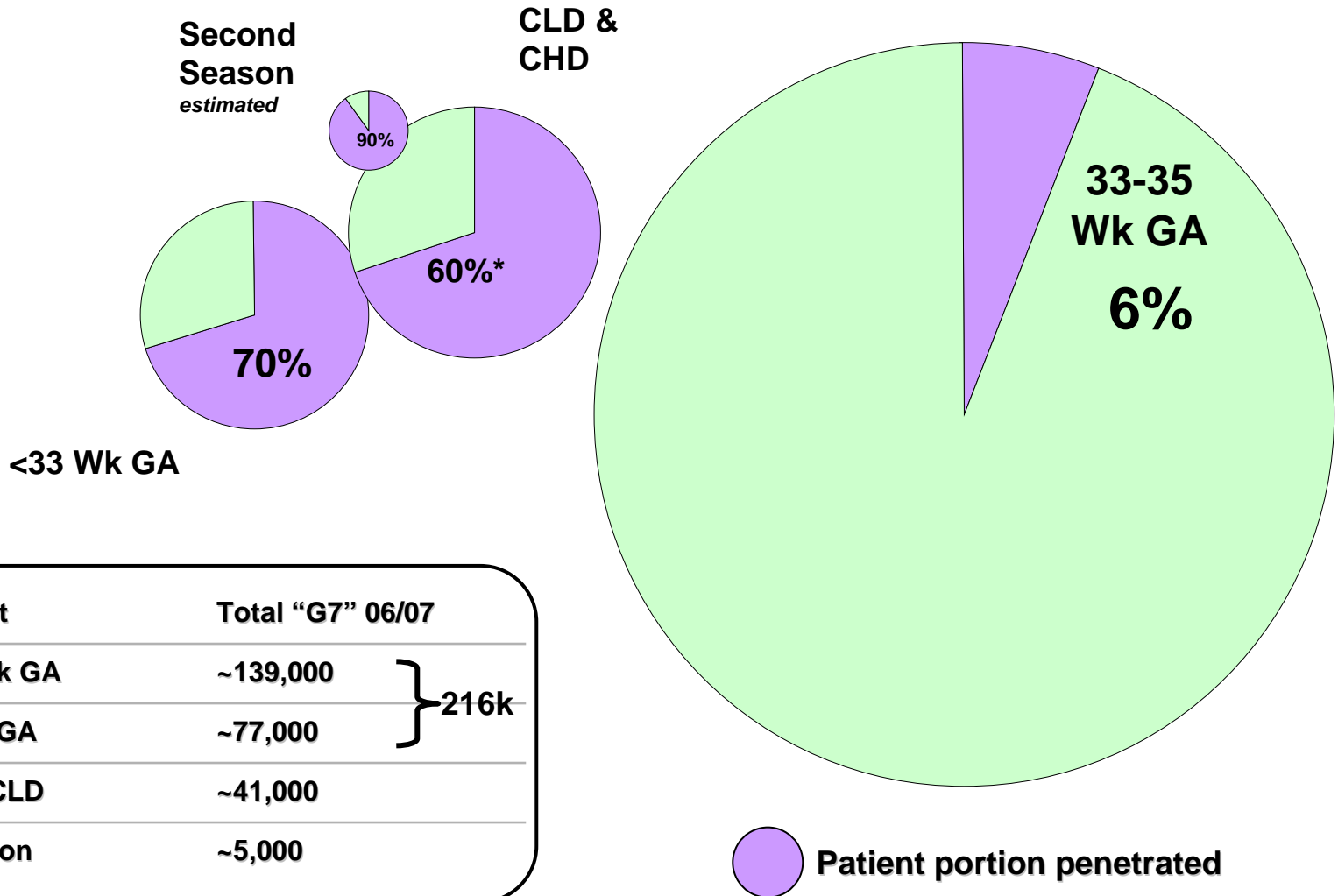
Evolution of the COLD Guidelines

Group	1998	2003	2006
<32s	During their first RSV season
32-35s	<6 months of age and any risk factors including: school age siblings; crowding in the home; day-care attendance; exposure to tobacco smoke in the home; multiple births	<6 months of age and two of the following RFs: child care attendance, school-aged siblings, exposure to environmental air pollutants, congenital abnormalities of the airways, or severe neuromuscular disease. Tobacco "controllable"	Same, but tobacco "has not been associated with an increased risk of RSV hospitalization on a consistent basis."
CHD	[No indication]	Children <12 months of age with hemodynamically significant CHD	Children <24 months of age with hemodynamically significant CHD
CLD	Children <24 months of age who "have required medical therapy...for CLD within 6 months before the start of the RSV season."
Dosing / Season	No discussion of this issue	Physicians should use local virology to determine season; during season infants should get first dose before discharge from hospital	National Nov-Mar season, recommend 5 doses. No mention of first dose before discharge from hospital

Ex-U.S. Strategy

- Business continues to see robust growth
- Work closely with Abbott International to expand global reach
- Future plans to expand MEDI presence as a global biologics business

Synagis[®] ROW Patient Segment Penetration



Segment	Total "G7" 06/07
33-35 Wk GA	~139,000
<33 Wk GA	~77,000
} 216k	
CHD & CLD	~41,000
2 nd season	~5,000

 Patient portion penetrated



Key Growth Drivers

RSV Franchise

- Continue to optimize our base business
- Further develop our value proposition for Synagis[®]
- Increased investment in data generation & display
 - Prove long-term consequences
 - Expand risk factors and COID guidelines
 - Provide for appropriate seasonality
 - Develop expanded populations
- Develop and execute payor strategy
- Maximize the ex-U.S. opportunity for growth
- Drive the future pipeline and innovation in RSV

RSV Franchise Strategy

Franchise
Growth

Optimize

- Drive efficiencies in Synagis® business
- Launch motavizumab and reset “efficacy bar”
- Invest in research to support franchise expansion
 - **Maintain** base business
 - **Expand** COID risk factors
 - **Expand** into new infant populations

Advance

- Expand high-risk prophylaxis in infants via link to LTC
- Advance the science through 1st to market treatments for RSV
 - Motavizumab
 - Small molecules
- Launch motavizumab ex-U.S.

Expand

- Invest in international expansion
- Launch mass-market prophylaxis / vaccine in infants
 - YTE and/or vaccine
 - Continue prophylaxis in high-risk infants as appropriate
- Pipeline: combination therapies and other infectious diseases

Infants
protected

163k → 216k on Px

216k → 355k on Px
0 → 125k on Tx

355k → 4.2m on Px / Vx
125k → 80k on Tx

Time



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Vaccine Franchise



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Leadership Will Be Built and Maintained

- Continued vaccine development
 - Human metapneumovirus, Epstein Barr virus, Streptococcus pneumoniae and respiratory syncytial virus/parainfluenza virus (RSV/PIV-3) targets
- NIH pandemic CRADA
 - Preparing library of prototype pandemic LAIV strains (H2, H4-H16)
- Cell culture development
 - Seasonal and pandemic influenza vaccines
- LAIV technology as platform for FluMist[®]
- HPV technology now commercialized
 - Merck (Gardasil[®]) and GSK (Cervarix[™])

FluMist®

Platform for Commercial Entry Into Vaccines

First Nasal Mist Flu Vaccine in the U.S.



FluMist[®]

- First advance in flu vaccines in 60+ years
 - Highly effective, needle free seasonal flu vaccine
 - For healthy people 2-49 years of age
- Proven efficacy against matched and mismatched strains
- Multiple studies versus “the shot” have demonstrated superior efficacy
 - CP111: 52.5% and 54.2% better efficacy against matched and mismatched strains
- Value in pandemic preparedness

FluMist[®]

- Improved product profile for the 2007/2008 season
 - Expanded indication down to 2 years of age
 - New refrigerated formulation
 - 50% volume reduction
- Favorable reimbursement coverage
- October 2007: ACIP recommends FluMist[®] for use in children down to 2 years of age, including VFC

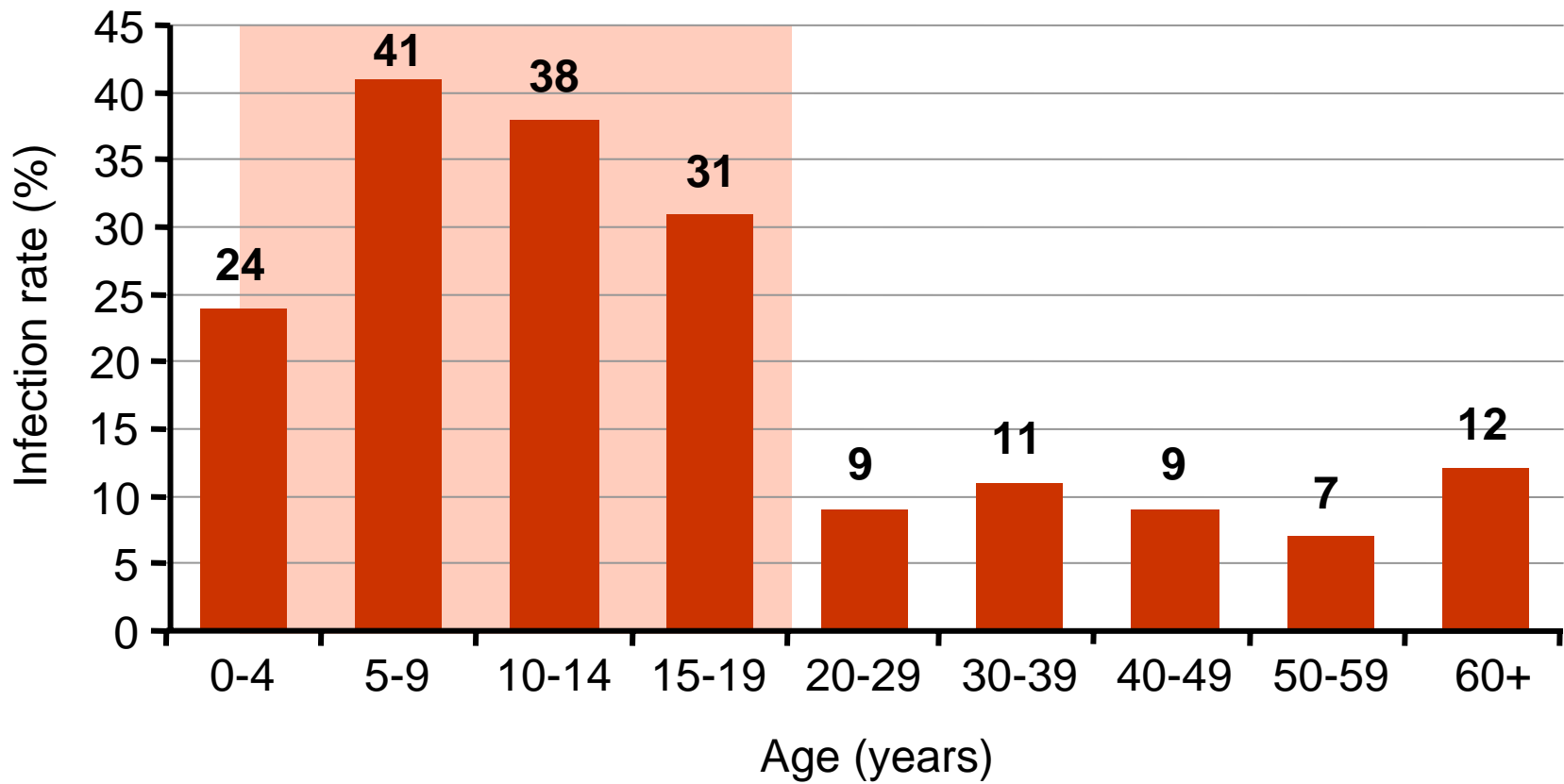
Vaccine-Preventable Disease/Deaths U.S.

Influenza is Leading Vaccine-Preventable Disease for Mortality

Diseases	Annual Cases (Year)	Annual Deaths (Year)
Influenza	31,000,000	36,000/year ('90 - '99)
Pneumococcal disease, invasive (bacteremia & meningitis)	40,000 ('02)	5,500 ('02)
HPV (cervical cancer)	10,520 ('04)	3,900 ('04)
Hepatitis B	6,741 ('04)	685 ('03)
Meningococcal disease	2,500/year ('70-'04)	125 ('04)
Hepatitis A	20,000 ('04)	54 ('03)
Varicella	20,948 ('03)	16 ('03)
Pertussis	25,827('04)	11 ('03)

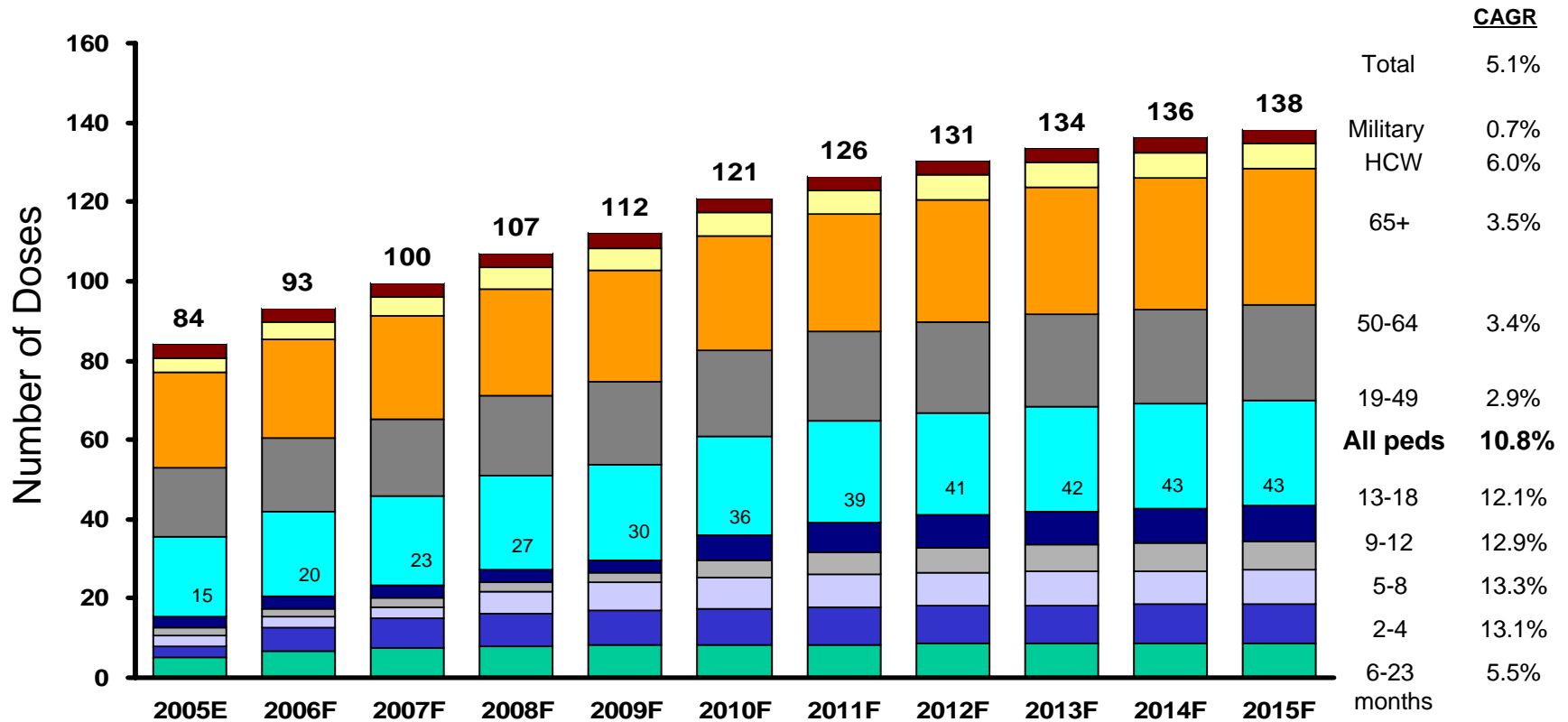
Influenza Infection Rates

Children have the highest infection rates and are most likely to spread the disease to others



Influenza Market Projections

Market growth for 18 and under segment will outpace overall market



Note: 2-4 age group recommended in 2006, 5-8 in 2008, universal peds recommendation in 2010

Source: Dept of Health and Human Services, FluMist® LROP, CDC, L.E.K. analysis

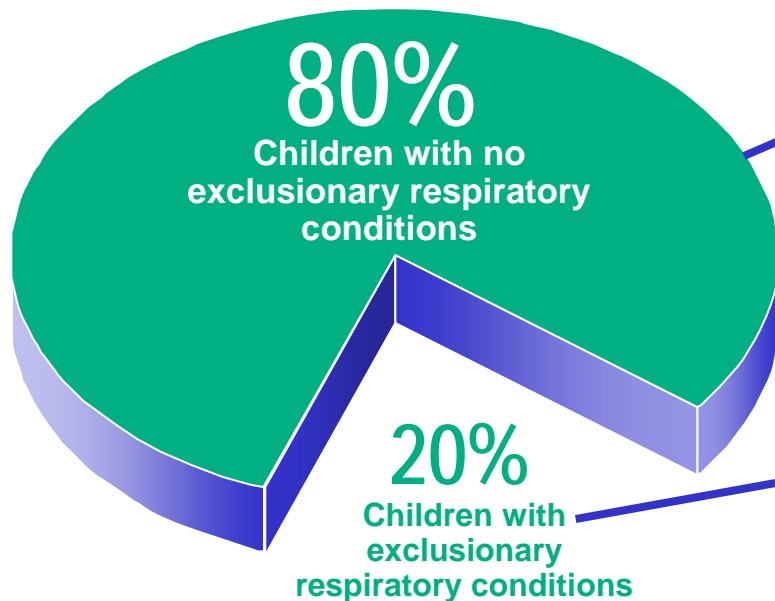


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FluMist[®] Coverage

Can be used for the majority of children aged ≥ 2 Years

Children aged 2 – 17 years



Approx 80% of children aged 2-17 years - more than 50M children - do not have exclusionary respiratory conditions and may therefore be candidates for FluMist **if no other preexisting conditions prevent use**

Exclusionary respiratory conditions include:

- Children aged 2-17 years with asthma
- Children aged 24-59 months with recurrent wheezing

Expansion of Commercial Vaccine Business

- Global commercialization of FluMist[®]
- Continued improvement of FluMist label/profile
 - Currently excluded populations/additional B strain
- Continued business progression and pipeline developments

Vaccines Summary

- Large worldwide influenza market
- Newly differentiated superior product profile
- Significant growth in pediatric segment
- Strong launch plan and selling resources
- Pandemic possibility leverages product and company strengths
- Opportunity to expand focus on adults and ex-U.S. markets
- Future vaccine candidates represent expansion of commercial opportunity

An Exciting Future!

- We have the ability to make a meaningful difference in patient health
 - Foster a broad spectrum of high-quality science
 - Biologics
 - Vaccines
 - Continued innovation
 - Commercial execution excellence
 - Expanding our global reach