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מאי 2019

רופא/ה, רוקח/ת נכבד/ה,

ברצוננו להודיעך על עדכון בעלון לרופא (עלון לצרכן במתכונת עלון לרופא) של התכשיר:

NIMENRIX

המרכיב הפעיל:

NEISSERIA MENINGITIDIS GROUP A POLYSACCHARIDE	5 MCG
NEISSERIA MENINGITIDIS GROUP C POLYSACCHARIDE	5 MCG
NEISSERIA MENINGITIDIS GROUP W - 135 POLYSACCHARIDE	5 MCG
NEISSERIA MENINGITIDIS GROUP Y POLYSACCHARIDE	5 MCG

Indicated for:
Nimenrix is indicated for active immunisation of individuals from the age of 12 months and above against invasive meningococcal diseases caused by Neisseria meningitidis group A, C, W-135 and Y.

להלן העדכונים העיקריים בעלון לרופא:

4.4 Special warnings and precautions for use

Immunodeficiency

It may be expected that in patients receiving immunosuppressive treatment or patients with immunodeficiency, an adequate immune response may not be elicited.

Persons with familial complement deficiencies (for example, C5 or C3 deficiencies) and persons receiving treatments that inhibit terminal complement activation (for example, eculizumab) are at increased risk for invasive disease caused by Neisseria meningitidis groups A, C, W-135 and Y, even if they develop antibodies following vaccination with Nimenrix.

Effect of pre-vaccination *antibody to* tetanus *toxoid* The safety and immunogenicity of Nimenrix was evaluated when it was sequentially administered or co-administered with a vaccine containing, diphtheria and tetanus toxoids, acellular pertussis, inactivated polioviruses (1, 2 and 3), hepatitis B surface antigen and *Haemophilus influenzae* type b polyribosyl ribose phosphate conjugated to tetanus toxoid (DTaP-HBV-IPV/Hib) in the second year of life. The administration of Nimenrix one month after the DTaP-HBV-IPV/Hib vaccine resulted in lower rSBA GMTs against groups A, C and W-135 compared with co-administration (see section 4.5). The clinical relevance of this observation is unknown.

Immune responses in toddlers aged 12-14 months
Toddlers aged 12-14 months had similar rSBA responses to groups A, C, W-135 and Y at one month after one dose of Nimenrix or at one month after two doses of Nimenrix given two months apart.

A single dose was associated with lower human complement serum bactericidal assay (hSBA) titres to groups W-135 and Y compared with two doses given two months apart. Similar responses to groups A and C were observed after one or two doses (see section 5.1). The clinical relevance of the findings is unknown. If a toddler is expected to be at particular risk of invasive meningococcal disease due to exposure to groups W-135 and Y, consideration may be given to administering a second dose of Nimenrix after an interval of 2 months. Regarding waning of antibody against group A or group C after a first dose of Nimenrix in children aged 12-23 months, see under Persistence of serum bactericidal antibody titres.

Persistence of serum bactericidal antibody titres
Following administration of Nimenrix there is a waning of serum bactericidal antibody titres against group A when using human complement in the assay (hSBA) (see section 5.1).
The clinical relevance of the waning of hSBA antibody titres against group A is unknown. However, if an individual is expected to be at particular risk of exposure to group A and received a dose of Nimenrix more than approximately one year previously, consideration may be given to administering a booster dose.

Effect of Nimenrix on anti-tetanus antibody concentrations

Although an increase of the anti-tetanus toxoid (TT) antibody concentrations was observed following vaccination with Nimenrix, Nimenrix does not substitute for tetanus immunisation.

Giving Nimenrix with or one month before a TT-containing vaccine in the second year of life does not impair the response to TT or significantly affect safety. No data are available beyond the age of 2 years.

4.5 Interaction with other medicinal products and other forms of interaction

In the second year of life, Nimenrix can also be given concomitantly with combined diphtheria - tetanus - acellular pertussis (DTaP) vaccines, including combination DTaP vaccines with hepatitis B, inactivated poliovirus or *Haemophilus influenzae* type b(HBV, IPV or Hib), such as DTaP-HBV-IPV/Hib vaccine, and 13-valent pneumococcal conjugate vaccine.
In individuals aged 9 to 25 years, Nimenrix can be given concomitantly with human papillomavirus bivalent [Type 16 and 18] vaccine, recombinant (HPV2).

Whenever possible, Nimenrix and a TT containing vaccine, such as DTaP-HBV-IPV/Hib vaccine, should be co-administered or Nimenrix should be administered at least one month before the TT containing vaccine.

One month after co-administration with a 10-valent pneumococcal conjugate vaccine, lower Geometric Mean antibody Concentrations (GMCs) and opsonophagocytic assay (OPA) antibody GMTs were observed for one pneumococcal serotype (18C conjugated to tetanus toxoid carrier protein). The clinical relevance of this observation is unknown. There was no impact of co-administration on immune responses to the other nine pneumococcal serotypes.

One month after co-administration with a combined tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine, adsorbed (Tdap) in subjects aged 9 to 25 years, lower GMCs were observed to each pertussis antigen (pertussis toxoid [PT], filamentous haemagglutinin [FHA] and pertactin [PRN]). More than 98% of subjects had anti-PT, FHA or PRN concentrations above the assay cut-off thresholds. The clinical relevance of these observations is unknown. There was no impact of co-administration on immune responses to Nimenrix or the tetanus or diphtheria antigens included in Tdap.

4.8 Undesirable effects

Summary of the safety profile

The safety of Nimenrix presented in the table below is based on two clinical study datasets as follows:

- A pooled analysis of data from 9,621 subjects administered a single dose of Nimenrix. This total included 3,079 toddlers (12 months to 23 months), 909 children between 2 and 5 years of age, 990 children between 6 and 10 years of age, 2,317 adolescents (11 to 17 years) and 2,326 adults (18 to 55 years).
- In a separate study a single dose of Nimenrix was administered to 274 individuals aged 56 years and older.

Local and general adverse reactions

The local and general adverse reaction profile of a booster dose of Nimenrix given to subjects from 12 months through 30 years of age after primary vaccination with Nimenrix or other conjugated or plain polysaccharide meningococcal vaccines, was similar to the local and general adverse reaction profile observed after primary vaccination with Nimenrix, except for gastrointestinal symptoms (including diarrhoea, vomiting, and nausea), which were very common among subjects 6 years of age and older.

השינויים המודגשים ברקע צהוב מהווים החמרה. כמו כן, בוצעו שינויים נוספים הכוללים תוספת מידע, השמטת מידע ועדכוני נוסח שאינם מהווים החמרה.

העלון המעודכן נשלח למשרד הבריאות לצורך פרסומו במאגר התרופות שבאתר משרד הבריאות:
https://www.old.health.gov.il/units/pharmacy/trufot/index.asp?safa=h

לחילופין, לקבלת עלונים מלאים מודפסים ניתן לפנות לחברת פייזר פרמצבטיקה ישראל בע"מ
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