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**HIGHLIGHTS OF PRESCRIBING INFORMATION**

These highlights do not include all the information needed to use AFLURIA safely and effectively. See full prescribing information for AFLURIA.

**AFLURIA, Influenza Vaccine**  
**Suspension for Intramuscular Injection**  
**2022-2023 Formula**  
**Initial U.S. Approval: 2007**

**RECENT MAJOR CHANGES**

Dosage and Administration (2) 08/2020

**INDICATIONS AND USAGE**

- AFLURIA is an inactivated influenza vaccine indicated for active immunization against influenza disease caused by influenza virus subtypes A and type B present in the vaccine. (1)
- AFLURIA is approved for use in persons 6 months of age and older. (1)

**DOSAGE AND ADMINISTRATION**

For intramuscular (IM) injection only, by needle and syringe (6 months and older) or by PharmaJet® Stratis® Needle-Free Injection System (18 through 64 years). (2)

Age	Dose	Schedule
6 through 35 months	One or two doses <sup>a</sup> , 0.25 mL each	If 2 doses, administer at least 1 month apart
36 months through 8 years	One or two doses <sup>a</sup> , 0.5mL each	If 2 doses, administer at least 1 month apart
9 years and older	One dose, 0.5mL	Not Applicable

<sup>a</sup>1 or 2 doses depends on vaccination history as per Advisory Committee on Immunization Practices annual recommendations on prevention and control of influenza with vaccines. (2)

**DOSAGE FORMS AND STRENGTHS**

- AFLURIA is a suspension for injection supplied in 5 mL multi-dose vial (0.25 mL or 0.5 mL doses) (3, 11)

**CONTRAINDICATIONS**

- Severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine including egg protein, or to a previous dose of any influenza vaccine. (4, 11)

**WARNINGS AND PRECAUTIONS**

- If Guillain-Barré Syndrome (GBS) has occurred within 6 weeks of previous influenza vaccination, the decision to give AFLURIA should be based on careful consideration of the potential benefits and risks. (5.1)
- Appropriate medical treatment and supervision must be available to manage possible anaphylactic reactions following administration of the vaccine. (5.2)

**ADVERSE REACTIONS**

AFLURIA (trivalent formulation) administered by needle and syringe in children and adults:

- In children 5 through 17 years of age, the most common injection-site adverse reactions were pain (≥ 60%), redness (≥ 20%) and swelling (≥ 10%). The most common systemic adverse events were headache, myalgia (≥ 20%), irritability, malaise and fever (≥ 10%). (6.1)
- In adults 18 through 64 years of age, the most common injection-site adverse reactions were tenderness (≥ 60%), pain (≥ 40%), swelling (≥ 20%), and redness, itching (≥ 10%). The most common systemic adverse events were muscle aches (≥ 30%) and headache, malaise (≥ 20%). (6.1)
- In adults 65 years of age and older the most common injection-site adverse reactions were tenderness (≥ 30%) and pain (≥ 10%). No systemic adverse events occurred in ≥ 10% of subjects in this age group (6.1)

AFLURIA QUADRIVALENT (Influenza Vaccine), a four-strain version of AFLURIA administered by needle and syringe in children:

- In children 6 months through 35 months of age, the most commonly reported injection-site reactions were pain and redness (≥ 20%). The most common systemic adverse events were irritability (≥ 30%), diarrhea and loss of appetite (≥ 20%). (6.1)
- In children 36 through 59 months of age, the most commonly reported injection site reactions were pain (≥ 30%) and redness (≥ 20%). The most commonly reported systemic adverse events were malaise and fatigue, and diarrhea (≥ 10%). (6.1)

AFLURIA administered by the PharmaJet Stratis Needle-Free Injection System:

- In adults 18 through 64 years of age, the most common injection-site adverse reactions when AFLURIA was administered by the PharmaJet® Stratis® Needle-Free Injection System up to 7 days post-vaccination were tenderness (≥ 80%), swelling, pain, redness (≥ 60%), itching (≥ 20%) and bruising (≥ 10%). The most common systemic adverse events within this period were myalgia, malaise (≥ 30%), and headache (≥ 20%). (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Seqirus at 1-855-358-8966 or VAERS at 1-800-822-7967 or www.vaers.hhs.gov.

**USE IN SPECIFIC POPULATIONS**

- The safety and effectiveness of AFLURIA in persons less than 6 months of age have not been established. (8.4)
- Antibody responses were lower in geriatric subjects than in younger subjects. (8.5)

See 17 for PATIENT COUNSELING INFORMATION.

Revised: 03/2022

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**1 FULL PRESCRIBING INFORMATION****1 INDICATIONS AND USAGE**

AFLURIA<sup>®</sup> (Influenza Vaccine) is an inactivated influenza vaccine indicated for active immunization against influenza disease caused by influenza virus subtypes A and type B present in the vaccine. AFLURIA is approved for use in persons 6 months of age and older.

**2 DOSAGE AND ADMINISTRATION**

For intramuscular (IM) injection only, by needle and syringe (6 months of age and older) or by PharmaJet<sup>®</sup> Stratis<sup>®</sup> Needle-Free Injection System (18 through 64 years of age).

The dose and schedule for AFLURIA are presented in Table 1.

**Table 1: AFLURIA Dosage and Schedule**

Age	Dose	Schedule
6 months through 35 months	One or two doses <sup>a</sup> , 0.25 mL each	If 2 doses, administer at least 1 month apart
36 months through 8 years	One dose or two doses <sup>a</sup> , 0.5 mL each	If 2 doses, administer at least 1 month apart
9 years and older	One dose, 0.5mL	Not Applicable

<sup>a</sup> 1 or 2 doses depends on vaccination history as per Advisory Committee on Immunization Practices annual recommendations on prevention and control of influenza with vaccines.

Immediately before use, shake thoroughly and inspect visually. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever suspension and container permit. If either of these conditions exists, the vaccine should not be administered.

When using the multi-dose vial, shake the vial thoroughly before withdrawing each dose, and administer the dose immediately. The number of needle punctures should not exceed 20 per multi-dose vial.

- Needle and Syringe: Draw up the exact dose using a separate sterile needle and syringe for each individual patient. It is recommended that small syringes (0.5 mL or 1 mL) be used to minimize any product loss.
- PharmaJet Stratis Needle-Free Injection System: For instructions on withdrawal of a 0.5 mL dose and use of the PharmaJet Stratis Needle-Free Injection System, refer to the Instructions For Use for the PharmaJet Stratis Needle-Free Injection System.

The preferred sites for intramuscular injection are the anterolateral aspect of the thigh in infants 6 months through 11 months of age, the anterolateral aspect of the thigh (or the deltoid muscle of the upper arm if muscle mass is adequate) in persons 12 months through 35 months of age, or the deltoid muscle of the upper arm in persons  $\geq$  36 months of age.

Between uses, return the multi-dose vial to the recommended storage conditions between 2-8°C (36-46°F). **Do not freeze.** Discard if the vaccine has been frozen.

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**32 3 DOSAGE FORMS AND STRENGTHS**

33 AFLURIA is a sterile suspension for intramuscular injection (*see Description [11]*).

34 AFLURIA is supplied in:

35 5 mL multi-dose vial (for persons 6 months of age and older).

**36 4 CONTRAINDICATIONS**

37 AFLURIA is contraindicated in individuals with known severe allergic reactions (e.g.,  
38 anaphylaxis) to any component of the vaccine including egg protein, or to a previous dose of any  
39 influenza vaccine (*see Description [11]*).

**40 5 WARNINGS AND PRECAUTIONS****41 5.1 Guillain-Barré Syndrome**

42 If Guillain-Barré Syndrome (GBS) has occurred within 6 weeks of previous influenza  
43 vaccination, the decision to give AFLURIA should be based on careful consideration of the  
44 potential benefits and risks.

45 The 1976 swine influenza vaccine was associated with an increased frequency of GBS. Evidence  
46 for a causal relation of GBS with subsequent vaccines prepared from other influenza viruses is  
47 unclear. If influenza vaccine does pose a risk, it is probably slightly more than one additional  
48 case per 1 million persons vaccinated.

**49 5.2 Preventing and Managing Allergic Reactions**

50 Appropriate medical treatment and supervision must be available to manage possible  
51 anaphylactic reactions following administration of the vaccine.

**52 5.3 Altered Immunocompetence**

53 If AFLURIA is administered to immunocompromised persons, including those receiving  
54 immunosuppressive therapy, the immune response may be diminished.

**55 5.4 Limitations of Vaccine Effectiveness**

56 Vaccination with AFLURIA may not protect all individuals.

**57 6 ADVERSE REACTIONS**

58 In children 5 through 17 years of age, the most common injection site reactions observed in  
59 clinical studies with AFLURIA administered by needle and syringe were pain ( $\geq 60\%$ ), redness  
60 ( $\geq 20\%$ ) and swelling ( $\geq 10\%$ ). The most common systemic adverse events were headache,  
61 myalgia ( $\geq 20\%$ ), irritability, malaise and fever ( $\geq 10\%$ ).

62 The safety experience with AFLURIA QUADRIVALENT (influenza vaccine), a four strain  
63 version of AFLURIA is relevant because both vaccines are manufactured using the same process  
64 and have overlapping compositions (*see Description [11]*).

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65 In children 6 months through 35 months of age, the most frequently reported injection site  
66 reactions in a clinical study with AFLURIA QUADRIVALENT administered by needle and  
67 syringe were pain and redness ( $\geq 20\%$ ). The most common systemic adverse events were  
68 irritability ( $\geq 30\%$ ), diarrhea and loss of appetite ( $\geq 20\%$ ).

69 In children 36 through 59 months of age, the most frequently reported injection site reactions in  
70 a clinical study with AFLURIA QUADRIVALENT administered by needle and syringe were  
71 pain ( $\geq 30\%$ ) and redness ( $\geq 20\%$ ). The most commonly reported systemic adverse events were  
72 malaise and fatigue, and diarrhea ( $\geq 10\%$ ).

73 In adults 18 through 64 years of age, the most common injection-site adverse reactions observed  
74 in clinical studies with AFLURIA administered by needle and syringe were tenderness ( $\geq 60\%$ ),  
75 pain ( $\geq 40\%$ ), swelling ( $\geq 20\%$ ), redness and itching ( $\geq 10\%$ ). The most common systemic  
76 adverse events observed were muscle aches ( $\geq 30\%$ ), headache and malaise ( $\geq 20\%$ ).

77 In adults 65 years of age and older, the most common injection-site adverse reactions observed  
78 in clinical studies with AFLURIA administered by needle and syringe were tenderness ( $\geq 30\%$ )  
79 and pain ( $\geq 10\%$ ). No systemic adverse reactions occurred in  $\geq 10\%$  of subjects in this age  
80 group.

81 In adults 18 through 64 years of age, using the PharmaJet Stratis Needle-Free Injection System,  
82 the most common injection-site adverse reactions observed in a clinical study with AFLURIA  
83 up to 7 days post-vaccination were tenderness ( $\geq 80\%$ ), swelling, pain, redness ( $\geq 60\%$ ), itching  
84 ( $\geq 20\%$ ) and bruising ( $\geq 10\%$ ). The most common systemic adverse events within this period  
85 were myalgia, malaise ( $\geq 30\%$ ) and headache ( $\geq 20\%$ ).

**6.1 Clinical Trials Experience**

87 Because clinical studies are conducted under widely varying conditions, adverse reaction rates  
88 observed in the clinical studies of a vaccine cannot be directly compared to rates in the clinical  
89 studies of another vaccine and may not reflect the rates observed in clinical practice.

***Children – AFLURIA***

91 In clinical studies, AFLURIA has been administered to, and safety information collected for,  
92 3,009 children ages 6 months through 17 years. The exposure in children includes 1,601 aged 6  
93 months to less than 5 years, 756 children ages 5 years to less than 9 years and 652 children ages  
94 9 years through 17 years. Clinical safety data for AFLURIA in children are presented from three  
95 clinical studies (Studies 1, 2 and 3). Data from a comparator-controlled trial (Study 1) are  
96 presented, followed by pooled data from two open label studies (Studies 2 and 3). Subjects 6  
97 months through 8 years of age received one or two vaccinations, administered by needle and  
98 syringe, as determined by previous vaccination history (for further details on clinical study design,  
99 dosing and demographics *see Clinical Studies [14]*).

100 Study 1 included 1,468 subjects for safety analysis, ages 6 months through 17 years, randomized  
101 to receive AFLURIA (735 subjects) or another U.S.-licensed trivalent inactivated influenza  
102 vaccine (manufactured by Sanofi Pasteur, Inc.) (733 subjects).

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103 Study 2 included 1,976 subjects for safety analysis, ages 6 months through 17 years. All subjects  
104 received AFLURIA.

105 Study 3 included 298 subjects for safety analysis, ages 6 months through 8 years. All subjects  
106 received AFLURIA.

107 The safety assessment was similar for the three pediatric studies. Local (injection site) adverse  
108 reactions and systemic adverse events were solicited for 7 days post-vaccination (Tables 2 and  
109 3). Unsolicited adverse events were collected for 30 days post-vaccination. All adverse events  
110 are presented regardless of any treatment causality assigned by study investigators.

111 Among the pediatric studies, there were no vaccine-related deaths or vaccine-related serious  
112 adverse events reported in children 5 years of age and older.

113 In the comparator-controlled trial (Study 1), the rate of fever after the first dose of AFLURIA in  
114 subjects aged 5 through 8 years was 16% as compared to 8% in subjects who received the  
115 comparator. The rate of fever in subjects aged 9 through 17 years following a single dose of  
116 AFLURIA was 6% as compared to 4% in subjects who received the comparator. In all three  
117 pediatric studies, the rates of fever in subjects aged 5 through 8 years who received AFLURIA  
118 were lower after dose 2 than dose 1.

119 Data in Tables 2 and 3 are presented for children 5 years and older.

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120 **Table 2: Proportion of Subjects 5 through 17 Years of Age with Solicited Local Adverse**  
 121 **Reactions or Systemic Adverse Events within 7 Days after Administration of**  
 122 **First or Second Dose of AFLURIA, Irrespective of Causality (Study 1)**  
 123

	Percentage <sup>a</sup> of Subjects in each Age Group Reporting Event			
	Subjects 5 through 8 years		Subjects 9 through 17 years	
	AFLURIA N=161 <sup>b</sup>	Comparator N=165 <sup>b</sup>	AFLURIA N=254 <sup>b</sup>	Comparator N=250 <sup>b</sup>
<b>After the First Dose</b>				
<b>Local Adverse Reactions</b>				
Pain	63	60	66	60
Redness	23	27	17	17
Induration	17	17	15	16
<b>Systemic Adverse Events</b>				
Myalgia	34	30	40	37
Malaise	24	13	22	20
Headache	21	19	27	26
Any Fever	16	8	6	4
Fever $\geq 102.2^{\circ}\text{F}$	5	1	3	1
Nausea/Vomiting	12	8	9	10
Diarrhea	7	7	8	10
	<b>AFLURIA N=39 <sup>b</sup></b>	<b>Comparator N=53 <sup>b</sup></b>		
<b>After the Second Dose</b>				
<b>Local Adverse Reactions</b>				
Pain	36	38	-	-
Redness	10	19	-	-
Induration	8	17	-	-
<b>Systemic Adverse Events</b>				
Diarrhea	13	6	-	-
Headache	13	13	-	-
Myalgia	13	17	-	-
Malaise	5	8	-	-
Nausea/Vomiting	3	8	-	-
Any Fever	0	2	-	-
Fever $\geq 102.2^{\circ}\text{F}$	0	0	-	-

124 <sup>a</sup> Proportion of subjects reporting each solicited local adverse reaction or systemic adverse event by treatment group based on  
 125 the number of subjects contributing to at least one data value for an individual sign/symptom (individual event denominators).

126 <sup>b</sup> N = number of subjects in the Safety Population for each treatment group.  
 127



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128 **Table 3: Proportion of Subjects 5 through 17 Years of Age with Solicited Local Adverse**  
129 **Reactions or Systemic Adverse Events Within 7 Days after Administration of**  
130 **AFLURIA, Irrespective of Causality (Studies 2 and 3)**

	Percentage <sup>a</sup> of Subjects in each Age Group Reporting Event		
	Studies 2 and 3 Subjects 5 through 8 years		Study 2 Subjects 9 through 17 years
	Dose 1 N=82-595 <sup>b</sup>	Dose 2 N=82-426 <sup>b</sup>	Dose 1 N=397 <sup>b</sup>
<b>Local Adverse Reactions</b>			
Pain	61	56	68
Erythema	24	23	17
Swelling	17	17	13
<b>Systemic Adverse Events</b>			
Irritability <sup>d</sup>	18	16	-
Headache	16	10	27
Malaise or feeling generally unwell <sup>c</sup>	16	8	17
Any Fever	13	6	5
Fever $\geq 102.2^{\circ}\text{F}$	3	2	1
General Muscle Ache (Myalgia)	12	8	20
Nausea/Vomiting <sup>c</sup>	7	3	5
Vomiting/Diarrhea <sup>d</sup>	5	6	-
Loss of appetite <sup>d</sup>	5	4	-
Diarrhea <sup>c</sup>	4	2	5

131 <sup>a</sup> Proportion of subjects reporting each solicited local adverse reaction or systemic adverse event by treatment group based on  
132 the number of subjects contributing at least one data value for an individual sign/symptom (individual event denominators).

133 <sup>b</sup> N = number of subjects in the Safety Population for each treatment group. Denominators for Dose 1 were: N=82 for  
134 Vomiting/Diarrhea, Irritability, Loss of appetite, N=513 for Malaise, Diarrhea, Nausea/Vomiting and N=593-595 for all other  
135 parameters. Denominators for Dose 2 were: N=82 for Vomiting/Diarrhea, Irritability, Loss of appetite, N=344 for Malaise,  
136 Diarrhea and Nausea/Vomiting and N=421-426 for all other parameters.

137 <sup>c</sup> These preferred terms were used to describe Solicited Adverse Events in Study 2.

138 <sup>d</sup> These preferred terms were used to describe Solicited Adverse Events in Study 3.

139

140 In Study 1, unsolicited adverse events that occurred in  $\geq 5\%$  of subjects 5 through 8 years  
141 following the first or second dose of AFLURIA included cough (15%) and pyrexia (9%).  
142 Unsolicited adverse events that occurred in  $\geq 5\%$  of subjects 9 through 17 years following a  
143 single dose of AFLURIA included cough (7%), oropharyngeal pain (7%), headache (7%) and  
144 nasal congestion (6%).

145

146 In Studies 2 and 3, unsolicited adverse events that occurred in  $\geq 5\%$  of subjects ages 5 years  
147 through 8 years after the first or second dose of AFLURIA included the following: upper  
148 respiratory tract infection (13%), cough (10%), rhinorrhea (7%), headache (5%), nasopharyngitis

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149 (5%) and pyrexia (5%). Unsolicited adverse events that occurred in  $\geq 5\%$  of subjects 9 through  
150 17 years following a single dose of AFLURIA included upper respiratory tract infection (9%)  
151 and headache (8%).  
152

153 ***Children 6 Months Through 59 Months of Age – AFLURIA QUADRIVALENT***

154 The safety experience with AFLURIA QUADRIVALENT (influenza vaccine), a four strain  
155 version of AFLURIA is relevant because both vaccines are manufactured using the same process  
156 and have overlapping compositions (see [Description \[11\]](#)). The safety of AFLURIA in children  
157 6 through 59 months is based on a clinical trial conducted with AFLURIA QUADRIVALENT,  
158 Study 4, a randomized, observer-blind, comparator-controlled trial conducted in the U.S. in 2247  
159 subjects aged 6 through 59 months. Subjects were stratified into one of two age cohorts of 6  
160 through 35 months or 36 through 59 months (41.6% and 58.4% of the study population,  
161 respectively). The mean age of the population was 36.6 months, 51.6% were male, and racial  
162 groups consisted of 71.0% White, 21.5% Black, 1.1% Asian, 0.7% Native Hawaiian/Pacific  
163 Islander, and 0.3% American Indian/Native American; 26.4% of subjects were Hispanic/Latino.  
164 The mean ages of subjects 6 through 35 months and 36 through 59 months were 21.7 months  
165 and 47.1 months, respectively. Subjects in the safety population (N=2232) received either  
166 AFLURIA QUADRIVALENT (N=1673) or a U.S.-licensed comparator quadrivalent influenza  
167 vaccine (N=559). Study subjects were scheduled to receive either a single vaccination or two  
168 vaccinations 28 days apart based on their previous vaccination history. In this study, AFLURIA  
169 QUADRIVALENT and comparator vaccine were administered by needle and syringe (see  
170 [Clinical Studies \[14\]](#)).

171 Local (injection site) adverse reactions and systemic adverse events were solicited for 7 days  
172 post-vaccination. Cellulitis-like reactions (defined as concurrent Grade 3 pain, redness, and  
173 swelling/lump) at the injection site were monitored for 28 days post-vaccination. Subjects were  
174 instructed to report and return to clinic within 24 hours in the event of a cellulitis-like reaction.  
175 Unsolicited adverse events were collected for 28 days post-vaccination, and SAEs for 6 months  
176 following the last vaccination. All solicited local adverse reactions and systemic adverse events  
177 following any vaccination (first or second dose) are presented in Table 4.

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178 **Table 4: Proportion of Subjects Per Age Cohort with Any Solicited Local Adverse**  
179 **Reactions or Systemic Adverse Events within 7 Days after Administration of**  
180 **AFLURIA QUADRIVALENT or Comparator QIV (Study 4)<sup>a</sup>**

	Percentage (%) <sup>b</sup> of Subjects in each Age Cohort Reporting an Event							
	6 through 35 months				36 through 59 months			
	AFLURIA Quadrivalent N= 668-669 <sup>c</sup>		Comparator N= 226-227 <sup>c</sup>		AFLURIA Quadrivalent N= 947-949 <sup>c</sup>		Comparator N= 317-318 <sup>c</sup>	
	Any	Gr 3	Any	Gr 3	Any	Gr 3	Any	Gr 3
<b>Local Adverse Reactions<sup>d</sup></b>								
Pain	20.8	0.1	25.6	0.4	35.5	0	31.4	0.6
Redness	20.8	0.6	17.6	1.8	22.4	2.3	20.8	5.3
Swelling/Lump	6.1	0.4	6.2	0.9	10.1	1.7	12.9	2.5
<b>Systemic Adverse Events<sup>e</sup></b>								
Irritability	32.9	0.7	28.2	0.4	-	-	-	-
Diarrhea	24.2	0.1	25.6	0.4	12.1	0.1	8.8	0.6
Loss of Appetite	20.0	0.3	19.4	0.4	-	-	-	-
Malaise and Fatigue	-	-	-	-	14.3	0.5	13.2	0.3
Myalgia	-	-	-	-	9.9	0.1	9.4	0
Nausea and/or vomiting	9.4	0.7	11.0	0	9.2	0.4	6.6	0.3
Headache	-	-	-	-	6.2	0.4	5.0	0
Fever <sup>f</sup>	7.2	2.5	11.9	2.6	4.8	1.2	6.0	0.9

181 Abbreviations: Gr 3, Grade 3 (severe); Comparator, Comparator quadrivalent influenza vaccine [Fluzone<sup>®</sup> Quadrivalent (Sanofi  
182 Pasteur)]

183 <sup>a</sup>NCT02914275

184 <sup>b</sup> Percent (%) is derived from the number of subjects that reported the event divided by the number of subjects in the Solicited  
185 Safety Population with non-missing data for each age cohort, treatment group, and each solicited parameter.

186 <sup>c</sup> N = number of subjects in the Solicited Safety Population (subjects who were vaccinated and provided any solicited safety  
187 data) for each study vaccine group.

188 <sup>d</sup> Local adverse reactions: Grade 3 pain is that which prevents daily activity (36 through 59 month subjects); or cried when limb  
189 was moved or spontaneously painful (6 through 35 month subjects); Swelling/Lump and redness: any = ≥ 0mm diameter,  
190 Grade 3 = ≥ 30mm diameter.

191 <sup>e</sup> Systemic adverse events: Fever: any = ≥ 99.5°F (Axillary), Grade 3 = ≥ 101.3°F (Axillary); Grade 3 for all other adverse events  
192 is that which prevents daily activity; Irritability, Loss of Appetite, Malaise and Fatigue, Myalgia and Headache are age specific  
193 systemic adverse events, where “-” denotes event was not applicable to that age cohort.

194 <sup>f</sup> Prophylactic antipyretics (acetaminophen or ibuprophen-containing medications) were not permitted. Antipyretics used to treat  
195 fever were permitted. The frequencies of antipyretic use in the seven days following any vaccination were as follows: 6  
196 through 35 months (Afluria QIV 5.9%, Comparator QIV 9.0%); 36 through 59 months (Afluria QIV 3.7%, Comparator QIV  
197 2.5%).

198 In subjects 6 through 35 months of age, all solicited local adverse reactions and systemic adverse  
199 events were reported at lower frequencies after the second vaccination than after the first  
200 vaccination with AFLURIA QUADRIVALENT.

201 In subjects 36 through 59 months of age, all solicited local adverse reactions and systemic adverse  
202 events were reported at lower frequencies after the second vaccination than after the first  
203 vaccination with AFLURIA QUADRIVALENT.

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204 The most commonly reported unsolicited adverse events in the 28 days following the first or  
205 second dose of AFLURIA QUADRIVALENT in subjects 6 through 35 months of age were  
206 rhinorrhea (11.2%), cough (10.4%), pyrexia (6.3%), upper respiratory tract infection (4.8%),  
207 diarrhea (3.7%), otitis media (2.4%), vomiting (2.4%), nasal congestion (2.4%), nasopharyngitis  
208 (1.9%), irritability (1.7%), ear infection (1.6%), croup infectious (1.4%), teething (1.3%), rash  
209 (1.2%), influenza like illness (1.0%) and fatigue (1.0%), and were similar to comparator.

210 The most commonly reported unsolicited adverse events in the 28 days following the first or  
211 second dose of AFLURIA QUADRIVALENT in subjects 36 through 59 months of age were  
212 cough (7.7%), rhinorrhea (4.9%), pyrexia (3.7%), upper respiratory tract infection (2.5%),  
213 vomiting (2.1%), nasal congestion (1.6%), nasopharyngitis (1.7%), oropharyngeal pain (1.2%),  
214 diarrhea (1.1%) and fatigue (1.1%), and were similar to the comparator.

215  
216 No deaths were reported in Study 4. In the 180 days following vaccinations, AFLURIA  
217 QUADRIVALENT and comparator vaccine recipients experienced similar rates of serious  
218 adverse events (SAEs), none of which were related to study vaccines. No vaccine-related febrile  
219 seizures occurred in Study 4. Unrelated SAEs of febrile seizures occurred in two AFLURIA  
220 QUADRIVALENT recipients (6 through 35 months age group) at 43 and 104 days post-  
221 vaccinations.

222

**223 Adults – AFLURIA**

224 In clinical studies comparing AFLURIA to placebo or a comparator trivalent inactivated  
225 influenza vaccine, a single dose of AFLURIA was administered to, and safety information  
226 collected for, 11,104 subjects ages 18 through 64 years and 836 subjects ages 65 years and older.  
227 Clinical safety data for AFLURIA in adults are presented from three clinical studies (Studies 5  
228 through 7) conducted in the U.S. and one clinical study (Study 8) conducted in the UK.

229 Study 5 included 1,357 subjects for safety analysis, ages 18 through 64 years, randomized to  
230 receive AFLURIA (1,089 subjects) or placebo (268 subjects) (*see Clinical Studies [14]*).

231 Study 6 included 15,020 subjects for safety analysis, ages 18 through 64 years, randomized to  
232 receive AFLURIA (10,015 subjects) or placebo (5,005 subjects) (*see Clinical Studies [14]*).

233 Study 7 included 1,266 subjects for safety analysis, ages 65 years and older, randomized to  
234 receive AFLURIA (630 subjects) or another U.S.-licensed trivalent inactivated influenza vaccine  
235 (manufactured by Sanofi Pasteur Inc.) as an active comparator (636 subjects) (*see Clinical  
236 Studies [14]*).

237 Study 8 included 275 subjects for safety analysis, ages 65 years and older, randomized to receive  
238 AFLURIA (206 subjects) or a UK-licensed trivalent inactivated influenza vaccine (manufactured  
239 by GSK) as an active comparator (69 subjects).

240 The safety assessment was identical for the four adult studies. Local (injection-site) adverse  
241 reactions and systemic adverse events were solicited for 5 days post-vaccination (Table 5, studies  
242 5 through 7). Unsolicited adverse events were collected for 21 days post-vaccination. All

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243 adverse events are presented regardless of any treatment causality assigned by study  
244 investigators.

245 Among adult studies, there were no vaccine-related deaths or vaccine-related serious adverse  
246 events reported.

247 **Table 5: Proportion of Subjects 18 Years of Age and Older with Solicited Local Adverse**  
248 **Reactions or Systemic Adverse Events within 5 Days after Administration of**  
249 **AFLURIA or Placebo, Irrespective of Causality (Studies 5, 6 and 7)**

	Percentage <sup>a</sup> of Subjects in each Age Group Reporting Event					
	Study 5 Subjects 18 through 64 years		Study 6 Subjects 18 through 64 years		Study 7 Subjects ≥ 65 years	
	AFLURIA N=1087-1088 <sup>b</sup>	Placebo N=266 <sup>b</sup>	AFLURIA N=10,015 <sup>b</sup>	Placebo N=5005 <sup>b</sup>	AFLURIA N=630 <sup>b</sup>	Comparator N=636 <sup>b</sup>
<b>Local Adverse Reactions</b>						
Tenderness (Pain on touching)	60	18	69	17	36	31
Pain (without touching)	40	9	48	11	15	14
Redness	16	8	4	<1	3	1
Swelling	9	1	4	<1	7	8
Bruising	5	1	1	1	<1	1
<b>Systemic Adverse Events</b>						
Headache	26	26	25	23	9	11
Malaise	19	19	29	26	7	6
Muscle aches	13	9	21	12	9	8
Nausea	6	9	7	6	2	1
Chills/Shivering	3	2	5	4	2	2
Fever	1	1	3	2	<1	1

250 <sup>a</sup> Proportion of subjects reporting each solicited local adverse reaction or systemic adverse event by treatment group based on  
251 the number of subjects contributing at least one data value for an individual sign/symptom (individual event denominators).

252 <sup>b</sup> N = number of subjects in the Safety Population for each treatment group.

253 In Study 5, headache was the only unsolicited adverse event that occurred in ≥ 5% of subjects  
254 who received AFLURIA or placebo (8% versus 6%, respectively).

255 In Study 6, unsolicited adverse events that occurred in ≥ 5% of subjects who received AFLURIA  
256 or placebo included headache (AFLURIA 12%, placebo 11%) and oropharyngeal pain  
257 (AFLURIA 5%, placebo 5%).

258 In Study 7, headache was the only unsolicited adverse event that occurred in ≥ 5% of subjects  
259 who received AFLURIA (5%).

260 Studies 1 to 8 were all conducted when AFLURIA and AFLURIA QUADRIVALENT were  
261 administered by needle and syringe.

262 Additionally, safety information has been collected in a clinical study of AFLURIA administered  
263 using the PharmaJet Stratis Needle-Free Injection System (Study 9). Study 9 included 1,247

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264 subjects for safety analysis, ages 18 through 64 years, randomized to receive AFLURIA by either  
265 the PharmaJet Stratis Needle-Free Injection System (624 subjects) or needle and syringe (623  
266 subjects). No deaths or vaccine-related serious adverse events were reported in Study 7. Local  
267 (injection-site) adverse reactions and systemic adverse events were solicited for 7 days post-  
268 vaccination (Table 6).

269 **Table 6: Proportion of Subjects 18 through 64 Years of Age with Solicited Local Adverse**  
270 **Reactions or Systemic Adverse Events within 7 Days after Administration of**  
271 **AFLURIA by PharmaJet Stratis Needle-Free Injection System or Needle and**  
272 **Syringe Irrespective of Causality (Study 9).**

273

	Percentage <sup>a</sup> of Subjects Reporting Event	
	Study 9	
	Subjects 18 through 64 years	
	AFLURIA	
	PharmaJet Stratis Needle-Free Injection System N=540-616 <sup>b</sup>	Needle and Syringe N=599-606 <sup>b</sup>
<b>Local Adverse Reactions</b>		
Tenderness	89	78
Swelling	65	20
Pain	64	49
Redness	60	19
Itching <sup>c</sup>	28	10
Bruising	18	5
<b>Systemic Adverse Events</b>		
Myalgia	36	36
Malaise	31	28
Headache	25	22
Chills	7	7
Nausea	7	7
Vomiting	1	2
Fever	0	0

274 <sup>a</sup> Proportion of subjects reporting each local adverse reaction or systemic adverse event by treatment group based on the number  
275 of subjects contributing at least one data value for an individual sign/symptom (individual event denominators).

276 <sup>b</sup> N = number of subjects in the Safety Population for each treatment group. Denominators for the PharmaJet Stratis Needle-Free  
277 Injection System group were: N=540 for itching and N=605-616 for all other parameters. Denominators for the needle and  
278 syringe group were: N=527 for itching and N=599-606 for all other parameters.

279 <sup>c</sup> A total of 155 subjects (approximately randomly distributed between PharmaJet Stratis Needle-Free Injection System and  
280 needle and syringe groups) received Diary Cards without itching listed as a solicited symptom.

281

282 In Study 9, no unsolicited adverse events occurred in  $\geq 5\%$  of subjects who received AFLURIA  
283 administered by PharmaJet Stratis Needle-Free Injection System up to 28 days post-vaccination.

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284 **6.2 Postmarketing Experience**

285 Because postmarketing reporting of adverse reactions is voluntary and from a population of  
286 uncertain size, it is not always possible to reliably estimate their frequency or establish a causal  
287 relationship to vaccine exposure. The adverse reactions described have been included in this  
288 section because they: 1) represent reactions that are known to occur following immunizations  
289 generally or influenza immunizations specifically; 2) are potentially serious; or 3) have been  
290 reported frequently. These adverse reactions reflect experience in both children and adults and  
291 include those identified during post-approval use of AFLURIA outside the U.S. since 1985.

292 **Blood and lymphatic system disorders**

293 Thrombocytopenia

294 **Immune system disorders**

295 Allergic or immediate hypersensitivity reactions including anaphylactic shock and serum  
296 sickness

297 **Nervous system disorders**

298 Neuralgia, paresthesia, convulsions (including febrile seizures), encephalomyelitis,  
299 encephalopathy, neuritis or neuropathy, transverse myelitis, and GBS

300 **Vascular disorders**

301 Vasculitis which may be associated with transient renal involvement

302 **Skin and subcutaneous tissue disorders**

303 Pruritus, urticaria, and rash

304 **General disorders and administration site conditions**

305 Cellulitis and large injection site swelling

306 Influenza-like illness

307 **6.3 Adverse Reactions Associated With Influenza Vaccination**

308 Anaphylaxis has been reported after administration of AFLURIA. Egg protein can induce  
309 immediate hypersensitivity reactions among persons who have severe egg allergy. Allergic  
310 reactions include hives, angioedema, asthma, and systemic anaphylaxis (*see [Contraindications](#)*  
311 *[4]*).

312 Neurological disorders temporally associated with influenza vaccination, such as  
313 encephalopathy, optic neuritis/neuropathy, partial facial paralysis, and brachial plexus  
314 neuropathy, have been reported.

315 Microscopic polyangiitis (vasculitis) has been reported temporally associated with influenza  
316 vaccination.



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317 **7 DRUG INTERACTIONS**318 **7.1 Concurrent Use With Other Vaccines**

319 There are no data to assess the concomitant administration of AFLURIA with other vaccines. If  
320 AFLURIA is given at the same time as another injectable vaccine(s), the vaccine(s) should be  
321 administered in separate syringes and a separate arm should be used.

322 AFLURIA should not be mixed with any other vaccine in the same syringe or vial.

323 **8 USE IN SPECIFIC POPULATIONS**324 **8.1 Pregnancy**325 Risk Summary

326 All pregnancies have a risk of birth defect, loss, or other adverse outcomes. In the U.S. general  
327 population, the estimated background risk of major birth defects and miscarriage in clinically  
328 recognized pregnancies is 2% to 4% and 15% to 20%, respectively. There are insufficient data  
329 for AFLURIA in pregnant women to inform vaccine-associated risks in pregnancy.

330 A developmental toxicity study has been performed in female rats administered AFLURIA  
331 prior to mating and during gestation. A single human dose (0.5 mL, divided) was injected on  
332 each occasion. This study revealed no evidence of harm to the fetus due to AFLURIA (*see [8.1](#)*  
333 *[Pregnancy -Data](#)*).

334 Clinical Considerations335 *Disease-associated Maternal and/or Embryo-Fetal Risk*

336 Pregnant women are at increased risk for severe illness due to influenza compared to non-  
337 pregnant women. Pregnant women with influenza may be at increased risk for adverse  
338 pregnancy outcomes, including preterm labor and delivery.

339 Data340 *Animal Data*

341 In a developmental toxicity study, female rats were administered a single human dose [0.5 mL  
342 (divided)] of AFLURIA by intramuscular injection 21 days and 7 days prior to mating, and on  
343 gestation day 6. Some rats were administered an additional dose on gestation day 20. No  
344 vaccine-related fetal malformations or variations and no adverse effects on pre-weaning  
345 development were observed in the study.

346 **8.2 Lactation**347 Risk Summary

348 It is not known whether AFLURIA is excreted in human milk. Data are not available to assess  
349 the effects of AFLURIA on the breastfed infant or on milk production/excretion.



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350 The developmental and health benefits of breastfeeding should be considered along with the  
351 mother's clinical need for AFLURIA and any potential adverse effects on the breastfed child  
352 from AFLURIA or from the underlying maternal condition. For preventive vaccines, the  
353 underlying maternal condition is susceptibility to disease prevented by the vaccine.

**354 8.4 Pediatric Use**

355 The safety and effectiveness of AFLURIA in persons less than 6 months of age have not been  
356 established.

357 The PharmaJet Stratis Needle-Free Injection System is not approved as a method of  
358 administering AFLURIA to children and adolescents less than 18 years of age due to lack of  
359 adequate data supporting safety and effectiveness in this population.

**360 8.5 Geriatric Use**

361 In clinical studies, AFLURIA has been administered to, and safety information collected for,  
362 836 subjects ages 65 years and older (*see Clinical Trials Experience [6.1]*). After administration  
363 of AFLURIA, hemagglutination-inhibiting antibody responses in persons 65 years of age and  
364 older were lower as compared to younger adult subjects (*see Clinical Studies [14]*).

365 The PharmaJet Stratis Needle-Free Injection System is not approved as a method of  
366 administering AFLURIA to adults 65 years of age and older due to lack of adequate data  
367 supporting safety and effectiveness in this population.

**368 11 DESCRIPTION**

369 AFLURIA, Influenza Vaccine for intramuscular injection, is a sterile, clear, colorless to slightly  
370 opalescent suspension with some sediment that resuspends upon shaking to form a homogeneous  
371 suspension. AFLURIA is prepared from influenza virus propagated in the allantoic fluid of  
372 embryonated chicken eggs. Following harvest, the virus is purified in a sucrose density gradient  
373 using continuous flow zonal centrifugation. The purified virus is inactivated with beta-  
374 propiolactone, and the virus particles are disrupted using sodium taurodeoxycholate to produce  
375 a "split virion". The disrupted virus is further purified and suspended in a phosphate buffered  
376 isotonic solution.

377 AFLURIA is standardized according to USPHS requirements for the 2022-2023 influenza  
378 season and is formulated to contain 45 mcg hemagglutinin (HA) per 0.5 mL dose in the  
379 recommended ratio of 15 mcg HA for each of the three influenza strains recommended for the  
380 2022-2023 Northern Hemisphere influenza season:

381 A/Victoria/2570/2019 IVR-215 (an A/Victoria/2570/2019 (H1N1)pdm09-like virus),  
382 A/Darwin/6/2021 IVR-227 (an A/Darwin/9/2021 (H3N2)-like virus) and  
383 B/Austria/1359417/2021 BVR-26 (a B/Austria/1359417/2021-like virus). A 0.25 mL dose  
384 contains 7.5 mcg HA of each of the same three influenza strains.

385 Thimerosal, a mercury derivative, is not used in the manufacturing process for the single dose  
386 presentations; therefore these products contain no preservative. The multi-dose presentation

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387 contains thimerosal, added as a preservative; each 0.5 mL dose contains 24.5 mcg of mercury  
388 and each 0.25 mL dose contains 12.25 mcg of mercury.

389 A single 0.5 mL dose of AFLURIA contains sodium chloride (4.1 mg), monobasic sodium  
390 phosphate (80 mcg), dibasic sodium phosphate (300 mcg), monobasic potassium phosphate  
391 (20 mcg), potassium chloride (20 mcg), and calcium chloride (0.5 mcg). From the  
392 manufacturing process, each 0.5 mL dose may also contain residual amounts of sodium  
393 taurodeoxycholate ( $\leq 10$  ppm), ovalbumin ( $< 1$  mcg), sucrose ( $< 10$  mcg), neomycin sulfate  
394 ( $\leq 61.5$  nanograms [ng]), polymyxin B ( $\leq 10.5$  ng), beta-propiolactone ( $\leq 2$  ng) and  
395 hydrocortisone ( $\leq 0.56$  ng). A single 0.25 mL dose of AFLURIA contains half of these quantities.

396 The rubber tip cap and plunger used for the preservative-free, single-dose syringes and the rubber  
397 stoppers used for the multi-dose vial were not made with natural rubber latex.

**398 12 CLINICAL PHARMACOLOGY****399 12.1 Mechanism of Action**

400 Influenza illness and its complications follow infection with influenza viruses. Global  
401 surveillance of influenza identifies yearly antigenic variants. For example, since 1977 antigenic  
402 variants of influenza A (H1N1 and H3N2) and influenza B viruses have been in global  
403 circulation. Specific levels of hemagglutination inhibition (HI) antibody titers post-vaccination  
404 with inactivated influenza vaccine have not been correlated with protection from influenza virus.  
405 In some human studies, antibody titers of 1:40 or greater have been associated with protection  
406 from influenza illness in up to 50% of subjects.<sup>2,3</sup>

407 Antibody against one influenza virus type or subtype confers limited or no protection against  
408 another. Furthermore, antibody to one antigenic variant of influenza virus might not protect  
409 against a new antigenic variant of the same type or subtype. Frequent development of antigenic  
410 variants through antigenic drift is the virologic basis for seasonal epidemics and the reason for  
411 the usual change to one or more new strains in each year's influenza vaccine. Therefore,  
412 inactivated influenza vaccines are standardized to contain the HA of three strains (i.e., typically  
413 two type A and one type B) representing the influenza viruses likely to be circulating in the U.S.  
414 during the upcoming winter.

415 Annual revaccination with the current vaccine is recommended because immunity declines  
416 during the year after vaccination and circulating strains of influenza virus change from year to  
417 year.<sup>1</sup>

**418 13 NONCLINICAL TOXICOLOGY****419 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility**

420 AFLURIA has not been evaluated for carcinogenic or mutagenic potential, or male infertility in  
421 animals. A reproductive study of female rats vaccinated with AFLURIA revealed no impairment  
422 of fertility (see Pregnancy, 8.1).

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423 **14 CLINICAL STUDIES**

424 **14.1 Efficacy of AFLURIA Against Laboratory-Confirmed Influenza**

425 In Study 6, the efficacy of AFLURIA was demonstrated in a randomized, observer-blind,  
426 placebo-controlled study conducted in 15,044 subjects. Healthy subjects 18 through 64 years of  
427 age were randomized in a 2:1 ratio to receive a single dose of AFLURIA (enrolled subjects:  
428 10,033; evaluable subjects: 9,889) or placebo (enrolled subjects: 5,011; evaluable subjects:  
429 4,960). The mean age of all randomized subjects was 35.5 years. 54.4% were female and 90.2%  
430 were White. Laboratory-confirmed influenza was assessed by active and passive surveillance of  
431 influenza-like illness (ILI) beginning 2 weeks post-vaccination until the end of the influenza  
432 season, approximately 6 months post-vaccination. ILI was defined as at least one respiratory  
433 symptom (e.g., cough, sore throat, nasal congestion) and at least one systemic symptom (e.g.,  
434 oral temperature of 100.0°F or higher, feverishness, chills, body aches). Nasal and throat swabs  
435 were collected from subjects who presented with an ILI for laboratory confirmation by viral  
436 culture and real-time reverse transcription polymerase chain reaction. Influenza virus strain was  
437 further characterized using gene sequencing and pyrosequencing.

438 Attack rates and vaccine efficacy, defined as the relative reduction in the influenza infection rate  
439 for AFLURIA compared to placebo, were calculated using the per protocol population. Vaccine  
440 efficacy against laboratory-confirmed influenza infection due to influenza A or B virus strains  
441 contained in the vaccine was 60% with a lower limit of the 95% CI of 41% (Table 7).

442 **Table 7: Laboratory-Confirmed Influenza Infection Rate and Vaccine Efficacy in Adults**  
443 **18 through 64 Years of Age (Study 6)**

	Subjects <sup>a</sup>	Laboratory-Confirmed Influenza Cases	Influenza Infection Rate	Vaccine Efficacy <sup>b</sup>	
	N	N	n/N %	%	Lower Limit of the 95% CI
<b>Vaccine-matched Strains</b>					
AFLURIA	9889	58	0.59	60	41
Placebo	4960	73	1.47		
<b>Any Influenza Virus Strain</b>					
AFLURIA	9889	222	2.24	42	28
Placebo	4960	192	3.87		

444 Abbreviations: CI, confidence interval

445 <sup>a</sup> The Per Protocol Population was identical to the Evaluable Population in this study.

446 <sup>b</sup> Vaccine efficacy = 1 minus the ratio of AFLURIA/placebo infection rates. The objective of the study was to demonstrate that  
447 the lower limit of the CI for vaccine efficacy was greater than 40%.

448 **14.2 Immunogenicity of AFLURIA in Children 5 through 17 Years Administered**  
449 **by Needle and Syringe**  
450

451 Study 1 was a randomized, observer-blind, comparator-controlled study to evaluate the  
452 immunological non-inferiority of AFLURIA to a U.S.-licensed trivalent inactivated influenza

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453 vaccine (manufactured by Sanofi Pasteur, Inc.) in subjects 6 months through 17 years of age.  
454 Study vaccines were administered by needle and syringe. Results are presented for children 5  
455 through 17 years of age (Table 8). A total of 832 subjects (aged 5 through 17 years) were  
456 enrolled. Subjects were randomized in a 1:1 ratio to receive AFLURIA (enrolled subjects: 417;  
457 evaluable subjects: 383) or the comparator vaccine (enrolled subjects: 415; evaluable subjects:  
458 383).

459

460 Children 6 months through 8 years of age with no history of influenza vaccination received 2  
461 doses approximately 28 days apart. Children 6 months through 8 years of age with a history of  
462 influenza vaccination and children 9 years of age and older received 1 dose. Children 6 months  
463 through 35 months of age received 0.25 mL of AFLURIA or comparator influenza vaccine, and  
464 children 3 years of age and older received 0.5 mL of AFLURIA or comparator influenza vaccine.  
465 Nearly equal proportions of subjects were male (49.9%) and female (50.1%), and the majority  
466 were White (85.0%) or Black (10.3%).

467

468 Immunogenicity assessments were performed prior to vaccination and at 30 days after  
469 vaccination. The co-primary endpoints were HI Geometric Mean Titer (GMT) ratios (adjusted  
470 for baseline HI titers) and the difference in seroconversion rates for each vaccine strain 21 days  
471 after the final vaccination. Pre-specified non-inferiority criteria required that the upper bound  
472 of the 2-sided 95% CI of the GMT ratio (Comparator/AFLURIA) did not exceed 1.5 and the  
473 upper bound of the 2-sided 95% CI of the seroconversion rate difference (Comparator minus  
474 AFLURIA) did not exceed 10.0% for each strain. As shown in Table 8, non-inferiority of  
475 AFLURIA to the comparator vaccine was demonstrated in the per protocol population for  
476 influenza A subtypes A(H1N1) and A(H3N2), but not for influenza type B. For influenza type  
477 B, non-inferiority was demonstrated for HI GMTs, but not for seroconversion rates. Note that  
478 the study was powered to assess the pre-specified non-inferiority criteria based on 1400  
479 evaluable subjects. Analysis of the 761 subjects aged 5 through 17 years reduced the power of  
480 the study and widened the confidence intervals. In the pre-specified analysis, AFLURIA was  
481 not inferior to the comparator vaccine for all three virus strains. Post-hoc analyses of  
482 immunogenicity by gender did not demonstrate significant differences between males and  
483 females. The study was not sufficiently diverse to assess differences between races or ethnicities.

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**Table 8: Post-Vaccination HI Antibody GMTs, Seroconversion Rates, and Analyses of Non-Inferiority of AFLURIA to a U.S.-Licensed Comparator, Subjects 5 through 17 Years of Age (Study 1)**

Strain	Post-vaccination GMT		GMT Ratio <sup>a</sup>	Seroconversion % <sup>b</sup>		Difference	Met both pre-defined non-inferiority criteria? <sup>c</sup>
	Comparator N=381	AFLURIA N=380	Comparator over AFLURIA (95% CI)	Comparator N=381	AFLURIA N=380	Comparator minus AFLURIA (95% CI)	
A(H1N1)	526.2	507.4	1.03 (0.88, 1.21)	62.7	62.6	0.1 (-6.8, 7.0)	Yes
A(H3N2)	1060.0	961.3	1.07 (0.94, 1.23)	72.2	69.7	2.4 (-4.0, 8.9)	Yes
B	123.3	110.1	1.10 (0.94, 1.29)	75.1	70.0	5.1 (-1.3, 11.4)	No

Abbreviations: CI, confidence interval; GMT, geometric mean titer.

<sup>a</sup> GMT ratios are adjusted for baseline HI titers

<sup>b</sup> Seroconversion rate is defined as a 4-fold increase in post-vaccination HI antibody titer from pre-vaccination titer  $\geq$  1:10 or an increase in titer from  $<$  1:10 to  $\geq$  1:40.

<sup>c</sup> Note that the study was powered to assess the pre-specified non-inferiority criteria based on 1400 evaluable subjects.

**14.3 Immunogenicity of AFLURIA QUADRIVALENT in Children 6 months through 59 months of age Administered by Needle and Syringe**

Data have also been collected in a clinical study of AFLURIA QUADRIVALENT, which is relevant to AFLURIA because both vaccines are manufactured using the same process and have overlapping compositions (Study 4).

Study 4 was a randomized, observer-blind, comparator-controlled trial conducted in the U.S. in children 6 months through 59 months of age. A total of 2247 subjects were randomized 3:1 to receive AFLURIA QUADRIVALENT (N=1684) or a U.S.-licensed comparator quadrivalent influenza vaccine (N=563). Children 6 months through 35 months received one or two 0.25 mL doses and children 36 months through 59 months received one or two 0.5 mL doses. Subjects were eligible to receive a second dose at least 28 days after the first dose depending on their influenza vaccination history, consistent with the 2016-2017 recommendations of the Advisory Committee on Immunization Practices (ACIP) for Prevention and Control of Seasonal Influenza with Vaccines. Approximately 40% of subjects in each treatment group received two vaccine doses.

Baseline serology for HI assessment was collected prior to vaccination. Postvaccination immunogenicity was evaluated by HI assay on sera obtained 28 days after the last vaccination dose.

The primary objective was to demonstrate that vaccination with AFLURIA QUADRIVALENT elicits an immune response that is not inferior to that of a comparator vaccine containing the same recommended virus strains. The Per Protocol Population (AFLURIA QUADRIVALENT

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516 n=1456, Comparator QIV n=484) was used for the primary endpoint analyses. The co-primary  
517 endpoints were HI Geometric Mean Titer (GMT) ratios (adjusted for baseline HI titers and other  
518 covariates) and seroconversion rates for each vaccine strain, 28 days after the last vaccination.  
519 Pre-specified non-inferiority criteria required that the upper bound of the 2-sided 95% CI of the  
520 GMT ratio (Comparator QIV/AFLURIA QUADRIVALENT) did not exceed 1.5 and the upper  
521 bound of the 2-sided 95% CI of the seroconversion rate difference (Comparator QIV minus  
522 AFLURIA QUADRIVALENT) did not exceed 10.0% for each strain. Serum HI antibody  
523 responses to AFLURIA QUADRIVALENT were non-inferior for both GMT ratio and  
524 seroconversion rates relative to the comparator vaccine for all influenza strains (Table 9).  
525 Analyses of immunogenicity endpoints by gender did not demonstrate meaningful differences  
526 between males and females. The study population was not sufficiently diverse to assess  
527 differences among races or ethnicities.



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528 **Table 9: Post-Vaccination HI Antibody GMTs, SCRs, and Analyses of Non-Inferiority**  
529 **of AFLURIA QUADRIVALENT Relative to a U.S.-Licensed Comparator**  
530 **Quadrivalent Influenza Vaccine for each Strain 28 Days after Last Vaccination**  
531 **Among a Pediatric Population 6 through 59 Months of Age (Per Protocol**  
532 **Population) (Study 4)a, b**

Strain	Post-vaccination GMT		GMT Ratio <sup>c</sup>	Seroconversion % <sup>d</sup>		SCR Difference <sup>e</sup>	Met both pre-defined non-inferiority criteria? <sup>f</sup>
	AFLURIA Quadrivalent N=1456	Comparator N=484	Comparator over AFLURIA Quadrivalent (95% CI)	AFLURIA Quadrivalent N=1456 (95% CI)	Comparator N=484 (95% CI)	Comparator minus AFLURIA Quadrivalent (95% CI)	
A(H1N1)	353.5 (n=1455 <sup>g</sup> )	281.0 (n=484)	0.79 (0.72, 0.88)	79.1 (76.9, 81.1) (n=1456)	68.8 (64.5, 72.9) (n=484)	-10.3 (-15.4, -5.1)	Yes
A(H3N2)	393.0 (n=1454 <sup>g</sup> )	500.5 (n=484)	1.27 (1.15, 1.42)	82.3 (80.2, 84.2) (n=1455 <sup>i</sup> )	84.9 (81.4, 88.0) (n=484)	2.6 (-2.5, 7.8)	Yes
B/Phuket/3073/2013 (B Yamagata)	23.7 (n=1455 <sup>g</sup> )	26.5 (n=484)	1.12 (1.01, 1.24)	38.9 (36.4, 41.4) (n=1456)	41.9 (37.5, 46.5) (n=484)	3.1 (-2.1, 8.2)	Yes
B/Brisbane/60/2008 (B Victoria)	54.6 (n=1455 <sup>g</sup> )	52.9 (n=483 <sup>h</sup> )	0.97 (0.86, 1.09)	60.2 (57.6, 62.7) (n=1456)	61.1 (56.6, 65.4) (n=483 <sup>h</sup> )	0.9 (-4.2, 6.1)	Yes

533 Abbreviations: CI, confidence interval; Comparator, Comparator quadrivalent influenza vaccine (Fluzone Quadrivalent  
534 [Sanofi Aventis]); GMT (adjusted), geometric mean titer; SCR, seroconversion rate.

535 <sup>a</sup> NCT02914275

536 <sup>b</sup> The Per-Protocol Population comprised all subjects (6 through 35 months of age receiving one or two 0.25 mL doses and 36  
537 through 59 months of age receiving one or two 0.5 mL doses) in the Evaluable Population who did not have any protocol  
538 deviations that were medically assessed as potentially impacting on immunogenicity results.

539 <sup>c</sup> GMT Ratio = Comparator / AFLURIA QUADRIVALENT. Adjusted analysis model: Log-transformed Post-Vaccination HI  
540 Titer=Vaccine + Age Cohort [6 through 35 months or 36 through 59 months] + Gender + Vaccination History [y/n] + Log-  
541 transformed Pre-Vaccination HI Titer + Site + Number of Doses (1 vs 2) + Age Cohort\*Vaccine. The Age Cohort\*Vaccine  
542 interaction term was excluded from the model fit for the strains A(H1N1), A(H3N2) and B/Yamagata as the interaction  
543 result was non-significant (p>0.05). Least square means were back transformed.

544 <sup>d</sup> Seroconversion rate was defined as the percentage of subjects with either a prevaccination HI titer < 1:10 and a  
545 postvaccination HI titer ≥ 1:40 or a prevaccination HI titer ≥ 1:10 and a 4-fold increase in postvaccination HI titer.

546 <sup>e</sup> Seroconversion rate difference = Comparator SCR percentage minus AFLURIA QUADRIVALENT SCR percentage.

547 <sup>f</sup> Noninferiority (NI) criterion for the GMT ratio: upper bound of two-sided 95% CI on the GMT ratio of Comparator /  
548 AFLURIA QUADRIVALENT should not exceed 1.5. NI criterion for the SCR difference: upper bound of two-sided 95%  
549 CI on the difference between SCR Comparator– AFLURIA QUADRIVALENT should not exceed 10%.

550 <sup>g</sup> Subject 8400402-0073 was excluded from the Per-Protocol Population for the adjusted GMT analysis for the GMT ratio

551 because the subject did not have information on all covariates (unknown prevaccination history).

552 <sup>h</sup> Subject 8400427-0070 had missing B/Victoria Antigen pre-vaccination titer.

553 <sup>i</sup> Subject 8400402-0074 had missing A/H3N2 post-vaccination titer.

554 **14.4 Immunogenicity of AFLURIA in Adults and Older Adults Administered by**  
555 **Needle and Syringe**

556 Two randomized, controlled clinical studies of AFLURIA evaluated the immune responses by  
557 measuring HI antibody titers to each virus strain in the vaccine in adults as compared to placebo  
558 (adults 18 through 64 years) or another U.S.-licensed trivalent influenza vaccine (adults ≥ 65  
559 years). In these studies, post-vaccination immunogenicity was evaluated on sera obtained 21  
560 days after administration of a single dose of AFLURIA.

561 Study 5 was a randomized, double-blinded, placebo-controlled, multi-center study in healthy

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562 subjects ages 18 through 64 years. A total of 1,357 subjects were vaccinated [1,089 subjects  
563 with AFLURIA and 268 with a placebo]. Subjects who received AFLURIA were vaccinated  
564 using either the preservative-free or thimerosal-containing presentation. The evaluable  
565 population consisted of 1,341 subjects [1,077 in the AFLURIA group and 264 in the placebo  
566 group]. The mean age of the entire evaluable population receiving AFLURIA was 38 years.  
567 62.5% of subjects were female, 81.3% were White, 12.1% were Black, and 6.2% were Asian.

568 Serum HI antibody responses to AFLURIA met the pre-specified co-primary endpoint criteria  
569 for all three virus strains (Table 10). Similar responses were observed between genders. The  
570 study was not sufficiently diverse to assess immunogenicity by race or ethnicity.

571 **Table 10: Serum Antibody Responses in Subjects 18 through 64 Years of Age**  
572 **Receiving AFLURIA (Study 5)**

Strain Variable	AFLURIA N=1077 value (95% CI)	Placebo N=264 value (95% CI)
<b>A(H1N1)</b>		
HI Titer $\geq$ 1:40 <sup>a</sup>	97.8% (96.7, 98.6)	74.6% (68.9, 79.8)
Seroconversion Rate (%) <sup>b</sup>	48.7% (45.6, 51.7)	2.3% (0.8, 4.9)
<b>A(H3N2)</b>		
HI Titer $\geq$ 1:40 <sup>a</sup>	99.9% (99.5, 100.0)	72.0% (66.1, 77.3)
Seroconversion Rate (%) <sup>b</sup>	71.5% (68.7, 74.2)	0.0% (N/A)
<b>B</b>		
HI Titer $\geq$ 1:40 <sup>a</sup>	94.2% (92.7, 95.6)	47.0% (40.8, 53.2)
Seroconversion Rate (%) <sup>b</sup>	69.7% (66.9, 72.5)	0.4% (< 0.1, 2.1)

573 <sup>a</sup> HI titer  $\geq$  1:40 is defined as the proportion of subjects with a minimum post-vaccination HI antibody titer of 1:40. Lower bound  
574 of 95% CI for HI antibody titer  $\geq$  1:40 should be > 70% for the study population.

575 <sup>b</sup> Seroconversion rate is defined as a 4-fold increase in post-vaccination HI antibody titer from pre-vaccination titer  $\geq$  1:10 or an  
576 increase in titer from < 1:10 to  $\geq$  1:40. Lower bound of 95% CI for seroconversion should be > 40% for the study population.

577 Study 7 was a randomized, observer-blind, comparator-controlled study that enrolled 1,268  
578 subjects 65 years of age and older (Table 11). This study compared the immune response  
579 following administration of AFLURIA to that following a U.S.-licensed trivalent inactivated  
580 influenza vaccine (manufactured by Sanofi Pasteur Inc.). Subjects were randomized in a 1:1  
581 ratio to receive a single vaccination of AFLURIA (enrolled subjects: 631; evaluable subjects:  
582 605) or the comparator vaccine (enrolled subjects: 637; evaluable subjects: 610).  
583 Immunogenicity assessments were performed prior to vaccination and at 21 days after  
584 vaccination. Most of the subjects in the per-protocol immunogenicity population were female  
585 (56.7%) and White (97.4%). 2.0% were Black and less than 1.0% were of other races or  
586 ethnicities.

587 The co-primary endpoints were HI GMT ratios (adjusted for baseline HI titers) and the difference  
588 in seroconversion rates for each vaccine strain 21 days after vaccination. Pre-specified non-



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inferiority criteria required that the upper bound of the 2-sided 95% CI of the GMT ratio (Comparator/AFLURIA) did not exceed 1.5 and the upper bound of the 2-sided 95% CI of the seroconversion rate difference (Comparator minus AFLURIA) did not exceed 10.0% for each strain. As shown in Table 11, non-inferiority of AFLURIA to the comparator vaccine was demonstrated in the per protocol population for influenza A subtypes A(H1N1) and A(H3N2), but not for influenza type B. For the B strain, non-inferiority was demonstrated for HI GMTs, but not for seroconversion rates. Post-hoc analyses of immunogenicity by gender did not demonstrate significant differences between males and females. The study was not sufficiently diverse to assess differences between races or ethnicities.

**Table 11: Post-Vaccination HI Antibody GMTs, Seroconversion Rates, and Analyses of Non-Inferiority of AFLURIA to a U.S. Licensed Comparator, Adults 65 Years of Age and Older (Study 7)**

Strain	Post-vaccination GMT		GMT Ratio <sup>a</sup>	Seroconversion % <sup>b</sup>		Difference	Met both pre-defined non-inferiority criteria?
	Comparator N=610	AFLURIA N=605	Comparator over AFLURIA (95% CI)	Comparator N=610	AFLURIA N=605	Comparator minus AFLURIA (95% CI)	
A(H1N1)	59.2	59.4	1.04 (0.92, 1.18)	43.0	38.8	4.1 (-1.4, 9.6)	Yes
A(H3N2)	337.7	376.8	0.95 (0.83, 1.08)	68.7	69.4	-0.7 (-5.9, 4.5)	Yes
B	33.4	30.4	1.12 (1.01, 1.25)	34.4	29.3	5.2 (-0.1, 10.4)	No

Abbreviations: CI, confidence interval; GMT, geometric mean titer.

<sup>a</sup> Post-vaccination GMTs were adjusted for baseline HI titers.

<sup>b</sup> Seroconversion rate is defined as a 4-fold increase in post-vaccination HI antibody titer from pre-vaccination titer  $\geq 1:10$  or an increase in titer from  $< 1:10$  to  $\geq 1:40$ .

**14.5 Immunogenicity of AFLURIA in Adults Administered by PharmaJet Stratis Needle-Free Injection System**

Study 9 was a randomized, comparator-controlled non-inferiority study that enrolled 1,250 subjects 18 through 64 years of age. This study compared the immune response following administration of AFLURIA when delivered IM using either the PharmaJet Stratis Needle-Free Injection System or needle and syringe. Immunogenicity assessments were performed prior to vaccination and at 28 days after vaccination in the immunogenicity population (1,130 subjects, 562 PharmaJet Stratis Needle-Free Injection System group, 568 needle and syringe group). The co-primary endpoints were HI GMT ratios for each vaccine strain and the absolute difference in seroconversion rates for each vaccine strain 28 days after vaccination. As shown in Table 12, non-inferiority of administration of AFLURIA by the PharmaJet Stratis Needle-Free Injection System compared to administration of AFLURIA by needle and syringe was demonstrated in the immunogenicity population for all strains. Post-hoc analyses of immunogenicity by age showed that younger subjects (18 through 49 years) elicited higher immunological responses than older subjects (50 through 64 years). Post-hoc analyses of immunogenicity according to gender and body mass index did not reveal significant influences of these variables on immune

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621 responses. The study population was not sufficiently diverse to assess immunogenicity by race  
622 or ethnicity.

623 **Table 12: Baseline and Post-Vaccination HI Antibody GMTs, Seroconversion Rates,**  
624 **and Analyses of Non-Inferiority of AFLURIA Administered by PharmaJet**  
625 **Stratis Needle-Free Injection System or Needle and Syringe, Adults 18 through**  
626 **64 Years of Age (Study 9)**

Strain	Baseline GMT		Post-vaccination GMT		GMT Ratio <sup>a</sup>	Seroconversion % <sup>b</sup>		Difference	Met both pre-defined non-inferiority criteria? <sup>c</sup>
	Needle and Syringe N=568	PharmaJet Stratis Needle-Free Injection System N=562	Needle and Syringe N=568	PharmaJet Stratis Needle-Free Injection System N=562	Needle and Syringe over PharmaJet Stratis Needle-Free Injection System (95% CI)	Needle and Syringe N=568	PharmaJet Stratis Needle-Free Injection System N=562	Needle and Syringe minus PharmaJet Stratis Needle-Free Injection System (95% CI)	
A(H1N1)	79.5	83.7	280.6	282.9	0.99 (0.88, 1.12)	38.4	37.5	0.8 (-4.8, 6.5)	Yes
A(H3N2)	75.4	68.1	265.9	247.3	1.08 (0.96, 1.21)	45.1	43.8	1.3 (-4.5, 7.1)	Yes
B	12.6	13.5	39.7	42.5	0.94 (0.83, 1.06)	35.2	34.9	0.3 (-5.2, 5.9)	Yes

627 Abbreviations: CI, confidence interval; GMT, geometric mean titer

628 <sup>a</sup> GMT ratio is defined as post-vaccination GMT for Needle and Syringe/PharmaJet Stratis Needle-Free Injection System

629 <sup>b</sup> Seroconversion rate is defined as a 4-fold increase in post-vaccination HI antibody titer from pre-vaccination titer  $\geq$  1:10 or  
630 an increase in titer from  $<$  1:10 to  $\geq$  1:40.

631 <sup>c</sup> Non-inferiority (NI) criteria for the GMT ratio: upper bound of 2-sided 95% CI on the ratio of Needle and Syringe/PharmaJet  
632 Stratis Needle-Free Injection System. GMT should not exceed 1.5. NI criteria for the seroconversion rate (SCR) difference:  
633 upper bound of 2-sided 95% CI on the difference between SCR Needle and Syringe – SCR PharmaJet Stratis Needle-Free  
634 Injection System should not exceed 10%.

635 **15 REFERENCES**

- 636 1. Centers for Disease Control and Prevention. Prevention and Control of Influenza:  
637 Recommendations of the Advisory Committee on Immunization Practices (ACIP).  
638 *MMWR Recomm Rep* 2010;59 (RR-8):1-62.
- 639 2. Hannoun C, Megas F, Piercy J. Immunogenicity and Protective Efficacy of Influenza  
640 Vaccination. *Virus Res* 2004;103:133-138.
- 641 3. Hobson D, Curry RL, Beare AS, et al. The Role of Serum Hemagglutination-Inhibiting  
642 Antibody in Protection against Challenge Infection with Influenza A2 and B Viruses.  
643 *J Hyg Camb* 1972;70:767-777.

**Package insert**

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644 **16 HOW SUPPLIED/STORAGE AND HANDLING**

645 **16.1 How Supplied**

646 Multi-dose vial product presentation includes a package insert and the following component:

Presentation	Carton NDC Number	Component
Multi-Dose Vial	33332-122-10	<ul style="list-style-type: none"><li>One 5 mL vial [NDC 33332-122-11]</li></ul>

647 **16.2 Storage and Handling**

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- Store refrigerated at 2–8°C (36–46°F).
  - Do not freeze. Discard if product has been frozen.
  - Protect from light.
  - Do not use AFLURIA beyond the expiration date printed on the label.
  - Once the stopper of the multi-dose vial has been pierced the vial must be discarded within 28 days.
  - The number of needle punctures should not exceed 20 per multi-dose vial.

655 **17 PATIENT COUNSELING INFORMATION**

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- Inform the vaccine recipient or guardian of the potential benefits and risks of immunization with AFLURIA.
  - Inform the vaccine recipient or guardian that AFLURIA is an inactivated vaccine that cannot cause influenza but stimulates the immune system to produce antibodies that protect against influenza, and that the full effect of the vaccine is generally achieved approximately 3 weeks after vaccination.
  - Instruct the vaccine recipient or guardian to report any severe or unusual adverse reactions to their healthcare provider.
  - Provide the vaccine recipient or guardian with Vaccine Information Statements which are required by the National Childhood Vaccine Injury Act of 1986 to be given prior to immunization. These materials are available free of charge at the Centers for Disease Control and Prevention (CDC) website ([www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)).
  - Instruct the vaccine recipient or guardian that annual revaccination is recommended.

669 Manufactured by:

670 **Seqirus Pty Ltd.** Parkville, Victoria, 3052, Australia

671 U.S. License No. 2044

672 Distributed by:

673 **Seqirus USA Inc.** 25 Deforest Avenue, Summit, NJ 07901, USA 1-855-358-8966

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