TRIVALENT INFLUENZA VACCINE (SURFACE ANTIGEN, INACTIVATED)

0.5 ml Suspension for Injection (I.M. or S.C.) \mathbb{K}



QUALITATIVE AND QUANTITATIVE COMPOSITION

Influenza virus surface antigens (inactivated) (hemagglutinin and neuraminidase) of the following

- A/Victoria/4897/2022 (H1N1)pdm09-like strain (A/Victoria/4897/2022, IVR-238) A/Croatia/10136RV/2023 (H3N2)-like strain (A/Croatia/10136RV/2023, X-425A)
- B/Austria/1359417/2021-like strain (B/Austria/1359417/2021, BVR-26)

15 micrograms HA **

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15 micrograms HA ** Per 0.5 mL dose.

propagated in fertilized hens' eggs from healthy chicken flocks hemagglutinin.

This vaccine complies with the World Health Organization (WHO) recommendation (southern hemisphere) and competent authority decision for the 2025 season.

For a full list of excipients see section List of excipients. Trivalent Influenza Vaccine (Surface Antigen, Inactivated) (Influvac®) may contain traces of eggs (such as ovalbumin, chicken proteins), formaldehyde, cetyltrimethylammonium bromide, polysorbate 80 or gentamicin, which are used during the manufacturing process (see section Contraindications).

PHARMACEUTICAL FORM

Suspension for injection (IM/SC) in prefilled syringe; a colorless clear liquid, filled in single-dose syringes.

CLINICAL PARTICULARS Therapeutic indications

Prophylaxis of influenza; especially those who run an increased risk of associated complications. Trivalent Influenza Vaccine (Surface Antigen, Inactivated) (Influvac®) is indicated in adults and children from 6 months of age.

The use of Trivalent Influenza Vaccine (Surface Antigen, Inactivated) (Influvac $^{\circ}$) should be based on official recommendations.

Vaccination is particularly recommended for the following categories of patients, depending on national immunization policies:

- Persons aged ≥ 65 years, regardless their health condition.
 Adults and children with chronic disorders of the pulmonary or cardiovascular systems, including asthma. Adults and children with chronic metabolic diseases such as diabetes mellitus.

- Adults and children with chronic renal dysfunction.

 Adults and children with immunodeficiencies due to disease or immunosuppressant
- medication (e.g., cytostatics or corticosteroids) or radiotherapy.

 Children and teenagers (6 months 18 years) who receive long-term acetylsalicylic acid containing medication, and might therefore be at risk for developing Reye's syndrome following an influenza infection.

Posology and method of administration

Posology Adults: 0.5 mL.

Pediatric population
Children from 36 months onwards: 0.5 mL.
Children from 6 months to 35 months: Clinical data are limited. Dosages of 0.25 mL or 0.5 mL may be given, for detailed instructions on administering a 0.25 mL or 0.5 mL dose, see section
Special precautions for disposal and other handling. The dose given should be in accordance with existing national recommendations.

with existing national recommendations. For children, who have not previously been vaccinated, a second dose should be given after an interval of at least 4 weeks.

Children less than 6 months: the safety and efficacy of Trivalent Influenza Vaccine (Surface Antigen, Inactivated) (Influvac®) in children less than 6 months have not been established. No data are available.

Method of Administration

Method of Administration
Immunization should be carried out by intramuscular or deep subcutaneous injection.
Precautions to be taken before handling or administrating the medicinal product:
For instructions for preparation of the medicinal product before administration, see section
Special precautions for disposal and other handling.

Contraindications
Hypersensitivity to the active substances, to any of the excipients listed in section List of excipients or to any component that may be present as traces such as eggs (ovalbumin, chicken proteins), formaldehyde, cetyltrimethylammonium bromide, polysorbate 80 or gentamicin. Immunization shall be postponed in patients/children with febrile illness or acute infection.

Special warnings and precautions for use
As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of an anaphylactic event following the administration of the vaccine. Trivalent influenza Vaccine (Surface Antigen, Inactivated) (Influvac®) should under no circumstances be administrated in traverse and the supervision of the vaccine.

be administered intravascularly.

As with other vaccines administered intramuscularly, Trivalent Influenza Vaccine (Surface Antigen, Inactivated) (Influvac®) should be given with caution to individuals with thrombocytopenia or any coagulation disorder since bleeding may occur following an intramuscular administration to these subjects.

to these subjects. Anxiety-related reactions, including vasovagal reactions (syncope), hyperventilation or stress-related reactions can occur following, or even before, any vaccination as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paresthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints.

Trivalent Influenza Vaccine (Surface Antigen, Inactivated) (Influvac®) is not effective against all possible strains of influenza virus. Trivalent Influenza Vaccine (Surface Antigen, Inactivated) (Influvac®) is intended to provide protection against those strains of virus from which the vaccine is prepared and to closely related strains.

As with any vaccine, a protective immune response may not be elicited in all vaccinees. Antibody response in patients/children with endogenous or iatrogenic immunosuppression may be insufficient.

may be insufficient.
Interference with serological testing: see section Interaction with other medicinal products

and other forms of interaction.

This medicine contains less than 1 mmol sodium (23 mg) per dose, i.e. essentially 'sodium-free'. This medicine contains potassium, less than 1 mmol (39 mg) per dose, i.e. essentially "potassiumfree".

Interaction with other medicinal products and other forms of interaction

Trivalent Influenza Vaccine (Surface Antigen, Inactivated) (Influvac®) may be given at the same time as other vaccines. Immunization should be carried out on separate limbs. It should be noted that the adverse reactions may be intensified.

The immunological response may be diminished if the patient/child is undergoing immunosuppressant

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

Fertility, pregnancy and lactation

Pregnancy

Inactivated influenza vaccines can be used in all stages of pregnancy. Larger datasets on safety are available for the second and third trimester, compared with the first trimester; however, data from worldwide use of influenza vaccine do not indicate any adverse fetal and maternal outcomes attributable to the vaccine.

Breastfeeding
Trivalent Influenza Vaccine (Surface Antigen, Inactivated) (Influvac®) may be used during breastfeeding.

Fertility No fertility data are available

Effects on ability to drive and use machines

Trivalent Influenza Vaccine (Surface Antigen, Inactivated) (Influvac®) has no or negligible influence on the ability to drive and use machines.

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Undesirable effects

 Summary of safety profile
 The most frequently reported adverse drug reactions following use of Trivalent Influenza Vaccine (Surface Antigen, Inactivated) (Influvac®) are local and/or systemic reactions such as injection site pain or fatigue and headache. Most of these adverse reactions are of mild to moderate intensity. These reactions usually disappear within 1-2 days without treatment. In rare cases, allergic reactions may evolve to shock, angioedema (see section **Special warnings and precautions for use**).

b. Tabulated summary of adverse reactions
The following undesirable effects have been observed during clinical trials or are resulting from post-marketing experience with the following frequencies: very common (≥ 1/10); common (≥ 1/100, <1/10); uncommon (≥ 1/1,000, <1/100); and not known (adverse reactions from post-marketing experience; cannot be estimated from the available data).

MedDRA System Organ Class	Very common ≥ 1/10	Common ≥ 1/100 to <1/10	Uncommon ≥ 1/1,000 to < 1/100	Not Known ^a (cannot be estimated from the available data)
Blood and lymphatic system				Transient thrombocytopenia, transient lymphadenopathy
Immune system disorders				Allergic reactions, in rare cases leading to shock, angioedema
Nervous system disorders		Headache ^b		Neuralgia, paresthesia, febrile convulsions, neurological disorders, such as encephalomyelitis, neuritis and Guillain Barré syndrome
Vascular disorders				Vasculitis associated in very rare cases with transient renal involvement
Skin and subcutaneous tissue disorders		Sweating ^b		Generalized skin reactions including pruritus, urticaria or non- specific rash
Musculoskeletal and connective tissue disorders		Myalgia, arthralgia ^b		
General disorders and administration site conditions		Fever, malaise, shivering, fatigue Local reactions: redness, swelling, pain, ecchymosis, induration ^b		

a. Because these reactions are reported voluntarily from a population of uncertain size, it is not possible to reliably estimate their frequency or establish a causal relationship to drug exposure

These reactions usually disappear within 1-2 days without treatment.

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorization of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions:

"For suspected adverse drug reaction, report to the FDA: www.fda.gov.ph". Seek medical attention immediately at the first sign of any adverse drug reaction.

Overdose

Overdosage is unlikely to have any untoward effect.

PHARMACOLOGICAL PROPERTIES

Pharmacodynamic properties
Pharmacotherapeutic group: Influenza vaccine, ATC Code: J07BB02.
Seroprotection is generally obtained within 2 to 3 weeks. The duration of postvaccinal immunity to homologous strains or to strains closely related to the vaccine strains varies but is usually 6-12 months.

Pharmacokinetic properties Not applicable.

Preclinical safety data

Not applicable.

PHARMACEUTICAL PARTICULARS

List of excipients

Potassium chloride, potassium dihydrogen phosphate, disodium phosphate dihydrate, sodium chloride, calcium chloride dihydrate, magnesium chloride hexahydrate and water for injections.

Incompatibilities

In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products.

Shelf life

Special precautions for storage Store at temperatures between 2-8°C. Do not freeze. Store in the original package in order to protect from light.

Nature and contents of container

0.5 mL in 1 mL Type I pre-filled glass syringe with grey bromobutyl rubber plunger with needle (Box of 1's and 10's).

Special precautions for disposal and other handling
The vaccine should be allowed to reach room temperature before use. Shake before use. Inspect visually prior to administration.

visually prior to administration.

For the administration of a 0.25 mL dose from a single dose 0.5 mL syringe, push the front side of the plunger exactly to the edge of the mark so that half of the volume is eliminated; a volume of 0.25 mL of the vaccine remains in the syringe, suitable for administration. See also section Posology and method of administration.

Any unused product or waste material should be disposed of in accordance with local requirements.

Foods, Drugs, Devices and Cosmetics Act prohibits dispensing without prescription.

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Manufactured by

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