

DATA SHEET

Influvac[®]

NAME OF THE MEDICINE

Influvac inactivated influenza vaccine (surface antigen)

DESCRIPTION

Influvac is a clear colourless suspension for injection. It is an egg-grown, inactivated influenza virus vaccine based on isolated surface antigens of A and B strains of myxovirus influenza. The type and amount of viral antigens in Influvac conform to the requirements of the Australian Influenza Vaccine Committee (AIVC) and the New Zealand Ministry of Health for the winter of 2010. The strains chosen for vaccine manufacture are endorsed by the AIVC as being antigenically equivalent to the reference virus.

This is a purified, inactivated influenza vaccine (surface antigen), each 0.5 mL of which contains antigens representative of the following type:

A/California/7/2009 NYMC X-179A (A/California/7/2009 (H₁N₁)-like) 15 µg haemagglutinin/dose

A/Wisconsin/15/2009 NYMC X-183 (A/Perth/16/2009 (H₃N₂)-like) 15 µg haemagglutinin/dose

B/Brisbane/60/2008 (B/Brisbane/60/2008-like) 15 µg haemagglutinin/dose

Inactive:

Potassium chloride, potassium phosphate monobasic, sodium phosphate-dibasic dihydrate, sodium chloride, calcium chloride, magnesium chloride and water for injections.

PHARMACOLOGY

The vaccine stimulates production of antibodies with a specific capacity against influenza. Protection is only against those strains of the virus from which the vaccine is prepared or closely related strains.

Seroprotection is obtained within 2-3 weeks. The duration of post-vaccination immunity varies, between 6-12 months.

INDICATIONS

For the prevention of influenza caused by influenza virus, types A and B.

For full details regarding recommendations for influenza vaccination, please refer to the relevant National Immunisation Guideline.

CONTRAINDICATIONS

Hypersensitivity to the active substances, to any of the excipients and to residues of eggs, chicken protein, formaldehyde, cetrimonium bromide, polysorbate 80, or gentamicin.

Immunisation should be postponed in patients with an acute febrile illness.

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The presence of a minor illness with or without fever should not contraindicate the use of Influvac.

PRECAUTIONS

As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of a rare anaphylactic event following the administration of the vaccine.

Influvac should not be administered intravascularly.

Influvac should be administered subcutaneously to subjects with thrombocytopenia or a bleeding disorder, since bleeding may occur following an intramuscular injection.

Patients with impaired immune responsiveness, whether due to the use of immunosuppressive therapy, a genetic defect, human immunodeficiency virus (HIV) infection, or other causes, may have a reduced antibody response in active immunisation procedures.

Patients with a history of Guillain-Barre syndrome (GBS) with an onset related in time to influenza vaccination may be at increased risk of again developing GBS if given influenza vaccine. While this risk should be weighed against the benefits to the individual patient of influenza vaccination, it would seem prudent to avoid subsequent influenza vaccination in this group. Because patients with a history of GBS have an increased likelihood of again developing the syndrome, the chance of them coincidentally developing the syndrome following influenza vaccination may be higher than in individuals with no history of GBS.

Interactions

Influenza vaccine can impair the metabolism of warfarin, theophylline, phenytoin, phenobarbitone and carbamazepine by the hepatic P450 system. Results from studies have been variable in degree of interaction and time after vaccination for the interaction to take effect. The interaction may be idiosyncratic. Patients taking warfarin, theophylline, phenytoin, phenobarbitone, or carbamazepine should be advised of the possibility of an interaction and told to look out for signs of elevated levels of medication.

Influvac should not be mixed with other vaccines in the same syringe.

Effects on laboratory tests

Following influenza vaccination, false positive results in serology tests using the ELISA method to detect antibodies against HIV1, Hepatitis C and especially HTLV1 have been observed. The Western Blot technique disproves the results. The transient false positive reactions could be due to the IgM response by the vaccine.

Carcinogenesis, mutagenesis, impairment of fertility

Animal studies have not been conducted and therefore the effects of vaccination are unknown.

Use in pregnancy

Category B2.

No relevant animal data is available. There is no convincing evidence of risk to the foetus from immunisation of pregnant women using inactivated virus vaccines, bacterial vaccines, or toxoids. In pregnant high risk patients the possible risks of clinical influenza infection should be weighed against the possible risks of vaccination.

There is evidence from a number of studies that pregnant women, particularly during the second and third trimester, are at increased risk of influenza associated complications. It is therefore recommended that all women who will be in the second or third trimester of pregnancy during the influenza season be vaccinated in advance, so they are protected during that season.

Use in lactation

No relevant animal data is available. There are no known contraindications to the use of Influvac by lactating women.

ADVERSE EFFECTS

In clinical studies Influvac was administered to 1101 subjects. No serious adverse reactions attributable to vaccine administration were reported. Local and general symptoms were recorded for a period of 3 days following vaccination and reactions usually disappeared within 1-2 days without treatment.

During clinical studies, local and general signs and symptoms reported by the vaccinee were recorded.

The events are categorised by frequency according to the following definitions:

Very common: (frequency ≥ 10 %)

Common (frequency ≥ 1 and < 10 %)

Uncommon (frequency $\geq 0.1\%$ and < 1 %)

Rare (frequency $\geq 0.01\%$ and < 0.1 %)

Very rare (frequency < 0.01 %)

Local reactions. Very common: redness, swelling, pain.
Common: ecchymosis, induration.

Body as a whole. Very common: headache.
Common: fever, malaise.
Uncommon: shivering, fatigue, sweating, myalgia, arthralgia.
Very rare: neuralgia, paraesthesia, convulsions, transient thrombocytopenia, allergic reactions (such as angioedema) leading to shock.

As with most biological products very rare post-vaccination neurological disorders such as encephalomyelitis, neuritis and Guillain-Barre syndrome (GBS) have been reported. Guillain-Barre syndrome (GBS) has been very rarely reported in temporal association with administration of influenza vaccines. In the 1976 swine influenza vaccination program, the US Public Health Advisory Committee on Immunization Procedures (ACIP) found that GBS occurred at an incidence of approximately 1 in 100,000 after immunisation and that the death rate in this 'series' was approximately 1 in 2,000,000. Such an excess incidence of GBS was not demonstrated in subsequent years when recipients of the 1978 or 1979 vaccines were studied. However, in 1998, ACIP reported that a study of the 1992-93 and 1993-94 seasons found an elevation in the overall relative risk for GBS which represents an excess of an estimated one to two cases of GBS per million persons vaccinated.

Post-marketing Experience

Adverse reactions reported from post marketing surveillance are, next to the reactions which have also been observed during the clinical trials, the following:

Blood and lymphatic system disorders:

Transient thrombocytopenia, transient lymphadenopathy

Immune system disorders:

Allergic reactions, in rare cases leading to shock, angioedema

Nervous system disorders:

Neuralgia, paraesthesia, febrile convulsions, neurological disorders, such as encephalomyelitis, neuritis and Guillain Barre syndrome.

Vascular disorders:

Vasculitis associated in very rare cases with transient renal involvement.

Skin and subcutaneous tissue disorders:

Generalised skin reactions including pruritus, urticaria or non-specific rash.

DOSAGE AND ADMINISTRATION

One dose is sufficient for persons previously exposed to viruses of similar antigenic composition to the strain(s) present in the vaccine. In those with some impairment of immune mechanisms, two doses separated by an interval of at least four weeks are recommended.

Adults and children 3 years of age and older: 0.5 mL

Children from 6 months up to 35 months of age: Clinical data are limited.

A 0.25 mL dose is recommended.

For children who have not previously been vaccinated, a second dose may be given after an interval of at least four weeks.

Administration

Influvac should be administered by intramuscular or deep subcutaneous injection. Influvac should not be administered intravenously.

Influvac should not be mixed with other injection fluids.

Data on the administration of Influvac with other vaccines is not available.

For administration of a 0.25 mL dose from a syringe, push the front side of the plunger exactly to the edge of the hub (the knurled polypropylene ring); a reproducible volume of vaccine remains in the syringe suitable for administration.

The syringe is for use in a single patient on one occasion only. Remaining contents should be discarded.

Instructions for use/handling

Influvac should be allowed to reach room temperature and shaken well before use.

Vaccination schedule

Influvac should be administered before the beginning of the influenza season or as required by the epidemiological situation. Vaccination should be repeated every year with an age appropriate dose of vaccine of updated antigen composition.

OVERDOSAGE

Given the nature of the product and mode of administration the probability of overdosage is negligible.

PRESENTATION AND STORAGE CONDITIONS

Single-dose 0.5 mL pre-filled glass syringe, 1's and 10's (AUST R: 81465)

Store between 2 and 8 degrees Celsius. Refrigerate, Do not freeze. Protect from light.

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