

ANNEX I
SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Rotarix powder and solvent for **oral** suspension
Rotavirus vaccine, live

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

After reconstitution, 1 dose (1 ml) contains:

Human rotavirus RIX4414 strain (live, attenuated)* not less than $10^{6.0}$ CCID₅₀

*Produced on Vero cells

Excipients with known effect:

This product contains sucrose 9 mg and sorbitol 13.5 mg (see section 4.4).

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Powder and solvent for **oral** suspension.

The powder is white.

The solvent is a turbid liquid with a slow settling white deposit and a colourless supernatant.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Rotarix is indicated for the active immunisation of infants aged 6 to 24 weeks for prevention of gastroenteritis due to rotavirus infection (see sections 4.2, 4.4 and 5.1).

The use of Rotarix should be based on official recommendations.

4.2 Posology and method of administration

Posology

The vaccination course consists of two doses. The first dose may be administered from the age of 6 weeks. There should be an interval of at least 4 weeks between doses. The vaccination course should preferably be given before 16 weeks of age, but must be completed by the age of 24 weeks.

Rotarix may be given with the same posology to preterm infants born after at least 27 weeks of gestational age (see sections 4.8 and 5.1).

In clinical trials, spitting or regurgitation of the vaccine has rarely been observed and, under such circumstances, a replacement dose was not given. However, in the unlikely event that an infant spits out or regurgitates most of the vaccine dose, a single replacement dose may be given at the same vaccination visit.

It is recommended that infants who receive a first dose of Rotarix complete the 2-dose regimen with Rotarix. There are no data on safety, immunogenicity or efficacy when Rotarix is administered for the first dose and another rotavirus vaccine is administered for the second dose or vice versa.

Paediatric population

Rotarix should not be used in children over 24 weeks of age.

Method of administration

Rotarix is for **oral** use only.

Rotarix should under no circumstances be injected.

For instructions for the preparation or reconstitution of the medicinal product before administration, see section 6.6.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

Hypersensitivity after previous administration of rotavirus vaccines.

History of intussusception.

Subjects with uncorrected congenital malformation of the gastrointestinal tract that would predispose for intussusception.

Subjects with Severe Combined Immunodeficiency (SCID) disorder (see section 4.8).

Administration of Rotarix should be postponed in subjects suffering from acute severe febrile illness. The presence of a minor infection is not a contra-indication for immunisation.

The administration of Rotarix should be postponed in subjects suffering from diarrhoea or vomiting.

4.4 Special warnings and precautions for use

It is good clinical practice that vaccination should be preceded by a review of the medical history especially with regard to the contraindications and by a clinical examination.

There are no data on the safety and efficacy of Rotarix in infants with gastrointestinal illnesses or growth retardation. Administration of Rotarix may be considered with caution in such infants when, in the opinion of the physician, withholding the vaccine entails a greater risk.

As a precaution, healthcare professionals should follow-up on any symptoms indicative of intussusception (severe abdominal pain, persistent vomiting, bloody stools, abdominal bloating and/or high fever) since data from observational safety studies indicate an increased risk of intussusception, mostly within 7 days after rotavirus vaccination (see section 4.8). Parents/guardians should be advised to promptly report such symptoms to their healthcare provider.

For subjects with a predisposition for intussusception, see section 4.3.

Asymptomatic and mildly symptomatic HIV infections are not expected to affect the safety or efficacy of Rotarix. A clinical study in a limited number of asymptomatic or mildly symptomatic HIV positive infants showed no apparent safety problems (see section 4.8).

Administration of Rotarix to infants who have known or suspected immunodeficiency should be based on careful consideration of potential benefits and risks.

Excretion of the vaccine virus in the stools is known to occur after vaccination with peak excretion around the 7th day. Viral antigen particles detected by ELISA were found in 50% of stools after the first dose and 4% of stools after the second dose. When these stools were tested for the presence of

live vaccine strain, only 17% were positive.

Cases of transmission of this excreted vaccine virus to seronegative contacts of vaccinees have been observed without causing any clinical symptom.

Rotarix should be administered with caution to individuals with immunodeficient close contacts, such as individuals with malignancies, or who are otherwise immunocompromised or individuals receiving immunosuppressive therapy.

Contacts of recent vaccinees should observe personal hygiene (e.g. wash their hands after changing child's nappies).

The potential risk of apnoea and the need for respiratory monitoring for 48-72h should be considered when administering the primary immunisation series to very premature infants (born \leq 28 weeks of gestation) and particularly for those with a previous history of respiratory immaturity.

As the benefit of the vaccination is high in this group of infants, vaccination should not be withheld or delayed.

A protective immune response may not be elicited in all vaccinees (see section 5.1).

The extent of protection that Rotarix might provide against other rotavirus strains that have not been circulating in clinical trials is currently unknown. Clinical studies from which efficacy data were derived were conducted in Europe, Central and South America, Africa and Asia (see section 5.1).

Rotarix does not protect against gastro-enteritis due to other pathogens than rotavirus.

No data are available on the use of Rotarix for post-exposure prophylaxis.

Rotarix should under no circumstances be injected.

The vaccine contains sucrose and sorbitol as excipients. Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take this vaccine.

4.5 Interaction with other medicinal products and other forms of interaction

Rotarix can be given concomitantly with any of the following monovalent or combination vaccines [including hexavalent vaccines (DTPa-HBV-IPV/Hib)]: diphtheria-tetanus-whole cell pertussis vaccine (DTPw), diphtheria-tetanus-acellular pertussis vaccine (DTPa), *Haemophilus influenzae* type b vaccine (Hib), inactivated polio vaccine (IPV), hepatitis B vaccine (HBV), pneumococcal conjugate vaccine and meningococcal serogroup C conjugate vaccine. Clinical studies demonstrated that the immune responses and the safety profiles of the administered vaccines were unaffected.

Concomitant administration of Rotarix and oral polio vaccine (OPV) does not affect the immune response to the polio antigens. Although concomitant administration of OPV may slightly reduce the immune response to rotavirus vaccine, clinical protection against severe rotavirus gastro-enteritis was shown to be maintained in a clinical trial involving more than 4,200 subjects who received Rotarix concomitantly with OPV.

There are no restrictions on the infant's consumption of food or liquid, either before or after vaccination.

4.6 Fertility, pregnancy and lactation

Rotarix is not intended for use in adults. There are no data on the use of Rotarix during pregnancy and lactation.

Based on evidence generated in clinical trials, breast-feeding does not reduce the protection against rotavirus gastro-enteritis afforded by Rotarix. Therefore, breast-feeding may be continued during the vaccination schedule.

4.7 Effects on ability to drive and use machines

Not relevant.

4.8 Undesirable effects

Summary of the safety profile

The safety profile presented below is based on data from clinical trials conducted with either the lyophilised or the liquid formulation of Rotarix.

In a total of four clinical trials, approximately 3,800 doses of Rotarix liquid formulation were administered to approximately 1,900 infants. Those trials have shown that the safety profile of the liquid formulation is comparable to the lyophilised formulation.

In a total of twenty-three clinical trials, approximately 106,000 doses of Rotarix (lyophilised or liquid formulation) were administered to approximately 51,000 infants.

In three placebo-controlled clinical trials (Finland, India and Bangladesh), in which Rotarix was administered alone (administration of routine paediatric vaccines was staggered), the incidence and severity of the solicited events (collected 8 days post-vaccination), diarrhoea, vomiting, loss of appetite, fever, irritability and cough/runny nose were not significantly different in the group receiving Rotarix when compared to the group receiving placebo. No increase in the incidence or severity of these events was seen with the second dose.

In a pooled analysis from seventeen placebo-controlled clinical trials (Europe, North America, Latin America, Asia, Africa) including trials in which Rotarix was co-administered with routine paediatric vaccines (see section 4.5), the following adverse reactions (collected 31 days post-vaccination) were considered as possibly related to vaccination.

Tabulated list of adverse reactions

Adverse reactions reported are listed according to the following frequency:

Frequencies are reported as:

Very common ($\geq 1/10$)

Common ($\geq 1/100$ to $< 1/10$)

Uncommon ($\geq 1/1,000$ to $< 1/100$)

Rare ($\geq 1/10,000$ to $< 1/1,000$)

Very rare ($< 1/10,000$)

System Organ Class	Frequency	Adverse reactions
Gastrointestinal disorders	Common	Diarrhoea
	Uncommon	Abdominal pain, flatulence
	Very rare	Intussusception (see section 4.4)
	Not known*	Haematochezia
	Not known*	Gastroenteritis with vaccine viral shedding in infants with Severe Combined Immunodeficiency (SCID) disorder

Skin and subcutaneous tissue disorders	Uncommon	Dermatitis
General disorders and administration site conditions	Common	Irritability
Respiratory, thoracic and mediastinal disorders	Not known*	Apnoea in very premature infants (≤ 28 weeks of gestation) (see section 4.4)

* Because these events were reported spontaneously, it is not possible to reliably estimate their frequency.

Description of selected adverse reactions

Intussusception

Data from observational safety studies performed in several countries indicate that rotavirus vaccines carry an increased risk of intussusception, mostly within 7 days of vaccination. Up to 6 additional cases per 100,000 infants have been observed in these countries against a background incidence of 25 to 101 per 100,000 infants (less than one year of age) per year, respectively.

There is limited evidence of a smaller increased risk following the second dose.

It remains unclear whether rotavirus vaccines affect the overall incidence of intussusception based on longer periods of follow-up (see section 4.4).

Other special populations

Safety in preterm infants

In a clinical study, 670 pre-term infants from 27 to 36 weeks of gestational age were administered Rotarix and 339 received placebo. The first dose was administered from 6 weeks after birth. Serious adverse events were observed in 5.1% of recipients of Rotarix as compared with 6.8% of placebo recipients. Similar rates of other adverse events were observed in Rotarix and placebo recipients. No cases of intussusception were reported.

Safety in infants with human immunodeficiency (HIV) infection

In a clinical study, 100 infants with HIV infection were administered Rotarix or placebo. The safety profile was similar between Rotarix and placebo recipients.

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. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in [Appendix V](#).

4.9 Overdose

Some cases of overdose have been reported. In general, the adverse event profile reported in these cases was similar to that observed after administration of the recommended dose of Rotarix.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmaco-therapeutic group: rotavirus diarrhoea vaccines, ATC code: J07BH01

Protective efficacy

In clinical trials, efficacy was demonstrated against gastro-enteritis due to rotavirus of the most common genotypes G1P[8], G2P[4], G3P[8], G4P[8] and G9P[8]. In addition, efficacy against uncommon rotavirus genotypes G8P[4](severe gastro-enteritis) and G12P[6] (any gastro-enteritis) has been demonstrated. These strains are circulating worldwide.

Clinical studies have been conducted in Europe, Latin America, Africa and Asia to evaluate the protective efficacy of Rotarix against any and severe rotavirus gastro-enteritis.

Severity of gastro-enteritis was defined according to two different criteria:

- the Vesikari 20-point scale, which evaluates the full clinical picture of rotavirus gastro-enteritis by taking into account the severity and duration of diarrhoea and vomiting, the severity of fever and dehydration as well as the need for treatment

or

- the clinical case definition based on World Health Organization (WHO) criteria

Clinical protection was assessed in the ATP cohort for efficacy, which includes all subjects from the ATP cohort for safety who entered into the concerned efficacy follow-up period.

Protective efficacy in Europe

A clinical study performed in Europe evaluated Rotarix given according to different European schedules (2, 3 months; 2, 4 months; 3, 4 months; 3, 5 months) in 4,000 subjects.

After two doses of Rotarix, the protective vaccine efficacy observed during the first and second year of life is presented in the following table:

	1st year of life Rotarix N=2,572 Placebo N=1,302		2nd year of life Rotarix N=2,554 Placebo N=1,294	
Vaccine efficacy (%) against any and severe rotavirus gastro-enteritis [95% CI]				
Genotype	Any severity	Severe[†]	Any severity	Severe[†]
G1P[8]	95.6 [87.9;98.8]	96.4 [85.7;99.6]	82.7 [67.8;91.3]	96.5 [86.2;99.6]
G2P[4]	62.0* [<0.0;94.4]	74.7* [<0.0;99.6]	57.1 [<0.0;82.6]	89.9 [9.4;99.8]
G3P[8]	89.9 [9.5;99.8]	100 [44.8;100]	79.7 [<0.0;98.1]	83.1* [<0.0;99.7]
G4P[8]	88.3 [57.5;97.9]	100 [64.9;100]	69.6* [<0.0;95.3]	87.3 [<0.0;99.7]
G9P[8]	75.6 [51.1;88.5]	94.7 [77.9;99.4]	70.5 [50.7;82.8]	76.8 [50.8;89.7]
Strains with P[8] genotype	88.2 [80.8;93.0]	96.5 [90.6;99.1]	75.7 [65.0;83.4]	87.5 [77.8;93.4]
Circulating rotavirus strains	87.1 [79.6;92.1]	95.8 [89.6;98.7]	71.9 [61.2;79.8]	85.6 [75.8;91.9]
Vaccine efficacy (%) against rotavirus gastro-enteritis requiring medical attention [95% CI]				
Circulating rotavirus strains	91.8 [84;96.3]		76.2 [63.0;85.0]	
Vaccine efficacy (%) against hospitalisation due to rotavirus gastro-enteritis [95% CI]				
Circulating rotavirus strains	100 [81.8;100]		92.2 [65.6;99.1]	

[†] Severe gastro-enteritis was defined as a score ≥ 11 on the Vesikari scale

* Not statistically significant ($p \geq 0.05$). These data should be interpreted with caution

Vaccine efficacy during the first year of life progressively increased with increasing disease severity, reaching 100% (95% CI: 84.7;100) for Vesikari scores ≥ 17 .

Protective efficacy in Latin America

A clinical study performed in Latin America evaluated Rotarix in more than 20,000 subjects. Severity of gastro-enteritis (GE) was defined according to WHO criteria. The protective vaccine efficacy against severe rotavirus (RV) gastro-enteritis requiring hospitalisation and/or rehydration therapy in a medical facility and the genotype specific vaccine efficacy after two doses of Rotarix are presented in the table below:

Genotype	Severe rotavirus gastro-enteritis† (1st year of life) Rotarix N=9,009 Placebo N=8,858	Severe rotavirus gastro-enteritis† (2nd year of life) Rotarix N=7,175 Placebo N=7,062
	Efficacy (%) [95% CI]	Efficacy (%) [95% CI]
All RVGE	84.7 [71.7;92.4]	79.0 [66.4;87.4]
G1P[8]	91.8 [74.1;98.4]	72.4 [34.5;89.9]
G3P[8]	87.7 [8.3;99.7]	71.9* [<0.0;97.1]
G4P[8]	50.8#* [<0.0;99.2]	63.1 [0.7;88.2]
G9P[8]	90.6 [61.7;98.9]	87.7 [72.9;95.3]
Strains with P[8] genotype	90.9 [79.2;96.8]	79.5 [67.0;87.9]

† Severe rotavirus gastro-enteritis was defined as an episode of diarrhoea with or without vomiting that required hospitalization and/or re-hydration therapy in a medical facility (WHO criteria)

* Not statistically significant ($p \geq 0.05$). These data should be interpreted with caution

The numbers of cases, on which the estimates of efficacy against G4P[8] were based, were very small (1 case in the Rotarix group and 2 cases in the placebo group)

A pooled analysis of five efficacy studies*, showed a 71.4% (95% CI:20.1;91.1) efficacy against severe rotavirus gastro-enteritis (Vesikari score ≥ 11) caused by rotavirus G2P[4] genotype during the first year of life.

* In these studies, the point estimates and confidence intervals were respectively: 100% (95% CI: -1,858.0;100), 100% (95% CI: 21.1;100), 45.4% (95% CI: -81.5;86.6), 74.7 (95% CI :-386.2;99.6). No point estimate was available for the remaining study.

Protective efficacy in Africa

A clinical study performed in Africa (Rotarix: N = 2,974; placebo: N = 1,443) evaluated Rotarix given at approximately 10 and 14 weeks of age (2 doses) or 6, 10 and 14 weeks of age (3 doses). The vaccine efficacy against severe rotavirus gastro-enteritis during the first year of life was 61.2% (95% CI: 44.0;73.2). The protective vaccine efficacy (pooled doses) observed against any and severe rotavirus gastro-enteritis is presented in the following table:

Genotype	Any rotavirus gastro-enteritis Rotarix N=2,974 Placebo N=1,443	Severe rotavirus gastro-enteritis† Rotarix N=2,974 Placebo N=1,443
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	Efficacy (%) [95% CI]	Efficacy (%) [95% CI]
G1P[8]	68.3 [53.6;78.5]	56.6 [11.8;78.8]
G2P[4]	49.3 [4.6;73.0]	83.8 [9.6;98.4]
G3P[8]	43.4* [<0.0;83.7]	51.5* [<0.0;96.5]
G8P[4]	38.7* [<0.0;67.8]	63.6 [5.9;86.5]
G9P[8]	41.8* [<0.0;72.3]	56.9* [<0.0;85.5]
G12P[6]	48.0 [9.7;70.0]	55.5* [<0.0; 82.2]
Strains with P[4] genotype	39.3 [7.7;59.9]	70.9 [37.5;87.0]
Strains with P[6] genotype	46.6 [9.4;68.4]	55.2* [<0.0;81.3]
Strains with P[8] genotype	61.0 [47.3;71.2]	59.1 [32.8;75.3]

† Severe gastro-enteritis was defined as a score ≥ 11 on the Vesikari scale

* Not statistically significant ($p \geq 0.05$). These data should be interpreted with caution

Sustained efficacy up to 3 years of age in Asia

A clinical study conducted in Asia (Hong Kong, Singapore and Taiwan) (Total vaccinated cohort : Rotarix: N = 5,359; placebo: N = 5,349) evaluated Rotarix given according to different schedules (2, 4 months of age; 3, 4 months of age).

During the first year, significantly fewer subjects in the Rotarix group reported severe rotavirus gastro-enteritis caused by the circulating wild-type RV compared to the placebo group from 2 weeks after Dose 2 up to one year of age (0.0% versus 0.3%), with a vaccine efficacy of 100% (95% CI: 72.2; 100).

The protective vaccine efficacy after two doses of Rotarix observed against severe rotavirus gastro-enteritis up to 2 years of age is presented in the following table:

Efficacy up to 2 years of age Rotarix N= 5,263 Placebo N= 5,256	
Vaccine efficacy (%) against severe rotavirus gastro-enteritis (95% CI)	
Genotype	Severe†
G1P[8]	100 (80.8;100)
G2P[4]	100* (<0.0;100)
G3P[8]	94.5 (64.9;99.9)
G9P[8]	91.7 (43.8;99.8)
Strains with P[8] genotype	95.8 (83.8;99.5)
Circulating rotavirus strains	96.1 (85.1;99.5)
Vaccine efficacy (%) against rotavirus gastro-enteritis requiring hospitalisation and/or rehydration therapy in a medical facility (95% CI)	
Circulating rotavirus strains	94.2 (82.2;98.8)

† Severe gastro-enteritis was defined as a score ≥ 11 on the Vesikari scale

* Not statistically significant ($p \geq 0.05$). These data should be interpreted with caution

During the third year of life, there were no cases of severe RV gastro-enteritis in the Rotarix group (N=4,222) versus 13 (0.3%) in the placebo group (N=4,185). Vaccine efficacy was 100% (95% CI: 67.5; 100). The severe RV gastro-enteritis cases were due to RV strains G1P[8], G2P[4], G3P[8] and G9P[8]. The incidence of severe RV gastro-enteritis associated with the individual genotypes was too small to allow calculation of efficacy. The efficacy against severe RV gastro-enteritis requiring hospitalisation was 100% (95% CI: 72.4; 100).

Immune response

The immunologic mechanism by which Rotarix protects against rotavirus gastro-enteritis is not completely understood. A relationship between antibody responses to rotavirus vaccination and protection against rotavirus gastro-enteritis has not been established.

The following table shows the percentage of subjects initially seronegative for rotavirus (IgA antibody titres < 20 U/ml) (by ELISA) with serum anti-rotavirus IgA antibody titers ≥ 20U/ml one to two months after the second dose of vaccine or placebo as observed in different studies.

Schedule	Studies conducted in	Vaccine		Placebo	
		N	% ≥ 20U/ml [95% CI]	N	% ≥ 20U/ml [95% CI]
2, 3 months	France, Germany	239	82.8 [77.5;87.4]	127	8.7 [4.4;15.0]
2, 4 months	Spain	186	85.5 [79.6;90.2]	89	12.4 [6.3;21.0]
3, 5 months	Finland, Italy	180	94.4 [90.0;97.3]	114	3.5 [1.0;8.7]
3, 4 months	Czech Republic	182	84.6 [78.5;89.5]	90	2.2 [0.3;7.8]
2, 3 to 4 months	Latin America; 11 countries	393	77.9% [73.8;81.6]	341	15.1% [11.7;19.0]
10, 14 weeks and 6, 10, 14 weeks (Pooled)	South Africa, Malawi	221	58.4 [51.6;64.9]	111	22.5 [15.1;31.4]

Immune response in preterm infants

In a clinical study conducted in preterm infants, born after at least 27 weeks of gestational age, the immunogenicity of Rotarix was assessed in a subset of 147 subjects and showed that Rotarix is immunogenic in this population; 85.7% (95% CI: 79.0;90.9) of subjects achieved serum anti-rotavirus IgA antibody titers ≥ 20U/ml (by ELISA) one month after the second dose of vaccine.

Effectiveness

In observational studies, vaccine effectiveness was demonstrated against severe gastro-enteritis leading to hospitalisation due to rotavirus of common genotypes G1P[8], G2P[4], G3P[8], G4P[8] and G9P[8] as well as the less common rotavirus genotypes G9P[4] and G9P[6]. All of these strains are circulating worldwide.

Effectiveness after 2 doses in preventing RVGE leading to hospitalization

Countries Period	Age range	N ⁽¹⁾ (cases/controls)	Strains	Effectiveness % [95% CI]
High Income countries				
Belgium 2008-2010 ⁽²⁾	< 4 yrs	160/198	All	90 [81;95]
	3-11 m			91 [75;97]
	< 4 yrs	41/53	G1P[8]	95 [78;99]
	< 4 yrs 3-11 m	80/103	G2P[4]	85 [64;94] 83 [11;96] ⁽³⁾
	< 4 yrs	12/13	G3P[8]	87* [<0;98] ⁽³⁾
Singapore 2008-2010 ⁽²⁾	< 5 yrs	136/272	All	84 [32;96]
		89/89	G1P[8]	91 [30;99]
Taiwan 2009-2011	< 3 yrs	275/1,623 ⁽⁴⁾	All	92 [75;98]
			G1P[8]	95 [69;100]
US 2010-2011	< 2 yrs	85/1,062 ⁽⁵⁾	All	85 [73;92]
			G1P[8]	88 [68;95]
	G2P[4]		88 [68;95]	
	8-11 m	All	89 [48;98]	
US 2009-2011	< 5 yrs	74/255 ⁽⁴⁾	G3P[8]	68 [34;85]
Middle Income Countries				
Bolivia 2010-2011	< 3 yrs 6-11 m	300/974	All	77 [65;84] ⁽⁶⁾
				77 [51;89]
	< 3 yrs 6-11 m		G9P[8]	85 [69;93]
				90 [65;97]
	< 3 yrs		G3P[8]	93 [70;98]
			G2P[4]	69 [14;89]
	G9P[6]	87 [19;98]		
Brazil 2008-2011	< 2 yrs	115/1,481	All	72 [44;85] ⁽⁶⁾
			G1P[8]	89 [78;95]
			G2P[4]	76 [64;84]
Brazil 2008-2009 ⁽²⁾	< 3 yrs 3-11 m	249/249 ⁽⁵⁾	All	76 [58;86] 96 [68;99]
	< 3 yrs 3-11 m	222/222 ⁽⁵⁾	G2P[4]	75 [57;86] 95 [66;99] ⁽³⁾
El Salvador 2007-2009	< 2 yrs	251/770 ⁽⁵⁾	All	76 [64;84] ⁽⁶⁾
	6-11 m			83 [68;91]
Guatemala 2012-2013	< 4 yrs	NA ⁽⁷⁾	All	63 [23;82]
Mexico 2010	< 2 yrs	9/17 ⁽⁵⁾	G9P[4]	94 [16;100]
Low Income Countries				
Malawi 2012-2014	< 2 yrs	81/234 ⁽⁵⁾	All	63 [23;83]

m: months

yrs: years

* Not statistically significant ($P \geq 0.05$). These data should be interpreted with caution.

(1) The number of fully vaccinated (2 doses) and unvaccinated cases and controls is given.

(2) GSK sponsored studies

(3) Data from a post-hoc analysis

(4) Vaccine effectiveness was calculated using rotavirus-negative hospital control participants (estimates from Taiwan were calculated using combined rotavirus-negative hospital control and non-diarrhoea hospital control participants).

(5) Vaccine effectiveness was calculated using neighborhood controls.

- (6) In subjects who did not receive the full course of vaccination, the effectiveness after one dose ranged from 51% (95% CI: 26;67, El Salvador) to 60% (95% CI: 37;75, Brazil).
- (7) NA: not available. Vaccine effectiveness estimate is based on 41 fully vaccinated cases and 175 fully vaccinated controls.

Impact on mortality[§]

Impact studies with Rotarix conducted in Panama, Brazil and Mexico showed a decrease in all-cause diarrhoea mortality ranging from 17% to 73% in children less than 5 years of age, within 2 to 4 years after vaccine introduction.

Impact on hospitalisation[§]

In a retrospective database study in Belgium conducted in children 5 years of age and younger, the direct and indirect impact of Rotarix vaccination on rotavirus-related hospitalisation ranged from 64% (95% CI: 49;76) to 80% (95% CI: 77;83) two years after vaccine introduction. Similar studies in Armenia, Australia, Brazil, Canada, El Salvador and Zambia showed a reduction of 45 to 93% between 2 and 4 years after vaccine introduction.

In addition, nine impact studies on all-cause diarrhoea hospitalisation conducted in Africa and Latin America showed a reduction of 14% to 57% between 2 and 5 years after vaccine introduction.

[§]NOTE : Impact studies are meant to establish a temporal relationship but not a causal relationship between the disease and vaccination. Natural fluctuations of the incidence of the disease may also influence the observed temporal effect.

5.2 Pharmacokinetic properties

Not applicable.

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on conventional studies of repeated dose toxicity.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Powder

Sucrose

Dextran

Sorbitol

Amino acids

Dulbecco's Modified Eagle Medium (DMEM)

Solvent

Calcium carbonate

Xanthan gum

Sterile water

6.2 Incompatibilities

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

6.3 Shelf life

3 years.

After reconstitution:

After the reconstitution, the vaccine should be administered immediately. If not used immediately, in-use storage should not be longer than 24 hours and at a temperature between 2-25°C.

6.4 Special precautions for storage

Store in a refrigerator (2°C – 8°C).
Do not freeze.

Store in the original package, in order to protect from light.

For storage conditions after reconstitution of the medicinal product, see section 6.3.

6.5 Nature and contents of container

1 dose of powder in a glass container (type I glass) with a stopper (rubber butyl)
1 ml of solvent in an **oral** applicator (type I glass) with a plunger stopper and a protective tip cap (rubber butyl).

Transfer adapter for reconstitution (1/dose) in the following pack sizes:

- pack size of 1 glass container of powder plus 1 **oral** applicator of solvent
- pack size of 5 glass containers of powder plus 5 **oral** applicators of solvent
- pack size of 10 glass containers of powder plus 10 **oral** applicators of solvent
- pack size of 25 glass containers of powder plus 25 **oral** applicators of solvent

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

Before reconstitution:

A white deposit and clear supernatant is observed upon storage of the **oral** applicator containing the solvent. The solvent should be inspected visually for any foreign particulate matter and/or abnormal physical appearance prior to reconstitution.

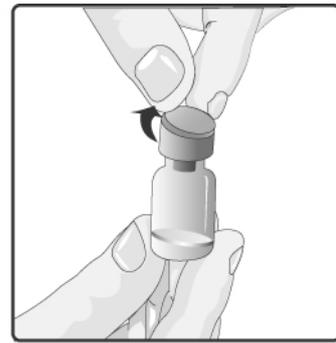
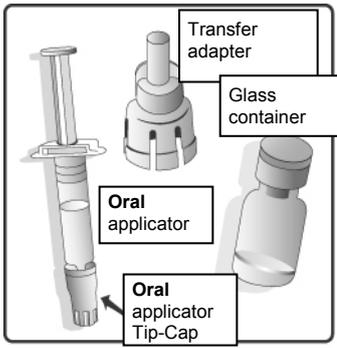
After reconstitution:

The reconstituted vaccine is slightly more turbid than the solvent and is milky white in appearance.

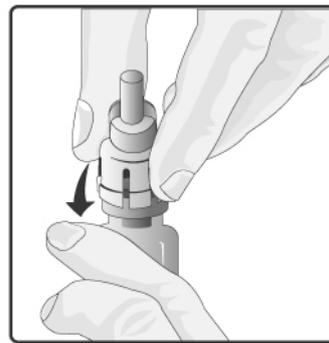
The reconstituted vaccine should also be inspected visually for any foreign particulate matter and/or abnormal physical appearance prior to administration. In the event of either being observed, discard the vaccine.

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

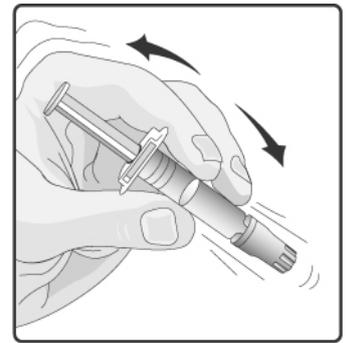
Instructions for reconstitution and administration of the vaccine:



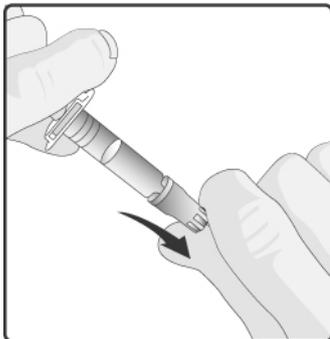
1. Remove the plastic cover from the glass container containing the powder



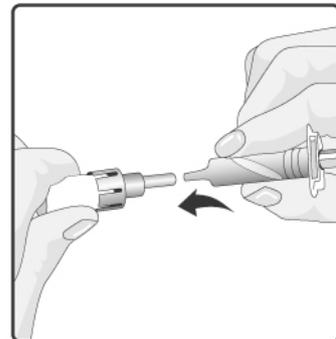
2. Connect the transfer adapter onto the glass container by pushing it downwards until the transfer adapter is properly and securely placed



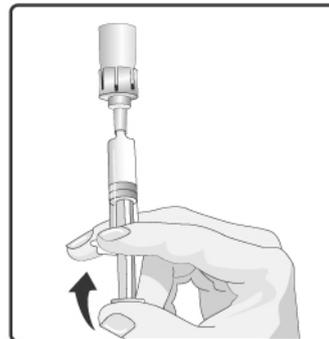
3. Shake the oral applicator containing the solvent vigorously. The shaken suspension will appear as a turbid liquid with a slow settling white deposit



4. Remove the protective tip cap from the oral applicator



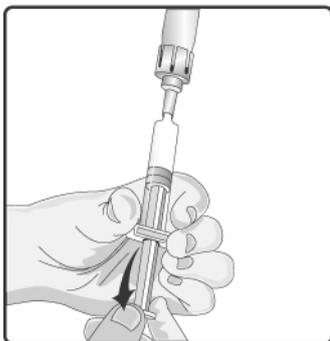
5. Connect the oral applicator into the transfer adapter by pushing it firmly on this device



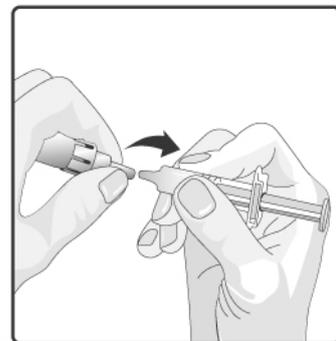
6. Transfer the entire content of the oral applicator into the glass container containing the powder



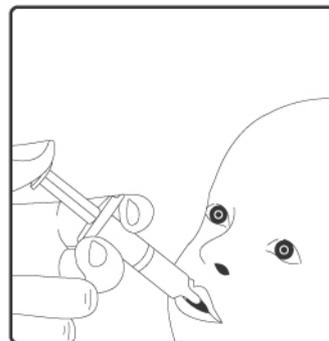
7. With the oral applicator still attached, shake the glass container and examine it for complete suspension of the powder. The reconstituted vaccine will appear more turbid than the solvent alone. This appearance is normal



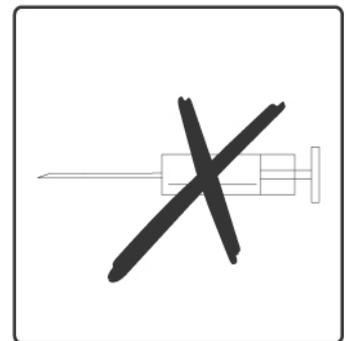
8. Withdraw the entire mixture back into the oral applicator



9. Remove the oral applicator from the transfer adapter



10. This vaccine is for **oral administration only**. The child should be seated in a reclining position. Administer the entire content of the oral applicator **orally** (by administering the entire content of the oral applicator on the inside of the cheek)



11. **Do not inject.**

If the reconstituted vaccine is to be stored temporarily before administration, replace the protective tip cap on the oral applicator. The oral applicator containing the reconstituted vaccine should be shaken gently again before oral administration. **Do not inject.**

7. MARKETING AUTHORISATION HOLDER

GlaxoSmithKline Biologicals s.a.
Rue de l'Institut 89
B-1330 Rixensart, Belgium

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/05/330/001
EU/1/05/330/002
EU/1/05/330/003
EU/1/05/330/004

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 21 February 2006
Date of latest renewal : 14 January 2016

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu/>.

1. NAME OF THE MEDICINAL PRODUCT

Rotarix **oral** suspension in pre-filled **oral** applicator
Rotavirus vaccine, live

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

1 dose (1.5 ml) contains:

Human rotavirus RIX4414 strain (live, attenuated)* not less than $10^{6.0}$ CCID₅₀

*Produced on Vero cells

Excipient with known effect:

This product contains sucrose 1,073 mg (see section 4.4).

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Oral suspension.

Rotarix is a clear and colourless liquid.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Rotarix is indicated for the active immunisation of infants aged 6 to 24 weeks for prevention of gastroenteritis due to rotavirus infection (see sections 4.2, 4.4 and 5.1).

The use of Rotarix should be based on official recommendations.

4.2 Posology and method of administration

Posology

The vaccination course consists of two doses. The first dose may be administered from the age of 6 weeks. There should be an interval of at least 4 weeks between doses. The vaccination course should preferably be given before 16 weeks of age, but must be completed by the age of 24 weeks.

Rotarix may be given with the same posology to preterm infants born after at least 27 weeks of gestational age (see sections 4.8 and 5.1).

In clinical trials, spitting or regurgitation of the vaccine has rarely been observed and, under such circumstances, a replacement dose was not given. However, in the unlikely event that an infant spits out or regurgitates most of the vaccine dose, a single replacement dose may be given at the same vaccination visit.

It is recommended that infants who receive a first dose of Rotarix complete the 2-dose regimen with Rotarix. There are no data on safety, immunogenicity or efficacy when Rotarix is administered for the first dose and another rotavirus vaccine is administered for the second dose or vice versa.

Paediatric population

Rotarix should not be used in children over 24 weeks of age.

Method of administration

Rotarix is for **oral** use only.

Rotarix should under no circumstances be injected.

For instructions for administration, see section 6.6.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

Hypersensitivity after previous administration of rotavirus vaccines.

History of intussusception.

Subjects with uncorrected congenital malformation of the gastrointestinal tract that would predispose for intussusception.

Subjects with Severe Combined Immunodeficiency (SCID) disorder (see section 4.8).

Administration of Rotarix should be postponed in subjects suffering from acute severe febrile illness. The presence of a minor infection is not a contra-indication for immunisation.

The administration of Rotarix should be postponed in subjects suffering from diarrhoea or vomiting.

4.4 Special warnings and precautions for use

It is good clinical practice that vaccination should be preceded by a review of the medical history especially with regard to the contraindications and by a clinical examination.

There are no data on the safety and efficacy of Rotarix in infants with gastrointestinal illnesses or growth retardation. Administration of Rotarix may be considered with caution in such infants when, in the opinion of the physician, withholding the vaccine entails a greater risk.

As a precaution, healthcare professionals should follow-up on any symptoms indicative of intussusception (severe abdominal pain, persistent vomiting, bloody stools, abdominal bloating and/or high fever) since data from observational safety studies indicate an increased risk of intussusception, mostly within 7 days after rotavirus vaccination (see section 4.8). Parents/guardians should be advised to promptly report such symptoms to their healthcare provider.

For subjects with a predisposition for intussusception, see section 4.3.

Asymptomatic and mildly symptomatic HIV infections are not expected to affect the safety or efficacy of Rotarix. A clinical study in a limited number of asymptomatic or mildly symptomatic HIV positive infants showed no apparent safety problems (see section 4.8).

Administration of Rotarix to infants who have known or suspected immunodeficiency should be based on careful consideration of potential benefits and risks.

Excretion of the vaccine virus in the stools is known to occur after vaccination with peak excretion around the 7th day. Viral antigen particles detected by ELISA were found in 50% of stools after the first dose of Rotarix lyophilised formulation and 4% of stools after the second dose. When these stools were tested for the presence of live vaccine strain, only 17% were positive. In two comparative

controlled trials, vaccine shedding after vaccination with Rotarix liquid formulation was comparable to that observed after vaccination with Rotarix lyophilised formulation.

Cases of transmission of this excreted vaccine virus to seronegative contacts of vaccinees have been observed without causing any clinical symptom.

Rotarix should be administered with caution to individuals with immunodeficient close contacts, such as individuals with malignancies, or who are otherwise immunocompromised or individuals receiving immunosuppressive therapy.

Contacts of recent vaccinees should observe personal hygiene (e.g. wash their hands after changing child's nappies).

The potential risk of apnoea and the need for respiratory monitoring for 48-72h should be considered when administering the primary immunisation series to very premature infants (born \leq 28 weeks of gestation) and particularly for those with a previous history of respiratory immaturity.

As the benefit of the vaccination is high in this group of infants, vaccination should not be withheld or delayed.

A protective immune response may not be elicited in all vaccinees (see section 5.1).

The extent of protection that Rotarix might provide against other rotavirus strains that have not been circulating in clinical trials is currently unknown. Clinical studies from which efficacy data were derived were conducted in Europe, Central and South America, Africa and Asia (see section 5.1).

Rotarix does not protect against gastro-enteritis due to other pathogens than rotavirus.

No data are available on the use of Rotarix for post-exposure prophylaxis.

Rotarix should under no circumstances be injected.

The vaccine contains sucrose as an excipient. Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take this vaccine.

4.5 Interaction with other medicinal products and other forms of interaction

Rotarix can be given concomitantly with any of the following monovalent or combination vaccines [including hexavalent vaccines (DTPa-HBV-IPV/Hib)]: diphtheria-tetanus-whole cell pertussis vaccine (DTPw), diphtheria-tetanus-acellular pertussis vaccine (DTPa), *Haemophilus influenzae* type b vaccine (Hib), inactivated polio vaccine (IPV), hepatitis B vaccine (HBV), pneumococcal conjugate vaccine and meningococcal serogroup C conjugate vaccine. Clinical studies demonstrated that the immune responses and the safety profiles of the administered vaccines were unaffected.

Concomitant administration of Rotarix and oral polio vaccine (OPV) does not affect the immune response to the polio antigens. Although concomitant administration of OPV may slightly reduce the immune response to rotavirus vaccine, clinical protection against severe rotavirus gastro-enteritis was shown to be maintained in a clinical trial involving more than 4,200 subjects who received Rotarix concomitantly with OPV.

There are no restrictions on the infant's consumption of food or liquid, either before or after vaccination.

4.6 Fertility, pregnancy and lactation

Rotarix is not intended for use in adults. There are no data on the use of Rotarix during pregnancy and

lactation.

Based on evidence generated in clinical trials, breast-feeding does not reduce the protection against rotavirus gastro-enteritis afforded by Rotarix. Therefore, breast-feeding may be continued during the vaccination schedule.

4.7 Effects on ability to drive and use machines

Not relevant.

4.8 Undesirable effects

Summary of the safety profile

The safety profile presented below is based on data from clinical trials conducted with either the lyophilised or the liquid formulation of Rotarix.

In a total of four clinical trials, approximately 3,800 doses of Rotarix liquid formulation were administered to approximately 1,900 infants. Those trials have shown that the safety profile of the liquid formulation is comparable to the lyophilised formulation.

In a total of twenty-three clinical trials, approximately 106,000 doses of Rotarix (lyophilised or liquid formulation) were administered to approximately 51,000 infants.

In three placebo-controlled clinical trials (Finland, India and Bangladesh), in which Rotarix was administered alone (administration of routine paediatric vaccines was staggered), the incidence and severity of the solicited events (collected 8 days post-vaccination), diarrhoea, vomiting, loss of appetite, fever, irritability and cough/runny nose were not significantly different in the group receiving Rotarix when compared to the group receiving placebo. No increase in the incidence or severity of these events was seen with the second dose.

In a pooled analysis from seventeen placebo-controlled clinical trials (Europe, North America, Latin America, Asia, Africa) including trials in which Rotarix was co-administered with routine paediatric vaccines (see section 4.5), the following adverse reactions (collected 31 days post-vaccination) were considered as possibly related to vaccination.

Tabulated list of adverse reactions

Adverse reactions reported are listed according to the following frequency:

Frequencies are reported as:

Very common ($\geq 1/10$)

Common ($\geq 1/100$ to $< 1/10$)

Uncommon ($\geq 1/1,000$ to $< 1/100$)

Rare ($\geq 1/10,000$ to $< 1/1,000$)

Very rare ($< 1/10,000$)

System Organ Class	Frequency	Adverse reactions
Gastrointestinal disorders	Common	Diarrhoea
	Uncommon	Abdominal pain, flatulence
	Very rare	Intussusception (see section 4.4)
	Not known*	Haematochezia
	Not known*	Gastroenteritis with vaccine viral shedding in infants with Severe Combined Immunodeficiency (SCID) disorder
Skin and subcutaneous tissue disorders	Uncommon	Dermatitis
General disorders and administration site conditions	Common	Irritability
Respiratory, thoracic and mediastinal disorders	Not known*	Apnoea in very premature infants (≤ 28 weeks of gestation) (see section 4.4)

* Because these events were reported spontaneously, it is not possible to reliably estimate their frequency.

Description of selected adverse reactions

Intussusception

Data from observational safety studies performed in several countries indicate that rotavirus vaccines carry an increased risk of intussusception, mostly within 7 days of vaccination. Up to 6 additional cases per 100,000 infants have been observed in these countries against a background incidence of 25 to 101 per 100,000 infants (less than one year of age) per year, respectively.

There is limited evidence of a smaller increased risk following the second dose.

It remains unclear whether rotavirus vaccines affect the overall incidence of intussusception based on longer periods of follow-up (see section 4.4).

Other special populations

Safety in preterm infants

In a clinical study, 670 pre-term infants from 27 to 36 weeks of gestational age were administered Rotarix lyophilised formulation and 339 received placebo. The first dose was administered from 6 weeks after birth. Serious adverse events were observed in 5.1% of recipients of Rotarix as compared with 6.8% of placebo recipients. Similar rates of other adverse events were observed in Rotarix and placebo recipients. No cases of intussusception were reported.

Safety in infants with human immunodeficiency (HIV) infection

In a clinical study, 100 infants with HIV infection were administered Rotarix lyophilised formulation or placebo. The safety profile was similar between Rotarix and placebo recipients.

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. Healthcare professionals are asked to report any suspected adverse reactions via **the national reporting system** listed in [Appendix V](#).

4.9 Overdose

Some cases of overdose have been reported. In general, the adverse event profile reported in these cases was similar to that observed after administration of the recommended dose of Rotarix.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmaco-therapeutic group: rotavirus diarrhoea vaccines, ATC code: J07BH01

Protective efficacy of the lyophilised formulation

In clinical trials, efficacy was demonstrated against gastro-enteritis due to rotavirus of the most common genotypes G1P[8], G2P[4], G3P[8], G4P[8] and G9P[8]. In addition, efficacy against uncommon rotavirus genotypes G8P[4](severe gastro-enteritis) and G12P[6] (any gastro-enteritis) has been demonstrated. These strains are circulating worldwide.

Clinical studies have been conducted in Europe, Latin America, Africa and Asia to evaluate the protective efficacy of Rotarix against any and severe rotavirus gastro-enteritis.

Severity of gastro-enteritis was defined according to two different criteria:

- the Vesikari 20-point scale, which evaluates the full clinical picture of rotavirus gastro-enteritis by taking into account the severity and duration of diarrhoea and vomiting, the severity of fever and dehydration as well as the need for treatment

or

- the clinical case definition based on World Health Organization (WHO) criteria

Clinical protection was assessed in the ATP cohort for efficacy, which includes all subjects from the ATP cohort for safety who entered into the concerned efficacy follow-up period.

Protective efficacy in Europe

A clinical study performed in Europe evaluated Rotarix given according to different European schedules (2, 3 months; 2, 4 months; 3, 4 months; 3, 5 months) in 4,000 subjects.

After two doses of Rotarix, the protective vaccine efficacy observed during the first and second year of life is presented in the following table:

	1st year of life Rotarix N=2,572 Placebo N=1,302		2nd year of life Rotarix N=2,554 Placebo N=1,294	
Vaccine efficacy (%) against any and severe rotavirus gastro-enteritis [95% CI]				
Genotype	Any severity	Severe[†]	Any severity	Severe[†]
G1P[8]	95.6 [87.9;98.8]	96.4 [85.7;99.6]	82.7 [67.8;91.3]	96.5 [86.2;99.6]
G2P[4]	62.0* [<0.0;94.4]	74.7* [<0.0;99.6]	57.1 [<0.0;82.6]	89.9 [9.4;99.8]
G3P[8]	89.9 [9.5;99.8]	100 [44.8;100]	79.7 [<0.0;98.1]	83.1* [<0.0;99.7]
G4P[8]	88.3 [57.5;97.9]	100 [64.9;100]	69.6* [<0.0;95.3]	87.3 [<0.0;99.7]
G9P[8]	75.6 [51.1;88.5]	94.7 [77.9;99.4]	70.5 [50.7;82.8]	76.8 [50.8;89.7]
Strains with P[8] genotype	88.2 [80.8;93.0]	96.5 [90.6;99.1]	75.7 [65.0;83.4]	87.5 [77.8;93.4]
Circulating	87.1	95.8	71.9	85.6

rotavirus strains	[79.6;92.1]	[89.6;98.7]	[61.2;79.8]	[75.8;91.9]
Vaccine efficacy (%) against rotavirus gastro-enteritis requiring medical attention [95% CI]				
Circulating rotavirus strains	91.8 [84;96.3]		76.2 [63.0;85.0]	
Vaccine efficacy (%) against hospitalisation due to rotavirus gastro-enteritis [95% CI]				
Circulating rotavirus strains	100 [81.8;100]		92.2 [65.6;99.1]	

† Severe gastro-enteritis was defined as a score ≥ 11 on the Vesikari scale

* Not statistically significant ($p \geq 0.05$). These data should be interpreted with caution

Vaccine efficacy during the first year of life progressively increased with increasing disease severity, reaching 100% (95% CI: 84.7;100) for Vesikari scores ≥ 17 .

Protective efficacy in Latin America

A clinical study performed in Latin America evaluated Rotarix in more than 20,000 subjects. Severity of gastro-enteritis (GE) was defined according to WHO criteria. The protective vaccine efficacy against severe rotavirus (RV) gastro-enteritis requiring hospitalisation and/or rehydration therapy in a medical facility and the genotype specific vaccine efficacy after two doses of Rotarix are presented in the table below:

Genotype	Severe rotavirus gastro-enteritis† (1 st year of life) Rotarix N=9,009 Placebo N=8,858	Severe rotavirus gastro-enteritis† (2 nd year of life) Rotarix N=7,175 Placebo N=7,062
	Efficacy (%) [95% CI]	Efficacy (%) [95% CI]
All RVGE	84.7 [71.7;92.4]	79.0 [66.4;87.4]
G1P[8]	91.8 [74.1;98.4]	72.4 [34.5;89.9]
G3P[8]	87.7 [8.3;99.7]	71.9* [<0.0;97.1]
G4P[8]	50.8#* [<0.0;99.2]	63.1 [0.7;88.2]
G9P[8]	90.6 [61.7;98.9]	87.7 [72.9;95.3]
Strains with P[8] genotype	90.9 [79.2;96.8]	79.5 [67.0;87.9]

† Severe rotavirus gastro-enteritis was defined as an episode of diarrhoea with or without vomiting that required hospitalization and/or re-hydration therapy in a medical facility (WHO criteria)

* Not statistically significant ($p \geq 0.05$). These data should be interpreted with caution

The numbers of cases, on which the estimates of efficacy against G4P[8] were based, were very small (1 case in the Rotarix group and 2 cases in the placebo group)

A pooled analysis of five efficacy studies*, showed a 71.4% (95% CI:20.1;91.1) efficacy against severe rotavirus gastro-enteritis (Vesikari score ≥ 11) caused by rotavirus G2P[4] genotype during the first year of life.

* In these studies, the point estimates and confidence intervals were respectively: 100% (95% CI: -1,858.0;100), 100% (95% CI: 21.1;100), 45.4% (95% CI: -81.5;86.6), 74.7 (95% CI :-386.2;99.6). No point estimate was available for the remaining study.

Protective efficacy in Africa

A clinical study performed in Africa (Rotarix: N = 2,974; placebo: N = 1,443) evaluated Rotarix given at approximately 10 and 14 weeks of age (2 doses) or 6, 10 and 14 weeks of age (3 doses). The vaccine efficacy against severe rotavirus gastro-enteritis during the first year of life was 61.2% (95% CI: 44.0;73.2). The protective vaccine efficacy (pooled doses) observed against any and severe rotavirus gastro-enteritis is presented in the following table:

Genotype	Any rotavirus gastro-enteritis Rotarix N=2,974 Placebo N=1,443	Severe rotavirus gastro-enteritis† Rotarix N=2,974 Placebo N=1,443
	Efficacy (%) [95% CI]	Efficacy (%) [95% CI]
G1P[8]	68.3 [53.6;78.5]	56.6 [11.8;78.8]
G2P[4]	49.3 [4.6;73.0]	83.8 [9.6;98.4]
G3P[8]	43.4* [<0.0;83.7]	51.5* [<0.0;96.5]
G8P[4]	38.7* [<0.0;67.8]	63.6 [5.9;86.5]
G9P[8]	41.8* [<0.0;72.3]	56.9* [<0.0;85.5]
G12P[6]	48.0 [9.7;70.0]	55.5* [<0.0; 82.2]
Strains with P[4] genotype	39.3 [7.7;59.9]	70.9 [37.5;87.0]
Strains with P[6] genotype	46.6 [9.4;68.4]	55.2* [<0.0;81.3]
Strains with P[8] genotype	61.0 [47.3;71.2]	59.1 [32.8;75.3]

† Severe gastro-enteritis was defined as a score ≥ 1 on the Vesikari scale

* Not statistically significant ($p \geq 0.05$). These data should be interpreted with caution

Sustained efficacy up to 3 years of age in Asia

A clinical study conducted in Asia (Hong Kong, Singapore and Taiwan) (Total vaccinated cohort : Rotarix: N = 5,359; placebo: N = 5,349) evaluated Rotarix given according to different schedules (2, 4 months of age; 3, 4 months of age).

During the first year, significantly fewer subjects in the Rotarix group reported severe rotavirus gastro-enteritis caused by the circulating wild-type RV compared to the placebo group from 2 weeks after Dose 2 up to one year of age (0.0% versus 0.3%), with a vaccine efficacy of 100% (95% CI: 72.2; 100).

The protective vaccine efficacy after two doses of Rotarix observed against severe rotavirus gastro-enteritis up to 2 years of age is presented in the following table:

Efficacy up to 2 years of age Rotarix N= 5,263 Placebo N= 5,256	
Vaccine efficacy (%) against severe rotavirus gastro-enteritis (95% CI)	
Genotype	Severe†
G1P[8]	100 (80.8;100)
G2P[4]	100* (<0.0;100)
G3P[8]	94.5 (64.9;99.9)
G9P[8]	91.7 (43.8;99.8)
Strains with P[8] genotype	95.8 (83.8;99.5)
Circulating rotavirus strains	96.1 (85.1;99.5)
Vaccine efficacy (%) against rotavirus gastro-enteritis requiring hospitalisation and/or rehydration therapy in a medical facility (95% CI)	
Circulating rotavirus strains	94.2 (82.2;98.8)

† Severe gastro-enteritis was defined as a score ≥ 11 on the Vesikari scale

* Not statistically significant ($p \geq 0.05$). These data should be interpreted with caution

During the third year of life, there were no cases of severe RV gastro-enteritis in the Rotarix group (N=4,222) versus 13 (0.3%) in the placebo group (N=4,185). Vaccine efficacy was 100% (95% CI: 67.5; 100). The severe RV gastro-enteritis cases were due to RV strains G1P[8], G2P[4], G3P[8] and G9P[8]. The incidence of severe RV gastro-enteritis associated with the individual genotypes was too small to allow calculation of efficacy. The efficacy against severe RV gastro-enteritis requiring hospitalisation was 100% (95% CI: 72.4; 100).

Protective efficacy of the liquid formulation

Since the immune response observed after 2 doses of Rotarix liquid formulation was comparable to the immune response observed after 2 doses of Rotarix lyophilised formulation, the levels of vaccine efficacy observed with the lyophilised formulation can be extrapolated to the liquid formulation.

Immune response

The immunologic mechanism by which Rotarix protects against rotavirus gastro-enteritis is not completely understood. A relationship between antibody responses to rotavirus vaccination and protection against rotavirus gastro-enteritis has not been established.

The following table shows the percentage of subjects initially seronegative for rotavirus (IgA antibody titres < 20 U/ml) (by ELISA) with serum anti-rotavirus IgA antibody titers ≥ 20 U/ml one to two months after the second dose of vaccine or placebo as observed in different studies with Rotarix lyophilised formulation.

Schedule	Studies conducted in	Vaccine		Placebo	
		N	% ≥ 20 U/ml [95% CI]	N	% ≥ 20 U/ml [95% CI]
2, 3 months	France, Germany	239	82.8 [77.5;87.4]	127	8.7 [4.4;15.0]
2, 4 months	Spain	186	85.5 [79.6;90.2]	89	12.4 [6.3;21.0]
3, 5 months	Finland, Italy	180	94.4 [90.0;97.3]	114	3.5 [1.0;8.7]
3, 4 months	Czech Republic	182	84.6 [78.5;89.5]	90	2.2 [0.3;7.8]
2, 3 to 4 months	Latin America; 11	393	77.9% [73.8;81.6]	341	15.1% [11.7;19.0]

	countries				
10, 14 weeks and 6, 10, 14 weeks (Pooled)	South Africa, Malawi	221	58.4 [51.6;64.9]	111	22.5 [15.1;31.4]

In three comparative controlled trials, the immune response elicited by Rotarix liquid formulation was comparable to the one elicited by Rotarix lyophilised formulation.

Immune response in preterm infants

In a clinical study conducted in preterm infants, born after at least 27 weeks of gestational age, the immunogenicity of Rotarix was assessed in a subset of 147 subjects and showed that Rotarix is immunogenic in this population; 85.7% (95% CI: 79.0;90.9) of subjects achieved serum anti-rotavirus IgA antibody titers ≥ 20 U/ml (by ELISA) one month after the second dose of vaccine.

Effectiveness

In observational studies, vaccine effectiveness was demonstrated against severe gastro-enteritis leading to hospitalisation due to rotavirus of common genotypes G1P[8], G2P[4], G3P[8], G4P[8] and G9P[8] as well as the less common rotavirus genotypes G9P[4] and G9P[6]. All of these strains are circulating worldwide.

Effectiveness after 2 doses in preventing RVGE leading to hospitalization

Countries Period	Age range	N⁽¹⁾ (cases/controls)	Strains	Effectiveness % [95% CI]
High Income countries				
Belgium 2008-2010 ⁽²⁾	< 4 yrs	160/198	All	90 [81;95]
	3-11 m			91 [75;97]
	< 4 yrs	41/53	G1P[8]	95 [78;99]
	< 4 yrs	80/103	G2P[4]	85 [64;94]
	3-11 m			83 [11;96] ⁽³⁾
< 4 yrs	12/13	G3P[8]	87* [<0 ;98] ⁽³⁾	
< 4 yrs	16/17	G4P[8]	90 [19;99] ⁽³⁾	
Singapore 2008-2010 ⁽²⁾	< 5 yrs	136/272	All	84 [32;96]
		89/89	G1P[8]	91 [30;99]
Taiwan 2009-2011	< 3 yrs	275/1,623 ⁽⁴⁾	All	92 [75;98]
			G1P[8]	95 [69;100]
US 2010-2011	< 2 yrs	85/1,062 ⁽⁵⁾	All	85 [73;92]
			G1P[8]	88 [68;95]
			G2P[4]	88 [68;95]
	8-11 m		All	89 [48;98]
US 2009-2011	< 5 yrs	74/255 ⁽⁴⁾	G3P[8]	68 [34;85]
Middle Income Countries				
Bolivia 2010-2011	< 3 yrs	300/974	All	77 [65;84] ⁽⁶⁾
	6-11 m			77 [51;89]
	< 3 yrs		G9P[8]	85 [69;93]
	6-11 m			90 [65;97]
	< 3 yrs		G3P[8]	93 [70;98]
			G2P[4]	69 [14;89]
	G9P[6]	87 [19;98]		
Brazil	< 2 yrs	115/1,481	All	72 [44;85] ⁽⁶⁾

2008-2011			G1P[8]	89 [78;95]
			G2P[4]	76 [64;84]
Brazil 2008-2009 ⁽²⁾	< 3 yrs 3-11 m	249/249 ⁽⁵⁾	All	76 [58;86] 96 [68;99]
	< 3 yrs 3-11 m	222/222 ⁽⁵⁾	G2P[4]	75 [57;86] 95 [66;99] ⁽³⁾
El Salvador 2007-2009	< 2 yrs 6-11 m	251/770 ⁽⁵⁾	All	76 [64;84] ⁽⁶⁾ 83 [68;91]
Guatemala 2012-2013	< 4 yrs	NA ⁽⁷⁾	All	63 [23;82]
Mexico 2010	< 2 yrs	9/17 ⁽⁵⁾	G9P[4]	94 [16;100]
Low Income Countries				
Malawi 2012-2014	< 2 yrs	81/234 ⁽⁵⁾	All	63 [23;83]

m: months

yrs: years

* Not statistically significant ($P \geq 0.05$). These data should be interpreted with caution.

(1) The number of fully vaccinated (2 doses) and unvaccinated cases and controls is given.

(2) GSK sponsored studies

(3) Data from a post-hoc analysis

(4) Vaccine effectiveness was calculated using rotavirus-negative hospital control participants (estimates from Taiwan were calculated using combined rotavirus-negative hospital control and non-diarrhoea hospital control participants).

(5) Vaccine effectiveness was calculated using neighborhood controls.

(6) In subjects who did not receive the full course of vaccination, the effectiveness after one dose ranged from 51% (95% CI: 26;67, El Salvador) to 60% (95% CI: 37; 75, Brazil).

(7) NA: Not available. Vaccine effectiveness estimate is based on 41 fully vaccinated cases and 175 fully vaccinated controls.

Impact on mortality[§]

Impact studies with Rotarix conducted in Panama, Brazil and Mexico showed a decrease in all-cause diarrhoea mortality ranging from 17% to 73% in children less than 5 years of age, within 2 to 4 years after vaccine introduction.

Impact on hospitalisation[§]

In a retrospective database study in Belgium conducted in children 5 years of age and younger, the direct and indirect impact of Rotarix vaccination on rotavirus-related hospitalisation ranged from 64% (95% CI: 49;76) to 80% (95% CI: 77;83) two years after vaccine introduction. Similar studies in Armenia, Australia, Brazil, Canada, El Salvador and Zambia showed a reduction of 45 to 93% between 2 and 4 years after vaccine introduction.

In addition, nine impact studies on all-cause diarrhoea hospitalisation conducted in Africa and Latin America showed a reduction of 14% to 57% between 2 and 5 years after vaccine introduction.

[§]NOTE: Impact studies are meant to establish a temporal relationship but not a causal relationship between the disease and vaccination. Natural fluctuations of the incidence of the disease may also influence the observed temporal effect.

5.2 Pharmacokinetic properties

Not applicable.

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on conventional studies of repeated dose toxicity.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Sucrose
Di-sodium Adipate
Dulbecco's Modified Eagle Medium (DMEM)
Sterile water

6.2 Incompatibilities

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

6.3 Shelf life

3 years.
The vaccine should be used immediately after opening.

6.4 Special precautions for storage

Store in a refrigerator (2°C – 8°C).
Do not freeze.

Store in the original package, in order to protect from light.

6.5 Nature and contents of container

1.5 ml of **oral** suspension in a pre-filled **oral** applicator (type I glass) with a plunger stopper (rubber butyl) and a protective tip cap (rubber butyl) in pack sizes of 1, 5, 10 or 25.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

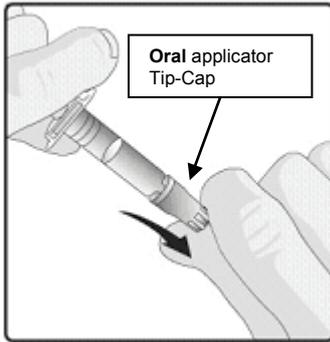
The vaccine is presented as a clear, colourless liquid, free of visible particles, for **oral** administration.

The vaccine is ready to use (no reconstitution or dilution is required).
The vaccine is to be administered **orally** without mixing with any other vaccines or solutions.

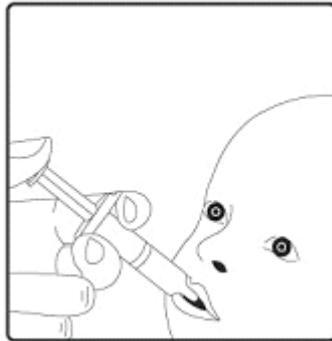
The vaccine should be inspected visually for any foreign particulate matter and/or abnormal physical appearance. In the event of either being observed, discard the vaccine.

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

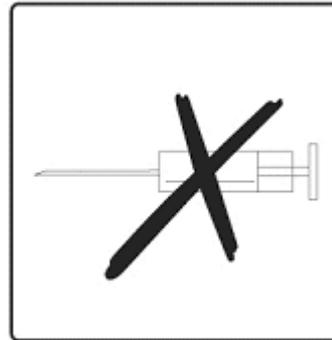
Instructions for administration of the vaccine:



1. Remove the protective tip cap from the **oral** applicator.



2. This vaccine is for **oral administration only**. The child should be seated in a reclining position. Administer **orally** (i.e. into the child's mouth, towards the inner cheek) the entire content of the **oral** applicator.



3. **Do not inject.**

Discard the empty **oral** applicator and tip cap in approved biological waste containers according to local regulations.

7. MARKETING AUTHORISATION HOLDER

GlaxoSmithKline Biologicals s.a.
Rue de l'Institut 89
B-1330 Rixensart, Belgium

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/05/330/005
EU/1/05/330/006
EU/1/05/330/007
EU/1/05/330/008

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 21 February 2006
Date of latest renewal : 14 January 2016

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu/>.

1. NAME OF THE MEDICINAL PRODUCT

Rotarix **oral** suspension
Rotavirus vaccine, live

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

1 dose (1.5 ml) contains:

Human rotavirus RIX4414 strain (live, attenuated)* not less than $10^{6.0}$ CCID₅₀

*Produced on Vero cells

Excipient with known effect:

This product contains sucrose 1,073 mg (see section 4.4).

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Oral suspension.

Rotarix is a clear and colourless liquid.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Rotarix is indicated for the active immunisation of infants aged 6 to 24 weeks for prevention of gastroenteritis due to rotavirus infection (see sections 4.2, 4.4 and 5.1).

The use of Rotarix should be based on official recommendations.

4.2 Posology and method of administration

Posology

The vaccination course consists of two doses. The first dose may be administered from the age of 6 weeks. There should be an interval of at least 4 weeks between doses. The vaccination course should preferably be given before 16 weeks of age, but must be completed by the age of 24 weeks.

Rotarix may be given with the same posology to preterm infants born after at least 27 weeks of gestational age (see sections 4.8 and 5.1).

In clinical trials, spitting or regurgitation of the vaccine has rarely been observed and, under such circumstances, a replacement dose was not given. However, in the unlikely event that an infant spits out or regurgitates most of the vaccine dose, a single replacement dose may be given at the same vaccination visit.

It is recommended that infants who receive a first dose of Rotarix complete the 2-dose regimen with Rotarix. There are no data on safety, immunogenicity or efficacy when Rotarix is administered for the first dose and another rotavirus vaccine is administered for the second dose or vice versa.

Paediatric population

Rotarix should not be used in children over 24 weeks of age.

Method of administration

Rotarix is for **oral** use only.

Rotarix should under no circumstances be injected.

For instructions for administration, see section 6.6.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

Hypersensitivity after previous administration of rotavirus vaccines.

History of intussusception.

Subjects with uncorrected congenital malformation of the gastrointestinal tract that would predispose for intussusception.

Subjects with Severe Combined Immunodeficiency (SCID) disorder (see section 4.8).

Administration of Rotarix should be postponed in subjects suffering from acute severe febrile illness. The presence of a minor infection is not a contra-indication for immunisation.

The administration of Rotarix should be postponed in subjects suffering from diarrhoea or vomiting.

4.4 Special warnings and precautions for use

It is good clinical practice that vaccination should be preceded by a review of the medical history especially with regard to the contraindications and by a clinical examination.

There are no data on the safety and efficacy of Rotarix in infants with gastrointestinal illnesses or growth retardation. Administration of Rotarix may be considered with caution in such infants when, in the opinion of the physician, withholding the vaccine entails a greater risk.

As a precaution, healthcare professionals should follow-up on any symptoms indicative of intussusception (severe abdominal pain, persistent vomiting, bloody stools, abdominal bloating and/or high fever) since data from observational safety studies indicate an increased risk of intussusception, mostly within 7 days after rotavirus vaccination (see section 4.8). Parents/guardians should be advised to promptly report such symptoms to their healthcare provider.

For subjects with a predisposition for intussusception, see section 4.3.

Asymptomatic and mildly symptomatic HIV infections are not expected to affect the safety or efficacy of Rotarix. A clinical study in a limited number of asymptomatic or mildly symptomatic HIV positive infants showed no apparent safety problems (see section 4.8).

Administration of Rotarix to infants who have known or suspected immunodeficiency should be based on careful consideration of potential benefits and risks.

Excretion of the vaccine virus in the stools is known to occur after vaccination with peak excretion around the 7th day. Viral antigen particles detected by ELISA were found in 50% of stools after the first dose of Rotarix lyophilised formulation and 4% of stools after the second dose. When these stools were tested for the presence of live vaccine strain, only 17% were positive. In two comparative

controlled trials, vaccine shedding after vaccination with Rotarix liquid formulation was comparable to that observed after vaccination with Rotarix lyophilised formulation.

Cases of transmission of this excreted vaccine virus to seronegative contacts of vaccinees have been observed without causing any clinical symptom.

Rotarix should be administered with caution to individuals with immunodeficient close contacts, such as individuals with malignancies, or who are otherwise immunocompromised or individuals receiving immunosuppressive therapy.

Contacts of recent vaccinees should observe personal hygiene (e.g. wash their hands after changing child's nappies).

The potential risk of apnoea and the need for respiratory monitoring for 48-72h should be considered when administering the primary immunisation series to very premature infants (born \leq 28 weeks of gestation) and particularly for those with a previous history of respiratory immaturity.

As the benefit of the vaccination is high in this group of infants, vaccination should not be withheld or delayed.

A protective immune response may not be elicited in all vaccinees (see section 5.1).

The extent of protection that Rotarix might provide against other rotavirus strains that have not been circulating in clinical trials is currently unknown. Clinical studies from which efficacy data were derived were conducted in Europe, Central and South America, Africa and Asia (see section 5.1).

Rotarix does not protect against gastro-enteritis due to other pathogens than rotavirus.

No data are available on the use of Rotarix for post-exposure prophylaxis.

Rotarix should under no circumstances be injected.

The vaccine contains sucrose as an excipient. Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take this vaccine.

4.5 Interaction with other medicinal products and other forms of interaction

Rotarix can be given concomitantly with any of the following monovalent or combination vaccines [including hexavalent vaccines (DTPa-HBV-IPV/Hib)]: diphtheria-tetanus-whole cell pertussis vaccine (DTPw), diphtheria-tetanus-acellular pertussis vaccine (DTPa), *Haemophilus influenzae* type b vaccine (Hib), inactivated polio vaccine (IPV), hepatitis B vaccine (HBV), pneumococcal conjugate vaccine and meningococcal serogroup C conjugate vaccine. Clinical studies demonstrated that the immune responses and the safety profiles of the administered vaccines were unaffected.

Concomitant administration of Rotarix and oral polio vaccine (OPV) does not affect the immune response to the polio antigens. Although concomitant administration of OPV may slightly reduce the immune response to rotavirus vaccine, clinical protection against severe rotavirus gastro-enteritis was shown to be maintained in a clinical trial involving more than 4,200 subjects who received Rotarix concomitantly with OPV.

There are no restrictions on the infant's consumption of food or liquid, either before or after vaccination.

4.6 Fertility, pregnancy and lactation

Rotarix is not intended for use in adults. There are no data on the use of Rotarix during pregnancy and

lactation.

Based on evidence generated in clinical trials, breast-feeding does not reduce the protection against rotavirus gastro-enteritis afforded by Rotarix. Therefore, breast-feeding may be continued during the vaccination schedule.

4.7 Effects on ability to drive and use machines

Not relevant.

4.8 Undesirable effects

Summary of the safety profile

The safety profile presented below is based on data from clinical trials conducted with either the lyophilised or the liquid formulation of Rotarix.

In a total of four clinical trials, approximately 3,800 doses of Rotarix liquid formulation were administered to approximately 1,900 infants. Those trials have shown that the safety profile of the liquid formulation is comparable to the lyophilised formulation.

In a total of twenty-three clinical trials, approximately 106,000 doses of Rotarix (lyophilised or liquid formulation) were administered to approximately 51,000 infants.

In three placebo-controlled clinical trials (Finland, India and Bangladesh), in which Rotarix was administered alone (administration of routine paediatric vaccines was staggered), the incidence and severity of the solicited events (collected 8 days post-vaccination), diarrhoea, vomiting, loss of appetite, fever, irritability and cough/runny nose were not significantly different in the group receiving Rotarix when compared to the group receiving placebo. No increase in the incidence or severity of these events was seen with the second dose.

In a pooled analysis from seventeen placebo-controlled clinical trials (Europe, North America, Latin America, Asia, Africa) including trials in which Rotarix was co-administered with routine paediatric vaccines (see section 4.5), the following adverse reactions (collected 31 days post-vaccination) were considered as possibly related to vaccination.

Tabulated list of adverse reactions

Adverse reactions reported are listed according to the following frequency:

Frequencies are reported as:

Very common ($\geq 1/10$)

Common ($\geq 1/100$ to $< 1/10$)

Uncommon ($\geq 1/1,000$ to $< 1/100$)

Rare ($\geq 1/10,000$ to $< 1/1,000$)

Very rare ($< 1/10,000$)

System Organ Class	Frequency	Adverse reactions
Gastrointestinal disorders	Common	Diarrhoea
	Uncommon	Abdominal pain, flatulence
	Very rare	Intussusception (see section 4.4)
	Not known*	Haematochezia
	Not known*	Gastroenteritis with vaccine viral shedding in infants with Severe Combined Immunodeficiency (SCID) disorder
Skin and subcutaneous tissue disorders	Uncommon	Dermatitis
General disorders and administration site conditions	Common	Irritability
Respiratory, thoracic and mediastinal disorders	Not known*	Apnoea in very premature infants (≤ 28 weeks of gestation) (see section 4.4)

*Because these events were reported spontaneously, it is not possible to reliably estimate their frequency.

Description of selected adverse reactions

Intussusception

Data from observational safety studies performed in several countries indicate that rotavirus vaccines carry an increased risk of intussusception, mostly within 7 days of vaccination. Up to 6 additional cases per 100,000 infants have been observed in these countries against a background incidence of 25 to 101 per 100,000 infants (less than one year of age) per year, respectively.

There is limited evidence of a smaller increased risk following the second dose.

It remains unclear whether rotavirus vaccines affect the overall incidence of intussusception based on longer periods of follow-up (see section 4.4).

Other special populations

Safety in preterm infants

In a clinical study, 670 pre-term infants from 27 to 36 weeks of gestational age were administered Rotarix lyophilised formulation and 339 received placebo. The first dose was administered from 6 weeks after birth. Serious adverse events were observed in 5.1% of recipients of Rotarix as compared with 6.8% of placebo recipients. Similar rates of other adverse events were observed in Rotarix and placebo recipients. No cases of intussusception were reported.

Safety in infants with human immunodeficiency (HIV) infection

In a clinical study, 100 infants with HIV infection were administered Rotarix lyophilised formulation or placebo. The safety profile was similar between Rotarix and placebo recipients.

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. Healthcare professionals are asked to report any suspected adverse reactions via **the national reporting system listed in [Appendix V](#)**.

4.9 Overdose

Some cases of overdose have been reported. In general, the adverse event profile reported in these cases was similar to that observed after administration of the recommended dose of Rotarix.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmaco-therapeutic group: rotavirus diarrhoea vaccines, ATC code: J07BH01

Protective efficacy of the lyophilised formulation

In clinical trials, efficacy was demonstrated against gastro-enteritis due to rotavirus of the most common genotypes G1P[8], G2P[4], G3P[8], G4P[8] and G9P[8]. In addition, efficacy against uncommon rotavirus genotypes G8P[4](severe gastro-enteritis) and G12P[6] (any gastro-enteritis) has been demonstrated. These strains are circulating worldwide.

Clinical studies have been conducted in Europe, Latin America, Africa and Asia to evaluate the protective efficacy of Rotarix against any and severe rotavirus gastro-enteritis.

Severity of gastro-enteritis was defined according to two different criteria:

- the Vesikari 20-point scale, which evaluates the full clinical picture of rotavirus gastro-enteritis by taking into account the severity and duration of diarrhoea and vomiting, the severity of fever and dehydration as well as the need for treatment

or

- the clinical case definition based on World Health Organization (WHO) criteria

Clinical protection was assessed in the ATP cohort for efficacy, which includes all subjects from the ATP cohort for safety who entered into the concerned efficacy follow-up period.

Protective efficacy in Europe

A clinical study performed in Europe evaluated Rotarix given according to different European schedules (2, 3 months; 2, 4 months; 3, 4 months; 3, 5 months) in 4,000 subjects.

After two doses of Rotarix, the protective vaccine efficacy observed during the first and second year of life is presented in the following table:

	1st year of life Rotarix N=2,572 Placebo N=1,302		2nd year of life Rotarix N=2,554 Placebo N=1,294	
Vaccine efficacy (%) against any and severe rotavirus gastro-enteritis [95% CI]				
Genotype	Any severity	Severe[†]	Any severity	Severe[†]
G1P[8]	95.6 [87.9;98.8]	96.4 [85.7;99.6]	82.7 [67.8;91.3]	96.5 [86.2;99.6]
G2P[4]	62.0* [<0.0;94.4]	74.7* [<0.0;99.6]	57.1 [<0.0;82.6]	89.9 [9.4;99.8]
G3P[8]	89.9 [9.5;99.8]	100 [44.8;100]	79.7 [<0.0;98.1]	83.1* [<0.0;99.7]
G4P[8]	88.3 [57.5;97.9]	100 [64.9;100]	69.6* [<0.0;95.3]	87.3 [<0.0;99.7]
G9P[8]	75.6 [51.1;88.5]	94.7 [77.9;99.4]	70.5 [50.7;82.8]	76.8 [50.8;89.7]
Strains with P[8] genotype	88.2 [80.8;93.0]	96.5 [90.6;99.1]	75.7 [65.0;83.4]	87.5 [77.8;93.4]

Circulating rotavirus strains	87.1 [79.6;92.1]	95.8 [89.6;98.7]	71.9 [61.2;79.8]	85.6 [75.8;91.9]
Vaccine efficacy (%) against rotavirus gastro-enteritis requiring medical attention [95% CI]				
Circulating rotavirus strains	91.8 [84;96.3]		76.2 [63.0;85.0]	
Vaccine efficacy (%) against hospitalisation due to rotavirus gastro-enteritis [95% CI]				
Circulating rotavirus strains	100 [81.8;100]		92.2 [65.6;99.1]	

† Severe gastro-enteritis was defined as a score ≥ 11 on the Vesikari scale

* Not statistically significant ($p \geq 0.05$). These data should be interpreted with caution

Vaccine efficacy during the first year of life progressively increased with increasing disease severity, reaching 100% (95% CI: 84.7;100) for Vesikari scores ≥ 17 .

Protective efficacy in Latin America

A clinical study performed in Latin America evaluated Rotarix in more than 20,000 subjects. Severity of gastro-enteritis (GE) was defined according to WHO criteria. The protective vaccine efficacy against severe rotavirus (RV) gastro-enteritis requiring hospitalisation and/or rehydration therapy in a medical facility and the genotype specific vaccine efficacy after two doses of Rotarix are presented in the table below:

Genotype	Severe rotavirus gastro-enteritis† (1 st year of life) Rotarix N=9,009 Placebo N=8,858	Severe rotavirus gastro-enteritis† (2 nd year of life) Rotarix N=7,175 Placebo N=7,062
	Efficacy (%) [95% CI]	Efficacy (%) [95% CI]
All RVGE	84.7 [71.7;92.4]	79.0 [66.4;87.4]
G1P[8]	91.8 [74.1;98.4]	72.4 [34.5;89.9]
G3P[8]	87.7 [8.3;99.7]	71.9* [<0.0;97.1]
G4P[8]	50.8#* [<0.0;99.2]	63.1 [0.7;88.2]
G9P[8]	90.6 [61.7;98.9]	87.7 [72.9;95.3]
Strains with P[8] genotype	90.9 [79.2;96.8]	79.5 [67.0;87.9]

† Severe rotavirus gastro-enteritis was defined as an episode of diarrhoea with or without vomiting that required hospitalization and/or re-hydration therapy in a medical facility (WHO criteria)

* Not statistically significant ($p \geq 0.05$). These data should be interpreted with caution

The numbers of cases, on which the estimates of efficacy against G4P[8] were based, were very small (1 case in the Rotarix group and 2 cases in the placebo group)

A pooled analysis of five efficacy studies*, showed a 71.4% (95% CI:20.1;91.1) efficacy against severe rotavirus gastro-enteritis (Vesikari score ≥ 11) caused by rotavirus G2P[4] genotype during the first year of life.

* In these studies, the point estimates and confidence intervals were respectively: 100% (95% CI: -1,858.0;100), 100% (95% CI: 21.1;100), 45.4% (95% CI: -81.5;86.6), 74.7 (95% CI :-386.2;99.6). No point estimate was available for the remaining study.

Protective efficacy in Africa

A clinical study performed in Africa (Rotarix: N = 2,974; placebo: N = 1,443) evaluated Rotarix given at approximately 10 and 14 weeks of age (2 doses) or 6, 10 and 14 weeks of age (3 doses). The vaccine efficacy against severe rotavirus gastro-enteritis during the first year of life was 61.2% (95% CI: 44.0;73.2). The protective vaccine efficacy (pooled doses) observed against any and severe rotavirus gastro-enteritis is presented in the following table:

Genotype	Any rotavirus gastro-enteritis Rotarix N=2,974 Placebo N=1,443	Severe rotavirus gastro-enteritis† Rotarix N=2,974 Placebo N=1,443
	Efficacy (%) [95% CI]	Efficacy (%) [95% CI]
G1P[8]	68.3 [53.6;78.5]	56.6 [11.8;78.8]
G2P[4]	49.3 [4.6;73.0]	83.8 [9.6;98.4]
G3P[8]	43.4* [<0.0;83.7]	51.5* [<0.0;96.5]
G8P[4]	38.7* [<0.0;67.8]	63.6 [5.9;86.5]
G9P[8]	41.8* [<0.0;72.3]	56.9* [<0.0;85.5]
G12P[6]	48.0 [9.7;70.0]	55.5* [<0.0; 82.2]
Strains with P[4] genotype	39.3 [7.7;59.9]	70.9 [37.5;87.0]
Strains with P[6] genotype	46.6 [9.4;68.4]	55.2* [<0.0;81.3]
Strains with P[8] genotype	61.0 [47.3;71.2]	59.1 [32.8;75.3]

† Severe gastro-enteritis was defined as a score ≥ 11 on the Vesikari scale

* Not statistically significant ($p \geq 0.05$). These data should be interpreted with caution

Sustained efficacy up to 3 years of age in Asia

A clinical study conducted in Asia (Hong Kong, Singapore and Taiwan) (Total vaccinated cohort : Rotarix: N = 5,359; placebo: N = 5,349) evaluated Rotarix given according to different schedules (2, 4 months of age; 3, 4 months of age).

During the first year, significantly fewer subjects in the Rotarix group reported severe rotavirus gastro-enteritis caused by the circulating wild-type RV compared to the placebo group from 2 weeks after Dose 2 up to one year of age (0.0% versus 0.3%), with a vaccine efficacy of 100% (95% CI: 72.2; 100).

The protective vaccine efficacy after two doses of Rotarix observed against severe rotavirus gastro-enteritis up to 2 years of age is presented in the following table:

Efficacy up to 2 years of age Rotarix N= 5,263 Placebo N= 5,256	
Vaccine efficacy (%) against severe rotavirus gastro-enteritis (95% CI)	
Genotype	Severe†
G1P[8]	100 (80.8;100)
G2P[4]	100* (<0.0;100)

G3P[8]	94.5 (64.9;99.9)
G9P[8]	91.7 (43.8;99.8)
Strains with P[8] genotype	95.8 (83.8;99.5)
Circulating rotavirus strains	96.1 (85.1;99.5)
Vaccine efficacy (%) against rotavirus gastro-enteritis requiring hospitalisation and/or rehydration therapy in a medical facility (95% CI)	
Circulating rotavirus strains	94.2 (82.2;98.8)

† Severe gastro-enteritis was defined as a score ≥ 11 on the Vesikari scale

* Not statistically significant ($p \geq 0.05$). These data should be interpreted with caution

During the third year of life, there were no cases of severe RV gastro-enteritis in the Rotarix group (N=4,222) versus 13 (0.3%) in the placebo group (N=4,185). Vaccine efficacy was 100% (95% CI: 67.5; 100). The severe RV gastro-enteritis cases were due to RV strains G1P[8], G2P[4], G3P[8] and G9P[8]. The incidence of severe RV gastro-enteritis associated with the individual genotypes was too small to allow calculation of efficacy. The efficacy against severe RV gastro-enteritis requiring hospitalisation was 100% (95% CI: 72.4; 100).

Protective efficacy of the liquid formulation

Since the immune response observed after 2 doses of Rotarix liquid formulation was comparable to the immune response observed after 2 doses of Rotarix lyophilised formulation, the levels of vaccine efficacy observed with the lyophilised formulation can be extrapolated to the liquid formulation.

Immune response

The immunologic mechanism by which Rotarix protects against rotavirus gastro-enteritis is not completely understood. A relationship between antibody responses to rotavirus vaccination and protection against rotavirus gastro-enteritis has not been established.

The following table shows the percentage of subjects initially seronegative for rotavirus (IgA antibody titres < 20 U/ml) (by ELISA) with serum anti-rotavirus IgA antibody titers ≥ 20 U/ml one to two months after the second dose of vaccine or placebo as observed in different studies with Rotarix lyophilised formulation.

Schedule	Studies conducted in	Vaccine		Placebo	
		N	% ≥ 20 U/ml [95% CI]	N	% ≥ 20 U/ml [95% CI]
2, 3 months	France, Germany	239	82.8 [77.5;87.4]	127	8.7 [4.4;15.0]
2, 4 months	Spain	186	85.5 [79.6;90.2]	89	12.4 [6.3;21.0]
3, 5 months	Finland, Italy	180	94.4 [90.0;97.3]	114	3.5 [1.0;8.7]
3, 4 months	Czech Republic	182	84.6 [78.5;89.5]	90	2.2 [0.3;7.8]
2, 3 to 4 months	Latin America; 11 countries	393	77.9% [73.8;81.6]	341	15.1% [11.7;19.0]
10, 14 weeks and 6, 10, 14 weeks (Pooled)	South Africa, Malawi	221	58.4 [51.6;64.9]	111	22.5 [15.1;31.4]

In three comparative controlled trials, the immune response elicited by Rotarix liquid formulation was comparable to the one elicited by Rotarix lyophilised formulation.

Immune response in preterm infants

In a clinical study conducted in preterm infants, born after at least 27 weeks of gestational age, the immunogenicity of Rotarix was assessed in a subset of 147 subjects and showed that Rotarix is immunogenic in this population; 85.7% (95% CI: 79.0;90.9) of subjects achieved serum anti-rotavirus IgA antibody titers ≥ 20 U/ml (by ELISA) one month after the second dose of vaccine.

Effectiveness

In observational studies, vaccine effectiveness was demonstrated against severe gastro-enteritis leading to hospitalisation due to rotavirus of common genotypes G1P[8], G2P[4], G3P[8], G4P[8] and G9P[8] as well as the less common rotavirus genotypes G9P[4] and G9P[6]. All of these strains are circulating worldwide.

Effectiveness after 2 doses in preventing RVGE leading to hospitalization

Countries Period	Age range	N⁽¹⁾ (cases/controls)	Strains	Effectiveness % [95% CI]
High Income countries				
Belgium 2008-2010 ⁽²⁾	< 4 yrs 3-11 m	160/198	All	90 [81;95] 91 [75;97]
			G1P[8]	95 [78;99]
	< 4 yrs 3-11 m	80/103	G2P[4]	85 [64;94] 83 [11;96] ⁽³⁾
			G3P[8]	87* [<0;98] ⁽³⁾
	< 4 yrs	16/17	G4P[8]	90 [19;99] ⁽³⁾
Singapore 2008-2010 ⁽²⁾	< 5 yrs	136/272 89/89	All	84 [32;96]
			G1P[8]	91 [30;99]
Taiwan 2009-2011	< 3 yrs	275/1,623 ⁽⁴⁾	All G1P[8]	92 [75;98] 95 [69;100]
US 2010-2011	< 2 yrs	85/1,062 ⁽⁵⁾	All G1P[8] G2P[4]	85 [73;92] 88 [68;95] 88 [68;95]
	8-11 m		All	89 [48;98]
US 2009-2011	< 5 yrs	74/255 ⁽⁴⁾	G3P[8]	68 [34;85]
Middle Income Countries				
Bolivia 2010-2011	< 3 yrs 6-11 m	300/974	All	77 [65;84] ⁽⁶⁾ 77 [51;89]
			G9P[8]	85 [69;93] 90 [65;97]
	< 3 yrs 6-11 m		G3P[8]	93 [70;98]
	< 3 yrs		G2P[4]	69 [14;89]
			G9P[6]	87 [19;98]
	Brazil 2008-2011		< 2 yrs	115/1,481
G1P[8]		89 [78;95]		
G2P[4]		76 [64;84]		
Brazil 2008-2009 ⁽²⁾	< 3 yrs 3-11 m	249/249 ⁽⁵⁾	All	76 [58;86] 96 [68;99]
	< 3 yrs 3-11 m	222/222 ⁽⁵⁾	G2P[4]	75 [57;86] 95 [66;99] ⁽³⁾

El Salvador 2007-2009	< 2 yrs 6-11 m	251/770 ⁽⁵⁾	All	76 [64;84] ⁽⁶⁾ 83 [68;91]
Guatemala 2012-2013	< 4 yrs	NA ⁽⁷⁾	All	63 [23;82]
Mexico 2010	< 2 yrs	9/17 ⁽⁵⁾	G9P[4]	94 [16;100]
Low Income Countries				
Malawi 2012-2014	< 2 yrs	81/234 ⁽⁵⁾	All	63 [23;83]

m: months

yrs: years

* Not statistically significant ($P \geq 0.05$). These data should be interpreted with caution.

(1) The number of fully vaccinated (2 doses) and unvaccinated cases and controls is given.

(2) GSK sponsored studies

(3) Data from a post-hoc analysis

(4) Vaccine effectiveness was calculated using rotavirus-negative hospital control participants (estimates from Taiwan were calculated using combined rotavirus-negative hospital control and non-diarrhoea hospital control participants).

(5) Vaccine effectiveness was calculated using neighborhood controls.

(6) In subjects who did not receive the full course of vaccination, the effectiveness after one dose ranged from 51% (95% CI: 26;67, El Salvador) to 60% (95% CI: 37;75, Brazil).

(7) NA: not available. Vaccine effectiveness estimate is based on 41 fully vaccinated cases and 175 fully vaccinated controls.

Impact on mortality[§]

Impact studies with Rotarix conducted in Panama, Brazil and Mexico showed a decrease in all cause diarrhoea mortality ranging from 17% to 73% in children less than 5 years of age, within 2 to 4 years after vaccine introduction.

Impact on hospitalisation[§]

In a retrospective database study in Belgium conducted in children 5 years of age and younger, the direct and indirect impact of Rotarix vaccination on rotavirus-related hospitalisation ranged from 64% (95% CI: 49;76) to 80% (95% CI: 77;83) two years after vaccine introduction. Similar studies in Armenia, Australia, Brazil, Canada, El Salvador and Zambia showed a reduction of 45 to 93% between 2 and 4 years after vaccine introduction.

In addition, nine impact studies on all-cause diarrhoea hospitalisation conducted in Africa and Latin America showed a reduction of 14% to 57% between 2 and 5 years after vaccine introduction.

[§]NOTE : Impact studies are meant to establish a temporal relationship but not a causal relationship between the disease and vaccination. Natural fluctuations of the incidence of the disease may also influence the observed temporal effect.

5.2 Pharmacokinetic properties

Not applicable.

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on conventional studies of repeated dose toxicity.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Sucrose
Di-sodium Adipate
Dulbecco's Modified Eagle Medium (DMEM)
Sterile water

6.2 Incompatibilities

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

6.3 Shelf life

3 years.
The vaccine should be used immediately after opening.

6.4 Special precautions for storage

Store in a refrigerator (2°C – 8°C).
Do not freeze.

Store in the original package, in order to protect from light.

6.5 Nature and contents of container

1.5 ml of **oral** suspension in a squeezable tube (polyethylene) fitted with a membrane and a tube cap (polypropylene) in pack sizes of 1, 10 or 50.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

The vaccine is presented as a clear, colourless liquid, free of visible particles, for **oral** administration.

The vaccine is ready to use (no reconstitution or dilution is required).
The vaccine is to be administered **orally** without mixing with any other vaccines or solutions.

The vaccine should be inspected visually for any foreign particulate matter and/or abnormal physical appearance. In the event of either being observed, discard the vaccine.

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

Instructions for administration of the vaccine:

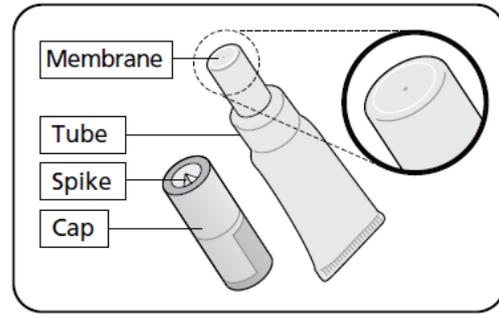
Please read the instructions for use all the way through before starting to give the vaccine.

A What you need to do before giving Rotarix

- Check the expiry date.
- Check the tube has not been damaged nor is already open.
- Check the liquid is clear and colourless, without any particles in it.

If you notice anything abnormal, do not use the vaccine.

- This vaccine is given orally - straight from the tube.
- It is ready to use - you do not need to mix it with anything.



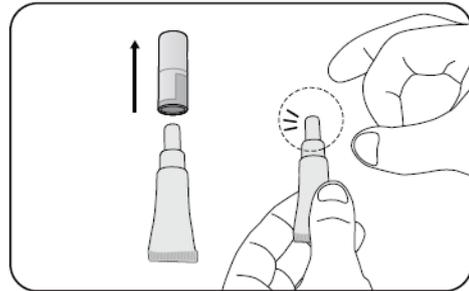
B Get the tube ready

1. Pull off the cap

- *Keep the cap – you need this to pierce the membrane.*
- *Hold the tube upright.*

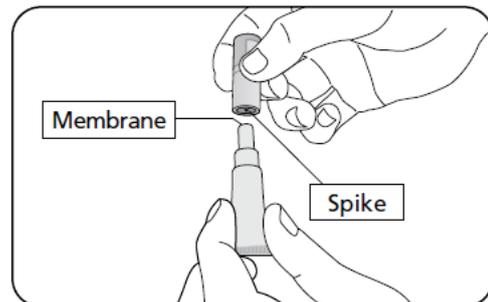
2. Repeatedly flick the top of the tube until it is clear of any liquid

- Clear any liquid from the thinnest section of the tube by flicking just below the membrane.



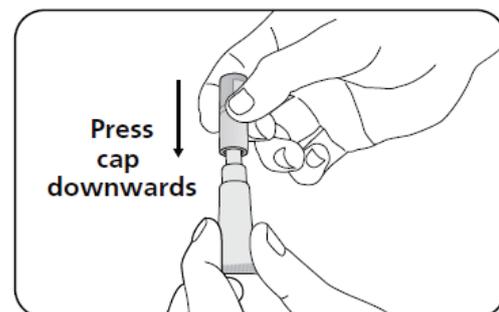
3. Position the cap to open the tube

- Keep the tube held upright.
- Hold the side of tube
- There is a small spike inside the top of the cap - in the centre.
- Turn the cap upside down (180°).



4. To open the tube

- You do not need to twist. Press the cap down to pierce the membrane.
- Then lift off the cap.



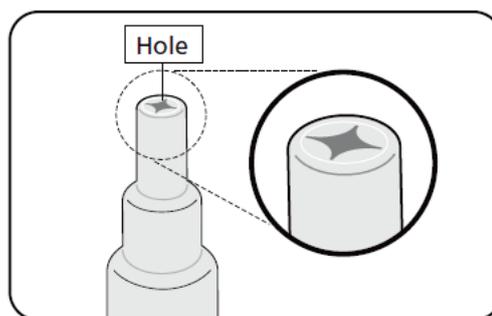
C Check the tube has opened correctly

1. Check the membrane has been pierced

- There should be a hole at the top of the tube.

2. What to do if the membrane has not been pierced

- If the membrane has not been pierced return to section B and repeat steps 2, 3 and 4.



D Give the vaccine

- Once the tube is open check the liquid is clear, without any particles in it.
If you notice anything abnormal, do not use the vaccine.
- Give the vaccine straight away.

1. Position the child to give the vaccine

- Seat the child leaning slightly backwards.

2. Administer the vaccine

- Squeeze the liquid gently into the side of the child's mouth - towards the inside of their cheek.
- You may need to squeeze the tube a few times to get all of the vaccine out - it is okay if a drop remains in the tip of the tube.



Discard the empty tube and cap in approved biological waste containers according to local regulations.

7. MARKETING AUTHORISATION HOLDER

GlaxoSmithKline Biologicals s.a.
Rue de l'Institut 89
B-1330 Rixensart, Belgium

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/05/330/009
EU/1/05/330/010
EU/1/05/330/011

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 21 February 2006
Date of latest renewal: 14 January 2016

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu/>.

ANNEX II

- A. MANUFACTURER(S) OF THE BIOLOGICAL ACTIVE SUBSTANCE(S) AND MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE**
- B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE**
- C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION**
- D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT**

A. MANUFACTURER(S) OF THE BIOLOGICAL ACTIVE SUBSTANCE(S) AND MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer(s) of the biological active substance(s)

GlaxoSmithKline Biologicals s.a.
Parc de la Noire Epine
Rue Fleming, 20
1300 Wavre Belgium

Name and address of the manufacturer(s) responsible for batch release

GlaxoSmithKline Biologicals s.a.
Rue de l'Institut 89
1330 Rixensart
Belgium

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

Medicinal product subject to medical prescription.

Official batch release:

In accordance with Article 114 of Directive 2001/83/EC, the official batch release will be undertaken by a state laboratory or a laboratory designated for that purpose.

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

• **Periodic Safety Update Reports**

The requirements for submission of periodic safety update reports for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

• **Risk Management Plan (RMP)**

The MAH shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2. of the Marketing Authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:

- At the request of the European Medicines Agency;
- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.

- **Obligation to conduct post-authorisation measures**

In order to address the presence of porcine circovirus type 1(PCV-1) in Rotarix, the MAH commits to:

- Provide, on a 6-month basis, updates on the progress being made on the activities set out in the implementation plan for the development of a PCV-free vaccine, as agreed by CHMP on 15 September 2016: every June and December until the PCV-free Rotarix application.
- Submit an application at the latest in 2020 to amend the particulars of the marketing authorisation in order to render the medicinal product PCV-free.

ANNEX III
LABELLING AND PACKAGE LEAFLET

A. LABELLING

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING
GLASS CONTAINER WITH ORAL APPLICATOR AND TRANSFER ADAPTER, PACK
SIZE OF 1, 5, 10 OR 25**

1. NAME OF THE MEDICINAL PRODUCT

Rotarix powder and solvent for **oral** suspension
Rotavirus vaccine, live

2. STATEMENT OF ACTIVE SUBSTANCE(S)

After reconstitution, 1 dose (1 ml) contains:

Human rotavirus RIX4414 strain (live, attenuated)* not less than $10^{6.0}$ CCID₅₀

*Produced on Vero cells

3. LIST OF EXCIPIENTS

Powder: sucrose, sorbitol
See the package leaflet for further information

4. PHARMACEUTICAL FORM AND CONTENTS

Powder and solvent for **oral** suspension

1 glass container: powder
1 **oral** applicator: solvent
1 transfer adapter
1 dose (1 ml)

5 glass containers: powder
5 **oral** applicators: solvent
5 transfer adapters
5 x 1 dose (1 ml)

10 glass containers: powder
10 **oral** applicators: solvent
10 transfer adapters
10 x 1 dose (1 ml)

25 glass containers: powder
25 **oral** applicators: solvent
25 transfer adapters
25 x 1 dose (1 ml)

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Oral use
Do not inject!

Shake before use
Read the package leaflet before use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

Read the leaflet for the shelf-life of the reconstituted medicine.
EXP {MM/YYYY}

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator
Do not freeze
Store in the original package in order to protect from light

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

Dispose of in accordance with local regulations

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

GlaxoSmithKline Biologicals s.a.
Rue de l'Institut 89
B-1330 Rixensart, Belgium

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/05/330/001 – pack of 1 (glass container + oral applicator + transfer adapter)
EU/1/05/330/002 – pack of 5 (glass container + oral applicator + transfer adapter)
EU/1/05/330/003 – pack of 10 (glass container + oral applicator + transfer adapter)
EU/1/05/330/004 – pack of 25 (glass container + oral applicator + transfer adapter)

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Justification for not including Braille accepted

**MINIMUM PARTICULARS TO APPEAR ON BLISTERS
ORAL APPLICATOR WITH SOLVENT FOR RECONSTITUTION WITH POWDER**

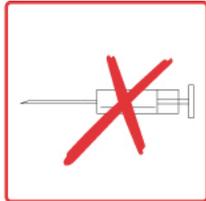
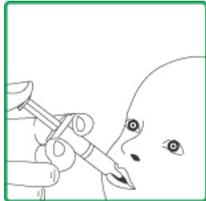
1. NAME OF THE MEDICINAL PRODUCT

2. NAME OF THE MARKETING AUTHORISATION HOLDER

3. EXPIRY DATE

4. BATCH NUMBER

5. OTHER



**MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS
GLASS CONTAINER WITH POWDER TO BE RECONSTITUTED WITH SOLVENT**

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Rotarix
Powder for **oral** suspension
Rotavirus vaccine, live
Oral use

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

1 dose

6. OTHER

**MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS
ORAL APPLICATOR WITH SOLVENT FOR RECONSTITUTION WITH POWDER**

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Solvent for Rotarix
Oral use

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

1 dose (1 ml)

6. OTHER

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING
PRE-FILLED ORAL APPLICATOR, PACK SIZE OF 1, 5, 10 OR 25**

1. NAME OF THE MEDICINAL PRODUCT

Rotarix **oral** suspension in pre-filled **oral** applicator
Rotavirus vaccine, live

2. STATEMENT OF ACTIVE SUBSTANCE(S)

1 dose (1.5 ml) contains:

Human rotavirus RIX4414 strain (live, attenuated) not less than $10^{6.0}$ CCID₅₀

3. LIST OF EXCIPIENTS

Sucrose

See the package leaflet for further information

4. PHARMACEUTICAL FORM AND CONTENTS

Oral suspension in pre-filled **oral** applicator
1 pre-filled **oral** applicator
1 dose (1.5 ml)

5 pre-filled **oral** applicators
5 x 1 dose (1.5 ml)

10 pre-filled **oral** applicators
10 x 1 dose (1.5 ml)

25 pre-filled **oral** applicators
25 x 1 dose (1.5 ml)

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Oral use
Do not inject!
Read the package leaflet before use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children

7. OTHER SPECIAL WARNING(S), IF NECESSARY

Ready to use
No reconstitution required

8. EXPIRY DATE

EXP {MM/YYYY}

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator
Do not freeze
Store in the original package in order to protect from light

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

Dispose of in accordance with local regulations

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

GlaxoSmithKline Biologicals s.a.
Rue de l'Institut 89
B-1330 Rixensart, Belgium

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/05/330/005 – pack of 1 pre-filled **oral** applicator
EU/1/05/330/006 – pack of 5 pre-filled **oral** applicators
EU/1/05/330/007 – pack of 10 pre-filled **oral** applicators
EU/1/05/330/008 – pack of 25 pre-filled **oral** applicators

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Justification for not including Braille accepted

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING
TUBE, PACK SIZES OF 1, 10 OR 50**

1. NAME OF THE MEDICINAL PRODUCT

Rotarix **oral** suspension
Rotavirus vaccine, live

2. STATEMENT OF ACTIVE SUBSTANCE(S)

1 dose (1.5 ml) contains:

Human rotavirus RIX4414 strain (live, attenuated) not less than $10^{6.0}$ CCID₅₀

3. LIST OF EXCIPIENTS

Sucrose
See the package leaflet for further information

4. PHARMACEUTICAL FORM AND CONTENTS

Oral suspension
1 tube
1 dose (1.5 ml)

10 tubes
10 x 1 dose (1.5 ml)

50 tubes
50 x 1 dose (1.5 ml)

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Oral use
Do not inject!
Read the package leaflet before use

**6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT
OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children

7. OTHER SPECIAL WARNING(S), IF NECESSARY



Read the instructions before administration of the vaccine.



This vaccine is intended for **oral administration only**.

8. EXPIRY DATE

EXP {MM/YYYY}

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator
Do not freeze
Store in the original package in order to protect from light

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

Dispose of in accordance with local regulations

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

GlaxoSmithKline Biologicals s.a.
Rue de l'Institut 89
B-1330 Rixensart, Belgium

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/05/330/009 – pack of 1 tube
EU/1/05/330/010 – pack of 10 tubes
EU/1/05/330/011 – pack of 50 tubes

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Justification for not including Braille accepted

**MINIMUM PARTICULARS TO APPEAR ON BLISTERS
PRE-FILLED ORAL APPLICATOR**

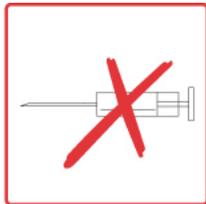
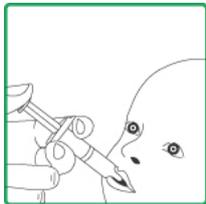
1. NAME OF THE MEDICINAL PRODUCT

2. NAME OF THE MARKETING AUTHORISATION HOLDER

3. EXPIRY DATE

4. BATCH NUMBER

5. OTHER



**MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS
PRE-FILLED ORAL APPLICATOR**

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Rotarix
Oral suspension
Rotavirus vaccine, live
Oral use

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

1 dose (1.5 ml)

6. OTHER

**MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS
TUBE**

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Rotarix
Oral suspension
Rotavirus vaccine, live
Oral use

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

1 dose (1.5 ml)

6. OTHER

B. PACKAGE LEAFLET

Package leaflet: Information for the user

Rotarix powder and solvent for oral suspension

Rotavirus vaccine, live

Read all of this leaflet carefully before your child receives this vaccine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This vaccine has been prescribed for your child only. Do not pass it on to others.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Rotarix is and what it is used for
2. What you need to know before your child receives Rotarix
3. How Rotarix is given
4. Possible side effects
5. How to store Rotarix
6. Contents of the pack and other information

1. What Rotarix is and what it is used for

Rotarix is a viral vaccine, containing live, attenuated human rotavirus, that helps to protect your child, from the age of 6 weeks, against gastro-enteritis (diarrhoea and vomiting) caused by rotavirus infection.

How Rotarix works:

Rotavirus infection is the most common cause of severe diarrhoea in infants and young children. Rotavirus is easily spread from hand-to-mouth due to contact with stools from an infected person. Most children with rotavirus diarrhoea recover on their own. However, some children become very ill with severe vomiting, diarrhoea and life-threatening loss of fluids that requires hospitalisation.

When a person is given the vaccine, the immune system (the body's natural defences) will make antibodies against the most commonly occurring types of rotavirus. These antibodies protect against disease caused by these types of rotavirus.

As with all vaccines, Rotarix may not completely protect all people who are vaccinated against the rotavirus infections it is intended to prevent.

2. What you need to know before your child receives Rotarix

Rotarix should not be given:

- if your child has previously had any allergic reaction to rotavirus vaccines or any of the other ingredients of this vaccine (listed in section 6). Signs of an allergic reaction may include itchy skin rash, shortness of breath and swelling of the face or tongue.
- if your child has previously had intussusception (a bowel obstruction in which one segment of bowel becomes enfolded within another segment).
- if your child was born with a malformation of the gut that could lead to intussusception.
- if your child has a rare inherited illness which affects their immune system called Severe Combined Immunodeficiency (SCID).

- if your child has a severe infection with a high temperature. It might be necessary to postpone the vaccination until recovery. A minor infection such as a cold should not be a problem, but talk to your doctor first.
- if your child has diarrhoea or is vomiting. It might be necessary to postpone the vaccination until recovery.

Warnings and precautions

Talk to your doctor/health care professional before your child receives Rotarix if :

- he/she has a close contact such as a household member who has a weakened immune system, e.g., a person with cancer or who is taking medicines that may weaken the immune system.
- he/she has any disorder of the gastrointestinal system.
- he/she has not been gaining weight and growing as expected.
- he/she has any disease or is taking any medicine which reduces his/her resistance to infection.

After your child has received Rotarix, contact a doctor/health care professional right away if your child experiences severe stomach pain, persistent vomiting, blood in stools, a swollen belly and/or high fever (see also section 4 “Possible side effects”).

As always, please take care to wash your hands thoroughly after changing soiled nappies.

Other medicines and Rotarix

Tell your doctor if your child is taking, has recently taken or might take any other medicines or has recently received any other vaccine.

Rotarix may be given at the same time your child receives other normally recommended vaccines, such as diphtheria, tetanus, pertussis (whooping cough), *Haemophilus influenzae* type b, oral or inactivated polio, hepatitis B vaccines as well as pneumococcal and meningococcal serogroup C conjugate vaccines.

Rotarix with food and drink

There are no restrictions on your child’s consumption of food or liquids, either before or after vaccination.

Breast-feeding

Based on evidence generated in clinical trials, breast-feeding does not reduce the protection against rotavirus gastro-enteritis afforded by Rotarix. Therefore, breast-feeding may be continued during the vaccination schedule.

Rotarix contains sucrose and sorbitol

If you have been told by your doctor that the child being vaccinated has an intolerance to some sugars, contact your doctor before receiving this vaccine.

3. How Rotarix is given

The doctor or nurse will administer the recommended dose of Rotarix to your child. The vaccine (1 ml liquid) will be given **orally**. Under no circumstance should this vaccine be administered by injection.

Your child will receive two doses of the vaccine. Each dose will be given on a separate occasion with an interval of at least 4 weeks between the two doses. The first dose may be given from the age of 6 weeks. The two doses of the vaccine must have been given by the age of 24 weeks, although they should preferably have been given before 16 weeks of age.

Rotarix may be given according to the same vaccination course to infants who were born prematurely, provided that the pregnancy had lasted at least 27 weeks.

In case your child spits out or regurgitates most of the vaccine dose, a single replacement dose may be

given at the same vaccination visit.

When Rotarix is given to your child for the first dose, it is recommended that your child also receives Rotarix (and not another rotavirus vaccine) for the second dose.

It is important that you follow the instructions of your doctor or nurse regarding return visits. If you forget to go back to your doctor at the scheduled time, ask your doctor for advice.

4. Possible side effects

Like all medicines, this vaccine can cause side effects, although not everybody gets them.

The following side effects may happen with this vaccine:

- ◆ Common (These may occur with up to 1 in 10 doses of the vaccine):
 - diarrhoea
 - irritability

- ◆ Uncommon (These may occur with up to 1 in 100 doses of the vaccine):
 - abdominal pain (see also below for signs of very rare side effects of intussusception)
 - flatulence
 - inflammation of the skin

Side effects that have been reported during marketed use of Rotarix include:

- Very rare: intussusception (part of the intestine gets blocked or twisted). The signs may include severe stomach pain, persistent vomiting, blood in stools, a swollen belly and/or high fever. **Contact a doctor/health care professional right away if your child experiences one of these symptoms.**
- blood in stools
- in babies born very prematurely (at or before 28 weeks of gestation) longer gaps than normal between breaths may occur for 2-3 days after vaccination.
- children with a rare inherited illness called Severe Combined Immunodeficiency (SCID) may have an inflamed stomach or gut (gastroenteritis) and pass the vaccine virus in their stools. The signs of gastroenteritis may include feeling sick, being sick, stomach cramps or diarrhoea.

Reporting of side effects

If your child gets any of the side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#). By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Rotarix

Keep this vaccine out of the sight and reach of children.

Do not use this vaccine after the expiry date which is stated on the carton. The expiry date refers to the last day of that month.

Store in a refrigerator (2°C – 8°C).

Do not freeze.

Store in the original package in order to protect from light.

After reconstitution, the vaccine contained in the **oral** applicator should be administered promptly. If

the reconstituted vaccine is not used within 24 hours, it should be discarded.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines your child no longer uses. These measures will help to protect the environment.

6. Contents of the pack and other information

What Rotarix contains

- The active substances are:

Human rotavirus RIX4414 strain (live, attenuated)* not less than $10^{6.0}$ CCID₅₀

*Produced on Vero cells

- The other ingredients in Rotarix are:

Powder: dextran, sucrose, sorbitol (see also section 2, Rotarix contains sucrose and sorbitol), amino acids, Dulbecco's Modified Eagle Medium (DMEM)

Solvent: calcium carbonate, xanthan gum, sterile water

What Rotarix looks like and contents of the pack

Powder and solvent for **oral** suspension

Rotarix is supplied as a whitish powder in a single dose glass container and a separate **oral** applicator of solvent which contains a slow settling white deposit and a colourless supernatant. There is also a transfer adapter which allows easy transfer of the solvent into the glass container containing the powder for mixing the different components of the vaccine.

Both components must be mixed together before your child receives the vaccine. The mixed vaccine will appear more turbid than the solvent alone.

Rotarix is available in a pack of 1, 5, 10 or 25.

Not all pack sizes may be marketed.

Marketing Authorisation Holder and Manufacturer

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This leaflet was last revised in.

Other sources of information

Detailed information on this medicine is available on the European Medicines Agency web site:
<http://www.ema.europa.eu>.

The following information is intended for healthcare professionals only:

Before reconstitution:

A white deposit and clear supernatant is observed upon storage of the **oral** applicator containing the solvent.

The solvent should be inspected visually for any foreign particulate matter and/or abnormal physical appearance prior to reconstitution.

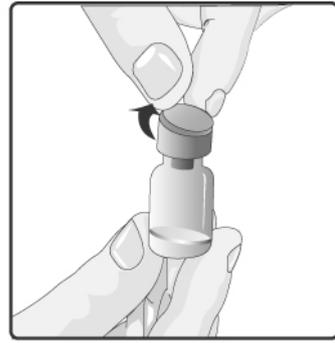
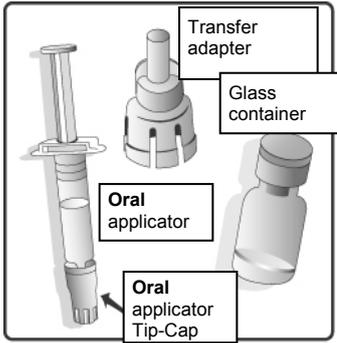
After reconstitution:

The reconstituted vaccine is slightly more turbid than the solvent and is milky white in appearance.

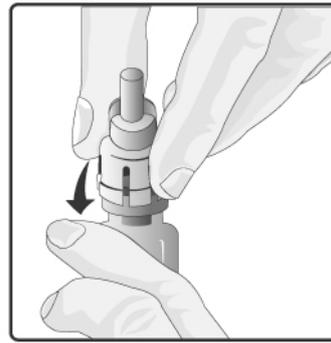
The reconstituted vaccine should also be inspected visually for any foreign particulate matter and/or abnormal physical appearance prior to administration. In the event of either being observed, discard the vaccine.

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

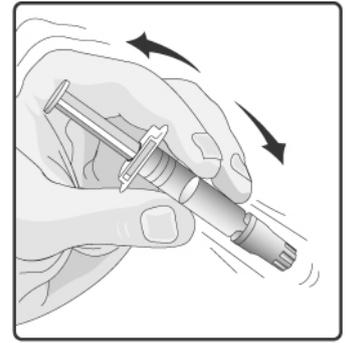
Instructions for reconstitution and administration of the vaccine:



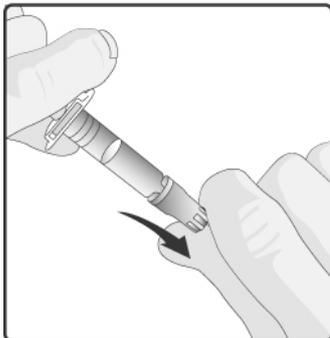
1. Remove the plastic cover from the glass container containing the powder



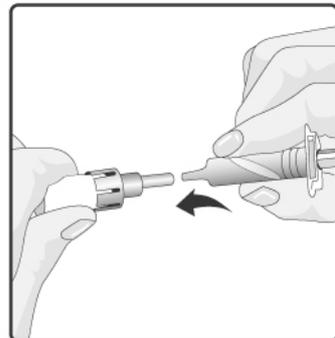
2. Connect the transfer adapter onto the glass container by pushing it downwards until the transfer adapter is properly and securely placed



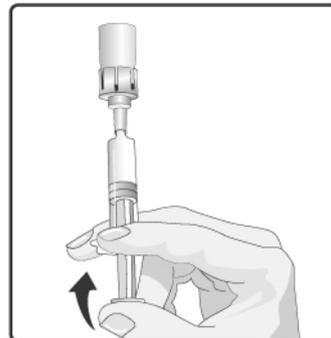
3. Shake the oral applicator containing the solvent vigorously. The shaken suspension will appear as a turbid liquid with a slow settling white deposit



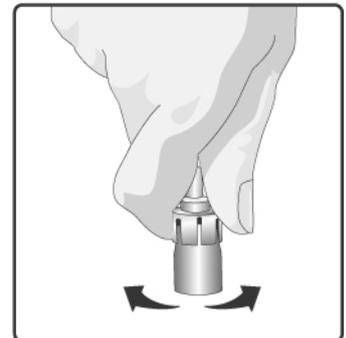
4. Remove the protective tip cap from the oral applicator



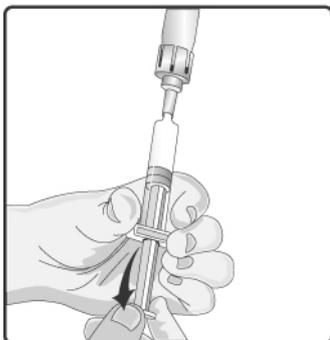
5. Connect the oral applicator into the transfer adapter by pushing it firmly on this device



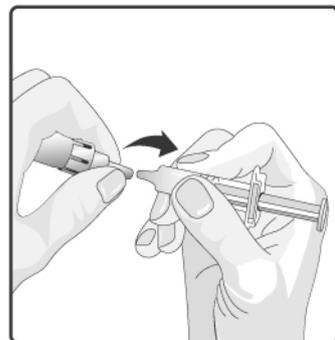
6. Transfer the entire content of the oral applicator into the glass container containing the powder



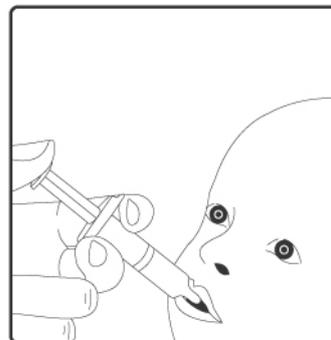
7. With the oral applicator still attached, shake the glass container and examine it for complete suspension of the powder. The reconstituted vaccine will appear more turbid than the solvent alone. This appearance is normal



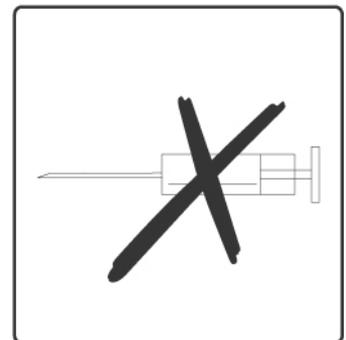
8. Withdraw the entire mixture back into the oral applicator



9. Remove the oral applicator from the transfer adapter



10. This vaccine is for **oral administration only**. The child should be seated in a reclining position. Administer the entire content of the oral applicator **orally** (by administering the entire content of the oral applicator on the inside of the cheek)



11. **Do not inject.**

If the reconstituted vaccine is to be stored temporarily before administration, replace the protective tip cap on the oral applicator. The oral applicator containing the reconstituted vaccine should be shaken gently again before oral administration. **Do not inject.**

Package leaflet: Information for the user

Rotarix oral suspension in pre-filled oral applicator

Rotavirus vaccine, live

Read all of this leaflet carefully before your child receives this vaccine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This vaccine has been prescribed for your child only. Do not pass it on to others.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Rotarix is and what it is used for
2. What you need to know before your child receives Rotarix
3. How Rotarix is given
4. Possible side effects
5. How to store Rotarix
6. Contents of the pack and other information

1. What Rotarix is and what it is used for

Rotarix is a viral vaccine, containing live, attenuated human rotavirus, that helps to protect your child, from the age of 6 weeks, against gastro-enteritis (diarrhoea and vomiting) caused by rotavirus infection.

How Rotarix works:

Rotavirus infection is the most common cause of severe diarrhoea in infants and young children. Rotavirus is easily spread from hand-to-mouth due to contact with stools from an infected person. Most children with rotavirus diarrhoea recover on their own. However, some children become very ill with severe vomiting, diarrhoea and life-threatening loss of fluids that requires hospitalisation.

When a person is given the vaccine, the immune system (the body's natural defences) will make antibodies against the most commonly occurring types of rotavirus. These antibodies protect against disease caused by these types of rotavirus.

As with all vaccines, Rotarix may not completely protect all people who are vaccinated against the rotavirus infections it is intended to prevent.

2. What you need to know before your child receives Rotarix

Rotarix should not be given:

- if your child has previously had any allergic reaction to rotavirus vaccines or any of the other ingredients of this vaccine (listed in section 6). Signs of an allergic reaction may include itchy skin rash, shortness of breath and swelling of the face or tongue.
- if your child has previously had intussusception (a bowel obstruction in which one segment of bowel becomes enfolded within another segment).
- if your child was born with a malformation of the gut that could lead to intussusception.
- if your child has a rare inherited illness which affects their immune system called Severe Combined Immunodeficiency (SCID).

- if your child has a severe infection with a high temperature. It might be necessary to postpone the vaccination until recovery. A minor infection such as a cold should not be a problem, but talk to your doctor first.
- if your child has diarrhoea or is vomiting. It might be necessary to postpone the vaccination until recovery.

Warnings and precautions

Talk to your doctor/health care professional before your child receives Rotarix if :

- he/she has a close contact such as a household member who has a weakened immune system, e.g., a person with cancer or who is taking medicines that may weaken the immune system.
- he/she has any disorder of the gastrointestinal system.
- he/she has not been gaining weight and growing as expected.
- he/she has any disease or is taking any medicine which reduces his/her resistance to infection.

After your child has received Rotarix, contact a doctor/health care professional right away if your child experiences severe stomach pain, persistent vomiting, blood in stools, a swollen belly and/or high fever (see also section 4 “Possible side effects”).

As always, please take care to wash your hands thoroughly after changing soiled nappies.

Other medicines and Rotarix

Tell your doctor if your child is taking, has recently taken or might take any other medicines or has recently received any other vaccine.

Rotarix may be given at the same time your child receives other normally recommended vaccines, such as diphtheria, tetanus, pertussis (whooping cough), *Haemophilus influenzae* type b, oral or inactivated polio, hepatitis B vaccines as well as pneumococcal and meningococcal serogroup C conjugate vaccines.

Rotarix with food and drink

There are no restrictions on your child’s consumption of food or liquids, either before or after vaccination.

Breast-feeding

Based on evidence generated in clinical trials, breast-feeding does not reduce the protection against rotavirus gastro-enteritis afforded by Rotarix. Therefore, breast-feeding may be continued during the vaccination schedule.

Rotarix contains sucrose

If you have been told by your doctor that the child being vaccinated has an intolerance to some sugars, contact your doctor before receiving this vaccine.

3. How Rotarix is given

The doctor or nurse will administer the recommended dose of Rotarix to your child. The vaccine (1.5 ml liquid) will be given **orally**. Under no circumstance should this vaccine be administered by injection.

Your child will receive two doses of the vaccine. Each dose will be given on a separate occasion with an interval of at least 4 weeks between the two doses. The first dose may be given from the age of 6 weeks. The two doses of the vaccine must have been given by the age of 24 weeks, although they should preferably have been given before 16 weeks of age.

Rotarix may be given according to the same vaccination course to infants who were born prematurely, provided that the pregnancy had lasted at least 27 weeks.

In case your child spits out or regurgitates most of the vaccine dose, a single replacement dose may be given at the same vaccination visit.

When Rotarix is given to your child for the first dose, it is recommended that your child also receives Rotarix (and not another rotavirus vaccine) for the second dose.

It is important that you follow the instructions of your doctor or nurse regarding return visits. If you forget to go back to your doctor at the scheduled time, ask your doctor for advice.

4. Possible side effects

Like all medicines, this vaccine can cause side effects, although not everybody gets them.

The following side effects may happen with this vaccine:

- ◆ Common (These may occur with up to 1 in 10 doses of the vaccine):
 - diarrhoea
 - irritability

- ◆ Uncommon (These may occur with up to 1 in 100 doses of the vaccine):
 - abdominal pain (see also below for signs of very rare side effects of intussusception)
 - flatulence
 - inflammation of the skin

Side effects that have been reported during marketed use of Rotarix include:

- Very rare: intussusception (part of the intestine gets blocked or twisted). The signs may include severe stomach pain, persistent vomiting, blood in stools, a swollen belly and/or high fever. **Contact a doctor/health care professional right away if your child experiences one of these symptoms.**
- blood in stools
- in babies born very prematurely (at or before 28 weeks of gestation) longer gaps than normal between breaths may occur for 2-3 days after vaccination.
- children with a rare inherited illness called Severe Combined Immunodeficiency (SCID) may have an inflamed stomach or gut (gastroenteritis) and pass the vaccine virus in their stools. The signs of gastroenteritis may include feeling sick, being sick, stomach cramps or diarrhoea.

Reporting of side effects

If your child gets any of the side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#). By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Rotarix

Keep this vaccine out of the sight and reach of children.

Do not use this vaccine after the expiry date which is stated on the carton. The expiry date refers to the last day of that month.

Store in a refrigerator (2°C – 8°C).

Do not freeze.

Store in the original package in order to protect from light.

The vaccine should be used immediately after opening.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines your child no longer uses. These measures will help to protect the environment.

6. Contents of the pack and other information

What Rotarix contains

- The active substances are:

Human rotavirus RIX4414 strain (live, attenuated)* not less than $10^{6.0}$ CCID₅₀

*Produced on Vero cells

- The other ingredients in Rotarix are: sucrose (see also section 2, Rotarix contains sucrose), Disodium Adipate, Dulbecco's Modified Eagle Medium (DMEM), sterile water

What Rotarix looks like and contents of the pack

Oral suspension in pre-filled **oral** applicator.

Rotarix is supplied as clear and colourless liquid in a single dose pre-filled **oral** applicator (1.5 ml).

Rotarix is available in a pack of 1, 5, 10 or 25.

Not all pack sizes may be marketed.

Marketing Authorisation Holder and Manufacturer

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This leaflet was last revised in.

Other sources of information

Detailed information on this medicine is available on the European Medicines Agency web site:
<http://www.ema.europa.eu>.

The following information is intended for healthcare professionals only:

The vaccine is presented as a clear, colourless liquid, free of visible particles, for **oral** administration.

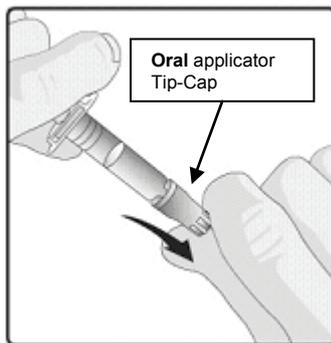
The vaccine is ready to use (no reconstitution or dilution is required).

The vaccine is to be administered **orally** without mixing with any other vaccines or solutions.

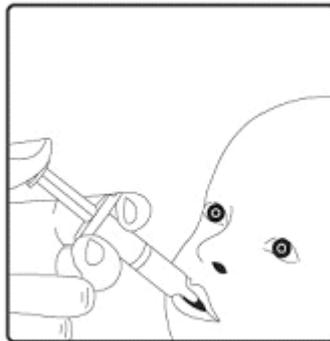
The vaccine should be inspected visually for any foreign particulate matter and/or abnormal physical appearance. In the event of either being observed, discard the vaccine.

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

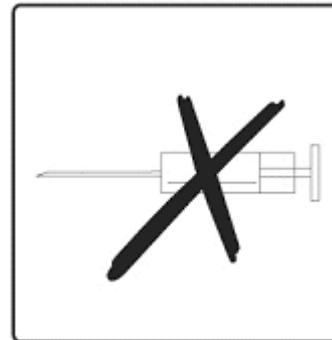
Instructions for administration of the vaccine:



1. Remove the protective tip cap from the **oral** applicator.



2. This vaccine is for **oral administration only**. The child should be seated in a reclining position. Administer **orally** (i.e. into the child's mouth, towards the inner cheek) the entire content of the **oral** applicator.



3. **Do not inject.**

Discard the empty **oral** applicator and tip cap in approved biological waste containers according to local regulations.

Package leaflet: Information for the user

Rotarix oral suspension

Rotavirus vaccine, live

Read all of this leaflet carefully before your child receives this vaccine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This vaccine has been prescribed for your child only. Do not pass it on to others.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Rotarix is and what it is used for
2. What you need to know before your child receives Rotarix
3. How Rotarix is given
4. Possible side effects
5. How to store Rotarix
6. Contents of the pack and other information

1. What Rotarix is and what it is used for

Rotarix is a viral vaccine, containing live, attenuated human rotavirus, that helps to protect your child, from the age of 6 weeks, against gastro-enteritis (diarrhoea and vomiting) caused by rotavirus infection.

How Rotarix works:

Rotavirus infection is the most common cause of severe diarrhoea in infants and young children. Rotavirus is easily spread from hand-to-mouth due to contact with stools from an infected person. Most children with rotavirus diarrhoea recover on their own. However, some children become very ill with severe vomiting, diarrhoea and life-threatening loss of fluids that requires hospitalisation.

When a person is given the vaccine, the immune system (the body's natural defences) will make antibodies against the most commonly occurring types of rotavirus. These antibodies protect against disease caused by these types of rotavirus.

As with all vaccines, Rotarix may not completely protect all people who are vaccinated against the rotavirus infections it is intended to prevent.

2. What you need to know before your child receives Rotarix

Rotarix should not be given:

- if your child has previously had any allergic reaction to rotavirus vaccines or any of the other ingredients of this vaccine (listed in section 6). Signs of an allergic reaction may include itchy skin rash, shortness of breath and swelling of the face or tongue.
- if your child has previously had intussusception (a bowel obstruction in which one segment of bowel becomes enfolded within another segment).
- if your child was born with a malformation of the gut that could lead to intussusception.
- if your child has a rare inherited illness which affects their immune system called Severe Combined Immunodeficiency (SCID).

- if your child has a severe infection with a high temperature. It might be necessary to postpone the vaccination until recovery. A minor infection such as a cold should not be a problem, but talk to your doctor first.
- if your child has diarrhoea or is vomiting. It might be necessary to postpone the vaccination until recovery.

Warnings and precautions

Talk to your doctor/health care professional before your child receives Rotarix if:

- he/she has a close contact such as a household member who has a weakened immune system, e.g., a person with cancer or who is taking medicines that may weaken the immune system.
- he/she has any disorder of the gastrointestinal system.
- he/she has not been gaining weight and growing as expected.
- he/she has any disease or is taking any medicine which reduces his/her resistance to infection.

After your child has received Rotarix, contact a doctor/health care professional right away if your child experiences severe stomach pain, persistent vomiting, blood in stools, a swollen belly and/or high fever (see also section 4 “Possible side effects”).

As always, please take care to wash your hands thoroughly after changing soiled nappies.

Other medicines and Rotarix

Tell your doctor if your child is taking, has recently taken or might take any other medicines or has recently received any other vaccine.

Rotarix may be given at the same time your child receives other normally recommended vaccines, such as diphtheria, tetanus, pertussis (whooping cough), *Haemophilus influenzae* type b, oral or inactivated polio, hepatitis B vaccines as well as pneumococcal and meningococcal serogroup C conjugate vaccines.

Rotarix with food and drink

There are no restrictions on your child’s consumption of food or liquids, either before or after vaccination.

Breast-feeding

Based on evidence generated in clinical trials, breast-feeding does not reduce the protection against rotavirus gastro-enteritis afforded by Rotarix. Therefore, breast-feeding may be continued during the vaccination schedule.

Rotarix contains sucrose

If you have been told by your doctor that the child being vaccinated has an intolerance to some sugars, contact your doctor before receiving this vaccine.

3. How Rotarix is given

The doctor or nurse will administer the recommended dose of Rotarix to your child. The vaccine (1.5 ml liquid) will be given **orally**. Under no circumstance should this vaccine be administered by injection.

Your child will receive two doses of the vaccine. Each dose will be given on a separate occasion with an interval of at least 4 weeks between the two doses. The first dose may be given from the age of 6 weeks. The two doses of the vaccine must have been given by the age of 24 weeks, although they should preferably have been given before 16 weeks of age.

Rotarix may be given according to the same vaccination course to infants who were born prematurely, provided that the pregnancy had lasted at least 27 weeks.

In case your child spits out or regurgitates most of the vaccine dose, a single replacement dose may be given at the same vaccination visit.

When Rotarix is given to your child for the first dose, it is recommended that your child also receives Rotarix (and not another rotavirus vaccine) for the second dose.

It is important that you follow the instructions of your doctor or nurse regarding return visits. If you forget to go back to your doctor at the scheduled time, ask your doctor for advice.

4. Possible side effects

Like all medicines, this vaccine can cause side effects, although not everybody gets them.

The following side effects may happen with this vaccine:

- ◆ Common (These may occur with up to 1 in 10 doses of the vaccine):
 - diarrhoea
 - irritability

- ◆ Uncommon (These may occur with up to 1 in 100 doses of the vaccine):
 - abdominal pain (see also below for signs of very rare side effects of intussusception)
 - flatulence
 - inflammation of the skin

Side effects that have been reported during marketed use of Rotarix include:

- Very rare: intussusception (part of the intestine gets blocked or twisted). The signs may include severe stomach pain, persistent vomiting, blood in stools, a swollen belly and/or high fever. **Contact a doctor/health care professional right away if your child experiences one of these symptoms.**
- blood in stools
- in babies born very prematurely (at or before 28 weeks of gestation) longer gaps than normal between breaths may occur for 2-3 days after vaccination.
- children with a rare inherited illness called Severe Combined Immunodeficiency (SCID) may have an inflamed stomach or gut (gastroenteritis) and pass the vaccine virus in their stools. The signs of gastroenteritis may include feeling sick, being sick, stomach cramps or diarrhoea.

Reporting of side effects

If your child gets any of the side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#). By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Rotarix

Keep this vaccine out of the sight and reach of children.

Do not use this vaccine after the expiry date which is stated on the carton. The expiry date refers to the last day of that month.

Store in a refrigerator (2°C – 8°C).

Do not freeze.

Store in the original package in order to protect from light.

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This leaflet was last revised in.

Other sources of information

Detailed information on this medicine is available on the European Medicines Agency web site:
<http://www.ema.europa.eu>.

The following information is intended for healthcare professionals only:

The vaccine is presented as a clear, colourless liquid, free of visible particles, for **oral** administration.

The vaccine is ready to use (no reconstitution or dilution is required).

The vaccine is to be administered **orally** without mixing with any other vaccines or solutions.

The vaccine should be inspected visually for any foreign particulate matter and/or abnormal physical appearance. In the event of either being observed, discard the vaccine.

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

Instructions for administration of the vaccine:

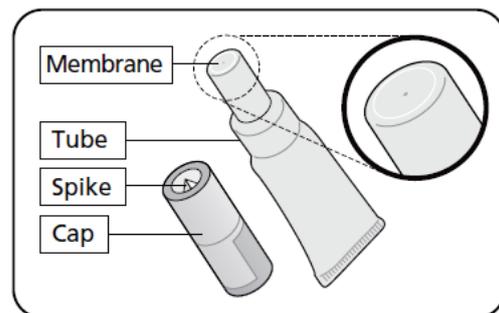
Please read the instructions for use all the way through before starting to give the vaccine.

A What you need to do before giving Rotarix

- Check the expiry date.
- Check the tube has not been damaged nor is already open.
- Check the liquid is clear and colourless, without any particles in it.

If you notice anything abnormal, do not use the vaccine.

- This vaccine is given orally - straight from the tube.
- It is ready to use - you do not need to mix it with anything.



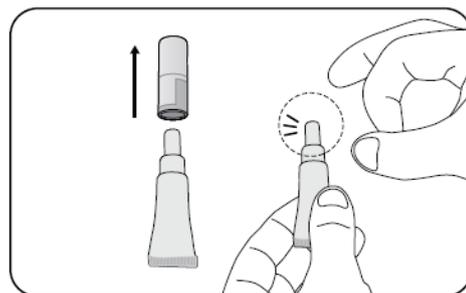
B Get the tube ready

1. Pull off the cap

- *Keep the cap – you need this to pierce the membrane.*
- *Hold the tube upright.*

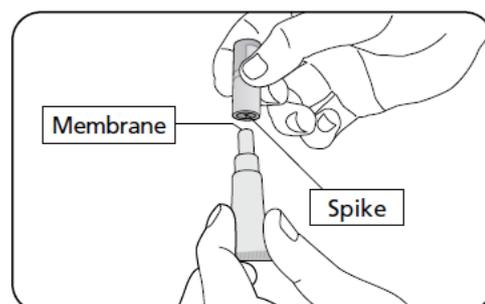
2. Repeatedly flick the top of the tube until it is clear of any liquid

- Clear any liquid from the thinnest section of the tube by flicking just below the membrane.



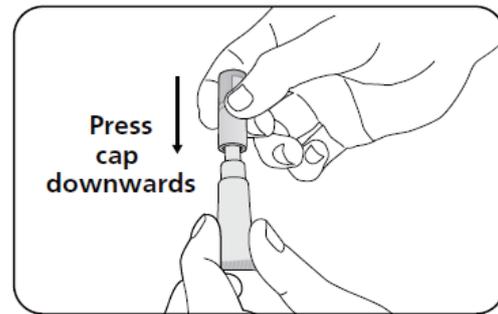
3. Position the cap to open the tube

- Keep the tube held upright.
- Hold the side of tube
- There is a small spike inside the top of the cap - in the centre.
- Turn the cap upside down (180°).



4. To open the tube

- You do not need to twist. Press the cap down to pierce the membrane.
- Then lift off the cap.



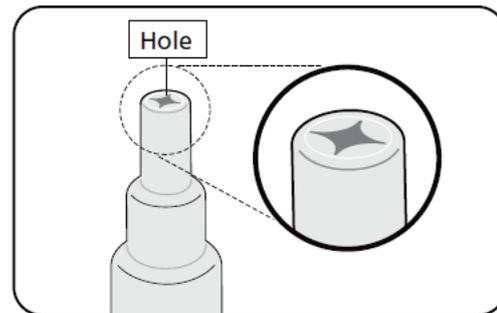
C Check the tube has opened correctly

1. Check the membrane has been pierced

- There should be a hole at the top of the tube.

2. What to do if the membrane has not been pierced

- If the membrane has not been pierced return to section B and repeat steps 2, 3 and 4.



D Give the vaccine

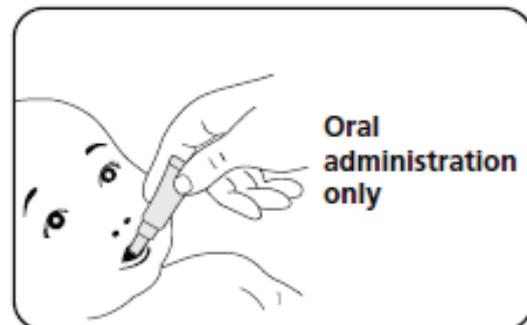
- Once the tube is open check the liquid is clear, without any particles in it.
If you notice anything abnormal, do not use the vaccine.
- Give the vaccine straight away.

1. Position the child to give the vaccine

- Seat the child leaning slightly backwards.

2. Administer the vaccine

- Squeeze the liquid gently into the side of the child's mouth - towards the inside of their cheek.
- You may need to squeeze the tube a few times to get all of the vaccine out - it is okay if a drop remains in the tip of the tube.



Discard the empty tube and cap in approved biological waste containers according to local regulations.

Annex IV

**SCIENTIFIC CONCLUSIONS AND GROUNDS FOR THE VARIATION TO THE TERMS
OF THE MARKETING AUTHORISATION**

Scientific conclusions

Taking into account the PRAC Assessment Report on the PSUR(s) for rotavirus vaccine monovalent (live, oral), the scientific conclusions of CHMP are as follows:

No new important risks have been identified during the reporting period of this periodic safety update report (PSUR). However, regarding the risk of intussusception, data of a study (Stowe et al., 2016), performed in England, has shown increased risk of intussusception in a European setting, mostly for the 1–7 day period after the first dose of Rotarix. In this study, the relative incidence was higher (i.e. RI=13.81; 95%CI 6.44-28.32) for the period 1-7 days post-dose 1, than observed in other similar studies. The attributable risk was 1.68 per 100,000 doses for the same period.

It is essential to ensure the continuous communication to inform both parents and health care professionals (HCPs) correctly on the risks and benefits of rotavirus vaccination, and more importantly on the first signs and symptoms of intussusception which should be recognised as soon as possible to allow the essential rapid medical care, ensuring the best prognosis for the infant.

The PRAC agreed to reflect the results of the above study in section 4.8 of the Summary of Product Characteristics for Rotarix and agreed on the relevance to reinforce the message in the Package Leaflet for the parents to rapidly seek medical care if symptoms of intussusception develop.

In summary it is important to keep in mind that:

- parents must systematically be informed that intussusception may occur very rarely within the month following vaccination but that this medical problem can be solved with immediate medical care;
- parents must systematically be informed that a doctor/HCP should be contacted right away if their child experiences one of the signs suggestive of intussusception (severe stomach/belly pain, persistent vomiting, blood in stools, a swollen belly and/or high fever);
- doctor/HCPs must follow-up on any symptoms indicative of intussusception (severe abdominal pain, persistent vomiting, bloody stools, abdominal bloating and/or high fever) occurring in children vaccinated against rotavirus within the previous month;
- the vaccination course should systematically be completed by the age of 24 weeks.

Moreover, as the risk of intussusception is common to both Rotarix and Rotateq (i.e. rotavirus) vaccines, the PRAC is of the opinion that the update of the Product Information and the possibility of a communication at national level should be considered for both vaccines.

The CHMP agrees with the scientific conclusions made by the PRAC.

Grounds for the variation to the terms of the marketing authorisation(s)

On the basis of the scientific conclusions for rotavirus vaccine monovalent (live, oral) the CHMP is of the opinion that the benefit-risk balance of the medicinal product(s) containing rotavirus vaccine monovalent (live, oral) is unchanged subject to the proposed changes to the product information

The CHMP recommends that the terms of the marketing authorisation(s) should be varied.