



NEW ENGLAND JOURNAL OF MEDICINE PUBLISHES COMPREHENSIVE DATA ON GARDASIL™

Studies show significant and sustained protection

MONTREAL (Quebec) – May 10, 2007 – Two landmark studies of more than 15,000 women in 16 countries show that the HPV vaccine Gardasil™ [Quadrivalent Human Papillomavirus (Types 6, 11, 16, 18) Recombinant Vaccine] provided 98 to 100 per cent protection against cervical, vaginal and vulvar disease caused by the four vaccine HPV types among women who were not already infected with any of these four strains. The data also show that the vaccine reduced the number of cervical, vaginal and vulvar lesions in women who may already have been infected with HPV. These phase 3 data, published for the first time today in The New England Journal of Medicine, are the most comprehensive available for a vaccine against HPV.

“These studies show Canadian doctors two important things: that Gardasil™ remains very effective after three years of follow-up and that women infected with 1 or more HPV types covered in the vaccine can be protected from the other HPV types to which they were not exposed. It is also worth noting that in many of these infected women multiple cases of HPV disease were found,” said Dr. Marc Steben, a Canadian clinical study investigator and an author of this new publication. “These results demonstrate that widespread immunization of adolescent and young adult females with Gardasil™, along with continued screening, will help decrease the prevalence of HPV-related diseases.”

Gardasil™ was approved by Health Canada in July 2006. The vaccine is indicated for females between nine and 26 years of age for the prevention of cervical cancer, vulvar cancer, vaginal cancer, precancerous lesions at these sites and genital warts caused by HPV 6, 11, 16 and 18. These four HPV types cause the most disease, including most cases of cervical cancer and genital warts. HPV types 16 and 18 account for 70 per cent of cervical cancer cases and types 6 and 11 cause about 90 per cent of cases of genital warts, and all four types cause a large number of "abnormal" Pap test results and low-grade cervical lesions.

In January 2007, the National Advisory Committee on Immunization (NACI) recommended that all Canadian girls and women aged 9 to 26 should be routinely vaccinated. Because of the importance of preventing HPV diseases, the federal government recently made available \$300 million to the provinces and territories to support the launch of HPV vaccination programs.

Conclusive results for women not already infected with vaccine HPV types

The primary analyses of these clinical trials, FUTURE I and FUTURE II, evaluated the efficacy of Gardasil™ compared to placebo in women aged 15 to 26 who were negative to HPV types 6, 11, 16 and 18 when they started the study and remained free of infection to these four HPV types through month 7.

Phase III data on GARDASIL™ published for first time / 2

FUTURE I evaluated the incidence of cervical lesions and pre-cancers, vulvar and vaginal lesions and pre-cancers as well as external genital warts caused by HPV 6-, 11-, 16- or 18. FUTURE II evaluated the prevention of cervical pre-cancers and non-invasive cancers caused by the high-risk types, HPV 16 and 18.

In FUTURE I, after more than three years of active follow-up, the vaccine provided 100 per cent protection from HPV 6-, 11-, 16- or 18-related vulvar and vaginal pre-cancers as well as genital warts. GARDASIL™ was also 100 per cent effective at preventing HPV 6-, 11-, 16-, or 18-related cervical pre-cancers.

In FUTURE II, after more than three years of active follow-up, the vaccine was 98 per cent effective in preventing high-grade cervical pre-cancers associated with HPV types 16 and 18. One case of a cervical pre-cancer (CIN 3) was observed in the vaccine group, which involved a woman who had an HPV 52 infection when she entered the study and at five follow-up visits. An HPV 16 infection was detected at one of these follow-up visits.

Fewer lesions in women who may already have been infected with HPV

The studies also assessed the efficacy of the vaccine in the general population of women, including those infected with HPV and who may have had HPV-related disease before the trials began. Gardasil is a prophylactic vaccine and does not alter the course of pre-existing infections. In FUTURE I, vaccination with Gardasil™ reduced the incidence of cervical lesions in this group by 20 per cent and the rate of vaginal or vulvar lesions by 34 per cent. In FUTURE II, vaccination reduced the rate of moderate to severe cervical pre-cancers (CIN 2/3) in this non HPV naïve group by 17 per cent.

In both studies, the majority of lesions occurred among women already infected with HPV and these lesions were generally observed in the early period of follow-up. However, as time from vaccination increased, the impact of the vaccine became more apparent. Over time, lesions caused by new HPV 6, 11, 16 or 18 infections were observed in the placebo group but not in the vaccine group. This indicates that widespread vaccination of adolescent girls and young women should reduce the incidence and burden of cervical and anogenital disease associated with HPV types 6, 11, 16 and 18.

In addition to sustained efficacy seen in these studies, data from a subset of Phase 2 studies show protection through five years of evaluation.¹ In this Phase 2 study, an antigen challenge resulted in a strong immune response, indicating the presence of strong, long-lived immune memory, the hallmark of long lasting vaccines.

About Merck Frosst

At Merck Frosst, patients come first. Merck Frosst Canada Ltd. is a research-driven pharmaceutical company. Merck Frosst discovers, develops and markets a broad range of innovative medicines to improve human health. Merck Frosst is one of the top 20 R&D investors in Canada, with an investment of \$117 million in 2005. The Company is committed to fostering partnerships to deliver the most valuable health outcomes for Canadian patients. More information about Merck Frosst is available at <http://www.merckfrosst.com>.

Forward-Looking Statement

This press release contains "forward-looking statements" as that term is defined in the Private Securities Litigation Reform Act of 1995. These statements are based on management's current expectations and involve risks and uncertainties, which may cause results to differ materially from those set forth in the statements. The forward-looking statements may include statements regarding product development, product potential or financial performance. No forward-looking statement can be guaranteed, and actual results may differ materially from those projected. Merck undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events, or otherwise. Forward-looking statements in this press release should be evaluated together with the many uncertainties that affect Merck's business, particularly those mentioned in the cautionary statements in Item 1 of Merck's Form 10-K for the year ended Dec. 31, 2005, and in its periodic reports on Form 10-Q and Form 8-K, which the Company incorporates by reference.

- 30 -

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¹ Villa, LL. Efficacy of a Prophylactic Quadrivalent Human Papillomavirus (HPV) Types 6/11/16/18 L1 Virus-Like Particle (VLP) Vaccine Through Up to 5 Years of Follow-Up. British Journal of Cancer (2006)1-8.