



Following are answers to some of the common questions most asked by journalists. For more information about our work, please visit the pages on this site focused on our pipeline, products, mission and corporate initiatives.

**Q: Who is ViroPharma?**

A: ViroPharma Incorporated is a multinational biotechnology company committed to developing and commercializing innovative products that address unmet medical needs. Our current focus is to develop these products for physician dealing with patients suffering from serious diseases, including *C. difficile*, hereditary angioedema (HAE) and cytomegalovirus.

**Q: What products are in ViroPharma's pipeline?**

A: Today, our current focus is to develop these important, new products for physician specialists working with serious diseases. These areas of focus are anchored by work in hereditary angioedema, *C. difficile*, a dangerous healthcare associated disease, and maribavir, an antiviral medication targeting transplant related CMV disease.

**Q: What is hereditary angioedema, or HAE?**

A: Hereditary Angioedema, or HAE, is a rare and potentially life threatening genetic condition that occurs in at least 6,000 people. Symptoms of HAE include episodes of inflammation in almost any body part including the hands, feet, face, and airway. This inflammation can be disfiguring, debilitating and in the case of laryngeal (airway/windpipe) attacks, life-threatening. The cause of HAE is directly linked to C1 esterase inhibitor (C1-INH), a naturally occurring protease inhibitor that mediates inflammation. Most people make normal levels of C1 INH, throughout their lives, and therefore will never experience HAE. However, when a patient depletes his or her C1-INH, either because of decreased production or production of functionally impaired inhibitor, the patient may suffer the dangerous manifestations of the disease. HAE may be passed on to children of people with HAE. Because it is an autosomal dominant disease, patients with HAE generally inherit one normal gene and one abnormal gene. Thus, children of HAE patients have a 50% chance of inheriting the disease from their parents. In addition, 20% to 25% of all HAE cases are as a result of spontaneous mutations in persons with no family history of the disease.

Symptoms of an attack generally show as an inflammation, or swelling, in one or more body systems. The most common sites of an attack include the skin or arms/legs, which can be functionally disabling, gastrointestinal system, or respiratory tracts. More severe forms of HAE include windpipe and upper airway inflammation. Such attacks are very dangerous; patients often must undergo tracheotomy (surgery to insert a breathing tube into the windpipe) and intubation (the placement of a breathing tube into the windpipe via the mouth), and death may occur in as little as 20 minutes, and in such attacks, 40% of patients die if left untreated. Unfortunately, patients with no previous history of laryngeal attacks are still at risk for asphyxiation as there is no correlation between historical and future attacks.

You can find out more about HAE by visiting our clinical pipeline page, or our patient-specific web pages.

**Q: What is *Clostridium difficile* associated disease?**

A: *Clostridium difficile* is a bacterium not usually found in the intestinal tract but which, under the right circumstances such as after or during antibiotic therapy, can colonize and overgrow in the lower gastrointestinal tract. Following colonization of the colon, some *C. difficile* produce toxins – complicated poisons created by certain organisms - which cause inflammation of the colon and diarrhea. In some cases, severe disease may arise, leading to manifestations including sepsis, toxic megacolon and potentially death. *C. difficile* infection has become one of the most common infections acquired in hospitals or nursing homes. According to the U.S. Centers for Disease Control and Prevention, there are approximately 3,000,000 cases of antibiotic associated diarrhea (AAD) per year, of which 15 to 25 percent are caused by *C. difficile*.

You can find out more about *C. difficile* by visiting our clinical pipeline page, or our patient-specific web pages.

**Q: What products do you commercialize?**

A: ViroPharma currently commercializes Vancocin, an oral antibiotic targeting a deadly and potentially life threatening nosocomial gastrointestinal infection caused by a bacterium called *Clostridium difficile*. We also commercialize Cinryze™ C1 Inhibitor (human), a product indicated for routine prophylaxis against angioedema attacks in adolescent and adult patients with Hereditary Angioedema (HAE)

**Q: How large is ViroPharma?**

A: ViroPharma has approximately 170 employees in the United States and Europe, as of October 2008.

**Q: Are logos and photos of ViroPharma management and ViroPharma's products available?**

A: Photos and logos of ViroPharma and our products are available through our website. Please see the press kit section of our media page.

**Q: Where is ViroPharma headquarters?**

A: ViroPharma's headquarters are at 397 Eagleview Blvd., Exton PA, 19341. Telephone: 610-458-7300 Fax: 610-458-7380

**Q: I'm working on a story about ViroPharma and would like to arrange an interview with a ViroPharma spokesperson. How do I go about that?**

A: Please contact the corporate communications team: Kristina Broadbelt at 610-321-2358 or Will Roberts at 610-321-6288

**Q: Where is ViroPharma incorporated?**

A: ViroPharma is incorporated in the State of Delaware.

**Q: When was ViroPharma founded? When did it go public?**

A: ViroPharma was founded in 1994, and went public in 1996.