11/5/2020

TYPHIM Vi (Purified vi capsular polysaccharide of S.TYPHI 0.025 MG / 0.5 ml

טיפים תמיסה להזרקה \solution for injection

רופא/ה נכבד/ה ,רוקח/ת נכבד/ה,

חברת מדיצ'י מדיקל בע"מ מודיעה על עדכון העלון לרופא. בהודעה זו מצוינים סעיפים בהם נעשה שינוי מהותי או שינוי המהווה החמרה. עדכונים נוספים אשר אינם מהווים החמרה או שאינם מהותיים, אינם נכללים בהודעה זו (שינוי שהינו הוספה או שינוי ניסוח מסומן בכחול, מחיקה מסומנת ~~באדום~~ והחמרה מסומנת ברקע צהוב).

ההתוויה הרשומה לתכשיר בישראל:

Typhim Vi vaccine is indicated for active immunization against typhoid fever for persons two years of age or older.

עדכונים מהותיים נעשו בסעיפים הבאים בעלון לרופא:

[…]

4. Clinical particulars

[…]

4.3 Contraindications

~~Known hypersensitivity to one of the vaccine's components~~. Hypersensitivity to the active substance, to any of the excipients listed in section 6.1 or to any residual substances that may be present as traces such as formaldehyde or casein.
Vaccination must be postponed in case of febrile or acute disease.

4.4 Special warnings and precautions for use

~~Do not inject by the intravascular route: make sure the needle does not penetrate a blood vessel.~~
~~This vaccine protects against the risks of infection by Salmonella typhi but not against Salmonella paratyphi A or B.~~
~~This vaccine is not indicated in children under 2 years of age because of the risk of insufficient antibody response.~~
~~Vaccination should be postponed in case of fever, acute disease or progressive chronic disease.~~
This vaccine provides protection against the risk of infection related to Salmonella typhi but gives no protection against Salmonella paratyphi A or B or against non-typhoidal Salmonellae.
Prior to administration of TYPHIM Vi, the recipient or their guardian must be asked about the recipient's personal history, current health status and any adverse event after previous immunisations. In subjects who have a history of serious or severe reaction within 48 hours of a previous injection with a

vaccine containing similar components, the need for the vaccination must be carefully considered, following a risk-benefit assessment.
As with all vaccines, facilities for the management of anaphylaxis should always be available during vaccination. As a precautionary measure, epinephrine injection (1:1000) must be immediately available in case of unexpected anaphylactic or serious allergic reactions.
Syncope (fainting) can occur following, or even before, any vaccination especially in adolescents as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints.
As with all injectable vaccines, TYPHIM Vi must be administered with caution to subjects with thrombocytopenia or a bleeding disorder since bleeding may occur following intramuscular administration to these subjects.
As with any vaccine, vaccination with TYPHIM Vi may not result in protection in all vaccine recipients.
The immunogenicity of TYPHIM Vi may be reduced by immunosuppressive treatment or immunodeficiency. In such cases it is recommended to postpone vaccination until the end of the disease or treatment. Nevertheless, vaccination of subjects with chronic immunodeficiency such as HIV infection is recommended even if the antibody response might be limited.
In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded

4.5 Interaction with other medicinal products and other forms of interaction

~~This vaccine may be given together with other common vaccines (hepatitis A, yellow fever, diphtheria, tetanus, poliomyelitis, rabies, meningitis A + C and hepatitis B) during the same vaccination session.~~
Separate injection sites must be used in case of concomitant vaccine administration.
TYPHIM Vi may be administered during the same vaccination session with other common vaccines (yellow fever, diphtheria, tetanus, poliomyelitis, rabies prepared on Vero cells, meningitis A+C, hepatitis A and hepatitis B).

4.6 Pregnancy and lactation

Pregnancy
~~No relevant teratogenic data in animals are available.~~
~~Currently, no relevant clinical data are available to assess a potential teratogenic or foetotoxic risk of this vaccine when administered during pregnancy.~~
~~Because of the seriousness of the disease, and in case of high risk of exposure to typhoid fever, pregnancy is not a reason not to administer the vaccine.~~
Animal reproduction studies have not been conducted with TYPHIM Vi.
Data on the use of this vaccine in pregnant women are limited. Therefore the administration of the vaccine during pregnancy is not recommended. TYPHIM

Vi should be given to pregnant women only if clearly needed and following an assessment of the risks and benefits.

Lactation

~~This vaccine may be used during lactation.~~ It is not known whether this vaccine is excreted in human milk. Caution must be exercised when TYPHIM Vi is administered to a nursing mother

4.7 Effects on ability to drive and use machines

~~Not applicable~~ No studies on the effects on the ability to drive and use machines have been performed. Tiredness has been observed as a very rare reaction following administration of this vaccine (see section 4.8).

4.8 Undesirable effects

~~The effects reported after vaccination are usually moderate and of short duration.~~

~~Common: local injection site reactions (pain, oedema, redness).~~

~~Rare: general reactions: fever, asthenia, cephalalgia, malaise, arthralgia, myalgia, nausea, abdominal pain. Very rare: allergic reactions (pruritus, skin rash, urticaria).~~

~~Isolated cases of serum sickness and anaphylactoid reactions have been reported.~~

a. Summary of the safety profile

During clinical development, more than 15,000 people received TYPHIM Vi (first or second injection).

The most common adverse reactions, in all age groups, were injection site pain. In adults from 18 years of age, myalgia and fatigue were the most frequently reported systemic reactions. In children and adolescents (from 2 to 17 years of age), myalgia and headache were the most frequently reported systemic reactions.

Most adverse reactions appeared within 3 days after vaccination. Most reactions resolved spontaneously within 1 to 3 days after onset.

b. Tabulated list of adverse reactions

The adverse reactions come from clinical studies (pooled analysis) and worldwide post-marketing experience. The pooled analysis has been performed on 6 recent studies sharing the same safety standard integrating data from 1532 subjects (97 children and adolescents from 2 to 17 years of age and 1435 adults).

In each System Organ Class, the adverse reactions are ranked under headings of frequency, the most common reactions coming first, using the following convention:

Very common (≥1/10) Common (≥1/100 to <1/10)

Uncommon (≥1/1000 to <1/100) Rare (≥1/10 000 to <1/1000)

Very rare (<1/10 000) including isolated cases

Not known (cannot be estimated from the available data).

The table below summarizes the frequencies of the adverse reactions that were recorded after any dose of TYPHIM Vi in children and adolescents from 2 to 17 years of age and adults.

Adverse Reactions Experienced	Children and Adolescents 2-17 years	Adults ≥ 18 years
	Frequency	Frequency
Immune system disorders		
Anaphylactic, anaphylactoid reactions, including shock	Not known*	
Serum sickness disease	Not known*	
Nervous system disorders		
Vasovagal syncope in response to injection	Not known*	
Headache	Very common	Common
Respiratory, thoracic and mediastinal disorders		
Asthma	Not known*	
Gastrointestinal disorders		
Nausea	Not known*	
Vomiting	Not known*	
Diarrhoea	Not known*	
Abdominal pain	Not known*	
Skin and subcutaneous tissue disorders		
Allergic type reactions such as pruritus, rash, urticaria	Not known*	
Musculoskeletal and connective tissue disorders		
Arthralgia	Not known*	
Myalgia	Very common	Very common
General disorders and administration site condition		
Injection site pain	Very common	
Injection site erythema	Very common	Common
Injection site pruritus	-	Uncommon
Injection site swelling/oedema/ induration	Very common	Common
Malaise	Common	Very common
Fever	Common	-
Fatigue/asthenia	Common	Very common

* reported during postmarketing surveillance

The most frequently reported adverse reactions in children and adolescents (from 2 to17 years of age) were injection site reactions: pain (52.6%), swelling/oedema/ induration (16.5%) and erythema (14.4%). The most frequently reported systemic reactions were myalgia (14.6%) and headache (13.5%).

In adults from 18 years of age, the most frequently reported adverse reaction were injection site pain (75.6%), myalgia (47.1%) and fatigue/asthenia (25.0%).

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product.
Any suspected adverse events should be reported to the Ministry of Health (www.health.gov.il) according to the National Regulation by using an online form https://sideeffects.health.gov.il

[...]

5. Pharmacological properties
5.1 Pharmacodynamic properties

~~ANTI-TYPHOID VACCINE (ATC code: J07AP)~~
~~Vaccine prepared from purified Vi capsular polysaccharides of Salmonella typhi. Immunity appears about 15 days to 3 weeks after the injection. Protection lasts at least 3 years. Studies carried out in highly endemic areas have show, that after one vaccine injection, a seroprotection rate (for typhoid fever) of 77% in Nepal and 55% in South Africa. In industrialized countries, seroconversion is observed in more than 90% of subjects after a single injection.~~
Pharmacotherapeutic group: Typhoid vaccines, ATC code: J07AP03
This vaccine contains purified Vi capsular polysaccharide of *Salmonella typhi* (Ty 2 strain). Immunity appears within 1-3 weeks after injection and lasts around 3 years.
A double-blind, randomized, controlled efficacy clinical trial was conducted in a highly endemic area in Nepal, in both paediatric and adult populations. A total of 3,457 subjects received TYPHIM Vi. The level of protection conferred by a single dose of the vaccine was 74% against blood culture-confirmed cases of typhoid fever throughout the 20 months of active surveillance when compared with the control group.
Seroconversion rate (defined as 4-fold rise of anti-Vi antibody levels) was collected in 19 clinical trials. These trials were conducted in endemic and non-endemic areas in both paediatric and adult populations representing a total of 2,137 evaluable subjects. In adult population, seroconversion rate ranged from 62.5% to 100% four weeks after a single injection, with similar magnitude of anti-Vi immune response in non- endemic areas compared to endemic areas.
Anti-Vi antibody persistence depends on endemicity, with a trend for better persistence in endemic areas (documented up to 10 years in 83 children at levels equal or above serological correlate of protection of 1 µg/mL). In non-endemic areas, anti-Vi antibodies persist for 2 to 3 years. Revaccination should be carried out with an interval of not more than 3 years in subjects who remain at risk of exposure to typhoid fever.

Paediatric population
In a double-blind, randomized, controlled efficacy clinical trial conducted in a highly endemic area in South Africa, a total of 5,692 paediatric subjects from 5 to 15 years of age received TYPHIM Vi. The level of protection conferred by a single dose of the vaccine was 55% against blood culture- confirmed cases of typhoid fever during the 3-year follow-up period when compared with the control group.
Immunogenicity was assessed in both endemic and non-endemic areas in paediatric population aged from 2 to 17 years. In 9 clinical trials representing a total of 733 evaluable children four weeks after a single injection of TYPHIM Vi, seroconversion rate ranged from 67% to 100%, demonstrating similar magnitude of anti-Vi immune response to what was documented with adult participants

[…]

קיימים עדכונים נוספים . למידע נוסף יש לעיין בעלון לרופא המעודכן.

העלון לרופא נשלח לפרסום במאגר התרופות שבאתר משרד הבריאות:

https://data.health.gov.il/drugs/index.html#!/byDrug

וניתן לקבלו מודפס על ידי פניה לבעל הרישום מדיצ'י מדיקל בע"מ, רחוב המחשב 3 נתניה טלפון 09-7446170

בברכה,

האלה ביאדסה

רוקחת ממונה