SAP / ID. number : PI Imojev - 7 / XXXXXX Film code : KSF/XXXXXX

Country : Indonesia
Version number : 1
Date : 12.04.2023
Material : HVS 60 g/m²
Pharmacode : XXXXX
Prepared by : Rahmat Hafid

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Printing Colour
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Technical Information
outline

For pharmacode

IMOJEV®

Powder and diluent* for suspension for injection
Japanese encephalitis vaccine (live, attenuated)
* 0.4% Sterile Sodium chloride solution (IMOJEV®)
* 0.9% Sterile Sodium chloride solution (IMOJEV®Multidose)

IMOJEV®
Japanese encephalitis vaccine
(live, attenuated)

COMPOSITION
After reconstitution, one dose (0.5 mL) contains:
Live, attenuated, recombinant Japanese encephalitis virus*: 4.0 - 5.8 log PFU**
* Propagated in Vero cells
** Plaque Forming Unit

List of excipients
Powder
Mannitol, Lactose monohydrate, Glutamic acid, Potassium hydroxide, Histidine, Human Serum Albumin
Diluent
Sodium chloride, Water for injections

No adjuvant or antimicrobial preservative is added

PHARMACEUTICAL FORM
Powder and diluent for suspension for injection
The powder is a white to creamy white homogeneous cake which might be retracted from the sides of the vial.
The diluent is a clear solution.
After reconstitution, IMOJEV® is a colourless to amber suspension.

THERAPEUTIC INDICATION
Imojev is indicated for prophylaxis of Japanese encephalitis caused by the Japanese encephalitis virus, in subjects from 9 months of age and over.

POSOLOGY AND ADMINISTRATION
Posology
Primary Vaccination:
Subjects 9 months of age and over one 0.5 mL single injection of the reconstituted vaccine.

Booster
- Paediatric population
Paediatric population (up to 18 years of age):
If a long term protection* is required, one 0.5 mL dose of IMOJEV® should be given as a booster dose after primary vaccination. The booster dose should be given preferably 12 months after primary vaccination and can be given up to 24 months after primary vaccination.
One 0.5 mL dose of Imojev can also be given as a booster vaccination in children who were previously given an inactivated Japanese encephalitis vaccine for primary vaccination, in accordance with the recommended timing for the booster of the inactivated Japanese encephalitis vaccine.
**Immunity is maintained at a high level at least 4 years after the booster dose when the vaccine used for primary vaccination is JE-CV (Imojev).*
- Adult population:
The need for and timing of a possible booster dose have not yet been determined.

Method of administration
Once the freeze-dried vaccine has been completely reconstituted using the diluent provided (*see section Special Precautions for Disposal and Other Handling*), it is administered via the subcutaneous route.
In subjects 2 years of age and over, the recommended injection site is the deltoid region of the upper arm.
In subjects between 9 and 24 months of age, the recommended injection site is the anterolateral aspect of the thigh or the deltoid region.
Do not administer by intravascular injection

IMOJEV® must not be mixed with any other injectable vaccine(s) or medicinal product(s)

Contraindication
IMOJEV® should not be administered to anyone with a history of severe allergic reaction to any component of the vaccine or after previous administration of the vaccine or a vaccine containing the same components or constituents.

Vaccination must be postponed in case of febrile or acute disease.

Congenital or acquired immune deficiency impairing cellular immunity, including immunosuppressive therapies such as chemotherapy, high doses of systemic corticosteroids given for 14 days or more *(see section Special warnings and precautions for use and section Interaction with other medicinal products and other forms of interaction).*

IMOJEV® must not be administered to persons with symptomatic HIV infection or with asymptomatic HIV infection when accompanied by evidence of impaired immune function.

Pregnancy (*see section Pregnancy*).
Lactation (*see section Lactation*).

Special warnings and precautions for use
As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of a rare anaphylactic event following administration of the vaccine.

For patients following a treatment with high doses of systemic corticosteroids given for 14 days or more, it is advisable to wait for at least one month or more following the interruption of therapy before carrying out the vaccination until immune function has recovered.

Do not administer by intravascular injection.

Interaction with other medicinal products and other forms of interaction
Separate injection sites and separate syringes should be used when other vaccines are concomitantly administered with IMOJEV® *(see section Posology and administration).*
From 12 months of age, IMOJEV may be administered at the same time with MMR vaccine. No studies on concomitant administration with vaccine against measles either stand alone or combined.
For children living in areas where risk for measles is high, IMOJEV® may be administered at the same time as measles vaccine, either stand alone or combined with mumps and/or rubella vaccines, from 9 months of age.
IMOJEV® may be administered to adults at the same time as yellow fever vaccine

In the case of immunosuppressive therapy or corticosteroid therapy, *see sections Contraindication and Special warnings and Precautions for use*

Administering the vaccine in subjects who have previously received immunoglobulins:
In order to avoid any neutralisation of the attenuated viruses contained in the vaccine, vaccination must generally not be performed within 6 weeks, and preferably not within 3 months of injection of immunoglobulins or blood products containing immunoglobulins, such as blood or plasma.

Pregnancy and lactation
Animal studies did not indicate direct or indirect harmful effects with respect to pregnancy, embryo-foetal development, parturition or post-natal development (*see section Preclinical Safety Data*).
As with all live attenuated vaccines, pregnancy constitutes a contra-indication (*see section Posology and Administration*). Animal studies did not indicate direct or indirect harmful effects with respect to lactation *(see section Preclinical Safety Data).*
It is not known whether this vaccine is excreted in human milk.
IMOJEV® vaccination is contraindicated in breastfeeding women (*see section Contraindication*).
Animal studies did not indicate direct or indirect harmful effects with respect to female fertility.
No fertility data are available in Humans.

Effects on the ability to drive and use machines
No studies on the effects on the ability to drive or use machines have been performed.

Undesirable effects
Data from clinical trials

Data in adult population
The safety of IMOJEV® has been assessed in 8 randomised clinical trials in subjects over 18 years of age. During the development in the adult population, approximately 2,500 subjects received an injection of IMOJEV®.

Safety evaluation was performed for all subjects during the first 4 weeks following vaccination and serious adverse reactions were collected during at least six months of follow-up after a single dose of IMOJEV®.

The most frequently reported systemic reactions after the administration of IMOJEV® were headache, fatigue, malaise and myalgia. All these reactions were as frequently reported as after the administration of the inactivated Japanese encephalitis comparator vaccine or a placebo.
The most frequently reported reaction at the injection site after the administration of IMOJEV® was injection site pain. All the injection site reactions were less frequently reported than after the administration of the inactivated Japanese encephalitis comparator vaccine and as frequently reported as after the administration of a placebo.

Local and systemic reactions are ranked within each system organ class, under headings of frequency, using the following convention [Very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1000); very rare (<1/10,000), including isolated reports].

The following possibly related Adverse Events were reported during clinical trials within 30 days after vaccination:

General disorders and administration site conditions:
• Very common: Fatigue, malaise, injection site pain
• Common : Feeling hot, chills, injection site erythema, injection site pruritus, injection site swelling, injection site bruising
• Uncommon : Pyrexia

Nervous system disorders:
• Very common : Headache
• Common : Dizziness

Musculoskeletal and connective tissue disorders:
• Very common : Myalgia
• Common : Arthralgia

Gastrointestinal disorders:
• Common : Diarrhoea , nausea, abdominal pain, vomiting

Respiratory, thoracic and mediastinal disorders:
• Common : Pharyngolaryngeal pain, dyspnea, rhinorrhoea, cough, wheezing, nasal congestion

Skin and subcutaneous tissue disorders:
• Common : Rash

Infections and infestations:
• Rare : Viral infections such as influenza-like illness

Data in paediatric populations
Results from five Phase II and Phase III clinical trials with similar methodology for recording safety data were included in an integrated analysis of safety. During these clinical trials approximately 2200 individuals between 9 months and 5 years of age (approximately 100 children from 2 years of age. 2050 toddlers from 12 months of age and 50 infants from 9 to 12 months of age) received an injection of IMOJEV®.

Safety evaluation was performed for all subjects during the first 4 weeks following vaccination and serious adverse reactions were collected during at least six months of follow-up after a single dose of IMOJEV®.

The most frequently reported systemic reactions were malaise, myalgia, fever and headache in children (2 to 5 years) previously immunized with a two-dose primary vaccination with an inactivated Japanese encephalitis vaccine; and irritability, appetite loss, crying and fever in infants and toddlers (9 to 24 months) not previously immunized with a Japanese encephalitis vaccine.

The most frequently reported reactions at the injection site after the administration of IMOJEV® was injection site pain/tenderness and injection site erythema.

These adverse events observed during paediatric clinical trials were generally of mild intensity and of short duration. The onset of systemic reactions was generally seen within 3 days after immunisation.

Local and systemic reactions are ranked within each system organ class, under headings of frequency, using the following convention [Very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000), including isolated reports].

The following related Adverse Events were reported during clinical trials within 28 days after vaccination:

General disorders and administration site conditions:
• Very common : Pyrexia, malaise, irritability, injection site pain/ tenderness, injection site erythema
• Common : Injection site swelling
• Uncommon : Injection site reactions (induration, bruising, haematoma, haemorrhage)
• Rare : Injection site pruritus

Nervous system disorders:
• Very common : Headache, somnolence

Musculoskeletal and connective tissue disorders:
• Very common : Myalgia

Gastrointestinal disorders:
• Very common : Vomiting

Metabolism and nutrition disorders:
• Very common : Appetite loss

Infections and infestations:
• Uncommon: Upper respiratory tract infection
• Rare: Viral infection

Skin and subcutaneous tissue disorders:
• Uncommon : Urticaria
• Rare : Rash, maculo-papular rash, post inflammatory pigmentation change

Psychiatric disorders:
• Very common : Crying

Infections and infestations:
• Rare : Upper respiratory tract infection, viral infections

The safety of IMOJEV® presented no clinically relevant difference with the above-described safety profile in the following phase III trials.
• In 390 subjects between 36 and 42 months of age (45 out of the 390 received a single dose of IMOJEV®, and 345 out of the 390 received a second dose (booster dose) of IMOJEV® 2 years after the first dose);
• In 119 children between 18 and 36 months of age who received a second dose (booster dose) of IMOJEV®.

No additional adverse reactions were identified from the phase IV safety trial conducted in 10 000 individuals between 9 months and 5 years of age.

Data from post-marketing experience
No additional adverse reaction has been identified during post-marketing experience at this time.

Overdose
Not documented.

PHARMACOLOGICAL PROPERTIES
Pharmacodynamic properties
Mechanism of action
The vaccine is a live attenuated virus. Following administration, the virus replicates locally and elicits neutralising antibodies and cell-mediated immune responses that are specific to the Japanese encephalitis virus. Available results indicate that protection is mainly mediated by neutralising antibodies.

In nonclinical studies, all animals that received a single dose of the vaccine developed specific neutralising antibodies against Japanese encephalitis virus and were protected against infection by a virulent Japanese encephalitis virus experimental challenge.

Immunogenicity
Passive antibody transfer results in a small animal model indicate that protection is mediated by neutralising antibodies and that the threshold for protection is a plaque reduction neutralisation titer of 1:10.

Immunogenicity data in adult population
A single dose administration of IMOJEV® is as immunogenic as a three-dose regimen of an inactivated Japanese encephalitis comparator vaccine administered in adults 18 years of age and over.

A seroprotective level of antibodies is generally reached 14 days after vaccination.

In a randomised comparative phase III trial, 410 subjects over 18 years of age received a single dose of not less than 4.0 log PFU/dose of 0.5 mL of IMOJEV® and 410 subjects over 18 years of age received a three-dose regimen of 1 mL of an inactivated Japanese encephalitis comparator vaccine.
Thirty days after vaccination, the seroprotection rates for the subjects who received IMOJEV® were more than 99% when measured against the homologous virus strain. These results are non inferior to those observed after the three dose regimen of the inactivated Japanese encephalitis comparator vaccine.

Fourteen days after a single dose of IMOJEV®, approximately 93% of the vaccinees showed seroprotective levels of neutralising antibodies.

In a long-term follow-up assessment in a randomised control phase II trial, 97.6% (95% CI, 93.3; 98.8) of subjects showed seroprotective levels six months after a single administration of IMOJEV®.

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Long-term immunogenicity data up month 60 are presented as Kaplan-Meier estimates the probability of being still seroprotected 60 months after vaccination for those who were seroprotected at six months is 86.8%.

Immunogenicity data in paediatric populations
• Primary Vaccination
A seroprotective level of antibodies is generally reached 28 days after vaccination.
A single dose administration of IMOJEV® in 2 randomised trials in 1,231 toddlers (12 to 24 months) not previously immunized with a Japanese encephalitis vaccine shows that approximately 95% of subjects seroconverted and are seroprotected (neutralizing antibody level above the threshold of protection) after 28 days. A single dose administration of IMOJEV® in a randomised comparative phase III trial in infants and toddlers (9 to 18 months) (N=126) not previously immunized with a Japanese encephalitis vaccine showed that more than 99% of individuals seroconverted and were seroprotected after 28 days.
The persistence of seroprotection was assessed in a Phase II and a Phase III trials in toddlers (12 to 24 months)

In the phase II trial, approximately 65% of toddlers who did not receive any Japanese encephalitis vaccine before the single dose administration of IMOJEV® were shown to still have seroprotective antibody level 5 years after the vaccination (N = 151).

Table 1 shows the immune response up to 5 years after vaccination with a single dose of IMOJEV®

Table 1 : Immune Response up to 5 years after a Single-Dose of IMOJEV® in Toddlers (12 to 24 Months) Not Previously Immunized with a JE Vaccine

	Seroprotection (≥ 10 1/dil) % (95% CI)*	*GMT* 1/dil (95% CI)*
28 days after a single dose of IMOJEV® (N=194)	96.4 (92.7; 98.5) †	295.8 (231.6; 377.9) †
6 months after a single dose of IMOJEV® (N = 197)	86.8 (81.3; 91.2) †	69.5 (55.9; 86.4) †
1 year after a single dose of IMOJEV® (N = 185)	82.2 (75.9; 87.4) ‡	58.2 (46.2; 73.3) ‡
2 years after a single dose of IMOJEV® (N = 172)	80.2 (73.5; 85.9) ‡	70.3 (54.3; 91.1) ‡
3 years after a single dose of IMOJEV® (N = 157)	75.2 (67.6; 81.7) ‡	60.6 (45.4; 80.7) ‡
4 years after a single dose of IMOJEV® (N=158)	74.1 (66,5; 80.7) ‡	56.1 (42.4; 74.1) ‡
5 years after a single dose of IMOJEV® (N=151)	65.6 (57.4; 73.1) ‡	31.9 (24.3; 42.1) ‡

* Based on homologous virus strain
† Full analysis set
‡ Sensitivity analysis in the Full analysis set to avoid a bias in the antibody measurement over time due to the potential discontinuations of subjects with antibody titres below the threshold of protection

In the Phase III trial, approximately 75% of toddlers who did not receive any Japanese encephalitis vaccine before the single dose administration of IMOJEV® were shown to still have seroprotective antibody levels 5 years after the vaccination (N=478). All the toddlers included in this trial with serological data available 28 days after the vaccination were seroprotected at this time point.

Table 2 shows the immune response against the homologous virus, up to 5 years after vaccination with a single dose of IMOJEV®

Table 2 :Immune Response up to 5 Years after a Single-Dose of IMOJEV® in Toddlers (12 to 18 Months) Not Previously Immunized with a JE Vaccine and Seroprotected 28 days after the Single-Dose (Full Analysis Set and Sensitivity Analysis in the FAS, Phase III Trial)

	Seroprotection (≥ 10 1/dil) % (95% CI)*	*GMT* 1/dil (95% CI)*
1 year after a single dose of IMOJEV® (N =586)	88.2** (85.3; 90.7) †	77.2 (67.7; 88.0) †
2 years after a single dose of IMOJEV® (N = 574)	85.9** (82.8; 88.6) ‡	71.4 (62.7; 81.3) ‡
3 years after a single dose of IMOJEV® (N=504)	84.1** (80.7; 87.0) ‡	95.9 (82.1; 112) ‡
4 years after a single dose of IMOJEV® (N=484)	77.0** (73.2; 80.4) ‡	60.7 (52.5; 70.1) ‡
5 years after a single dose of IMOJEV® (N=478)	74.7** (70.9; 78.3) ‡	46.2 (40.0; 53.4) ‡

* Based on homologous virus strain
** All subjects were seroprotected 28 days after a single dose of JE-CV in the subset of subjects with available serological data 28 days after vaccination (N=580)
† Full analysis set (main analysis)
‡ Sensitivity analysis to avoid a bias in the antibody measurement over time due to the potential discontinuations of subjects with antibody titres below the threshold of protection

In another phase III trial in infants and toddlers (9 to 18 months) not previously immunized with a Japanese encephalitis vaccine, approximately 88% of individuals were still seroprotected 1 year after the single dose administration of IMOJEV®.

•Booster
- Booster dose of IMOJEV® after primary vaccination with IMOJEV®
In a phase III trial, a second dose (booster dose) of IMOJEV® was administered in children (36 to 42 months) (N = 340) 24 months after primary vaccination with IMOJEV®. A control group of children (36 to 42 months of age) (N = 39) who never received a Japanese encephalitis vaccine, received IMOJEV® for the first time to characterize the primary response to IMOJEV®.

The Geometric Mean Titer (GMT) increased by nearly 6 fold from Day 0 to Day 7 after the administration of IMOJEV® to subjects previously vaccinated. By comparison, the GMT did not increase the control group, thus demonstrating an anamnestic response in the booster group. The GMT increased by nearly 57 fold from Day 0 to Day 28 in the booster group.

100% of children previously vaccinated with IMOJEV® showed seroprotective antibody levels 28 days after the administration of the booster dose 24 months after primary vaccination.

Table 3 shows the immune response against the homologous virus strain, 7 and 28 days after administration of a booster dose of IMOJEV®

Table 3 : Immune Response to a Booster Dose of IMOJEV given to Children (36 to 42 Months) 24 Months after a Single-Dose of IMOJEV vs. Control Children (36 to 42 Months) receiving a Single Dose of IMOJEV®

Group	Parameter	D0	D7	D28
IMOJEV® primary vaccinated toddlers (N = 340)	Seroprotection* (≥ 10 1/dil) % [95% CI]	80.3 [75.5; 84.4]	96.2 [93.6; 97.9]	100.0 [98.9; 100.0]
	GMT* 1/dil (ratio Dx/D0) [95% CI]	39.4 [33.7; 46.0]	231 (5.87) [191; 279]	2.242 (57.0) [1.913; 2.628]
Japanese encephalitis vaccine naïve control group (N=39)	Seroprotection* (≥ 10 1/dil) % [95% CI]	0.0 [0.0; 9.0]	15.4 [5.9; 30.5]	89.7 [75.8; 97.1]
	GMT* 1/dil (ratio Dx/D0) [95% CI]	5.00 [5.00; 5.00]	6.41 (1.28) [5.11; 8.05]	178 (35.6) [99.7; 318]

* Based on homologous virus strain

In a Phase III trial, a second dose (booster dose) of IMOJEV® was administered in children (18 to 36 months of age) (N=53) between 12 and 18 months after primary vaccination with IMOJEV®.
The GMT increased by nearly 62 fold from Day 0 to Day 28 in the booster group.
100% of children previously vaccinated with IMOJEV® showed seroprotective antibody titers 28 days after the administration of the booster dose between 12 and 18 months after primary vaccination.

In the long-term follow –up assessment of the phase III trial, nearly all children (98.2%) who received the booster dose of IMOJEV® 24 months after primary vaccination were shown to still have seroprotective antibody levels 4 years after the vaccination.

Table 4 shows the immune response up to 4 years after vaccination with a booster dose of IMOJEV®

Table 4. Immune Response up to 4 years after the Administration of a Booster Dose of IMOJEV in Children (36 to 42 Months) 24 Months after a Single-Dose of IMOJEV® (Full Analysis Set)

	Seroprotection (≥ 10 1/dil) % (95% CI)*	*GMT* 1/dil (95% CI)*
28 days after a booster dose of IMOJEV® (N=345)	100.0 (98.9; 100.0)	2.259 (1.930; 2.645)
1 year after a single dose of IMOJEV® (N =339)	99.4 (97.9; 99.9)	596 (502; 708)
2 years after a booster dose of IMOJEV® (N= 340)	98.8 (97.0; 99.7)	368 (313; 432)
3 years after a booster dose of IMOJEV® (N= 338)	99.1 (97.4; 99.8)	301 (257; 352)
4 years after a booster dose of IMOJEV® (N=335)	98.2 (96.1; 99.3)	249 (215; 289)

* Based on homologous virus strain

- Booster vaccination with IMOJEV® after the administration of an inactivated JE vaccine as a primary immunization.

In a Phase II trial, IMOJEV® was administered to children (2 to 5 years) (N = 97) 6 to 38 months after a two-dose primary vaccination with an inactivated Japanese encephalitis vaccine (mouse brain-derived Japanese encephalitis vaccine)

The GMT increased by nearly 59 fold from Day 0 to Day 28. Approximately 93% of subjects seroconverted and they were all seroprotected (titer above a threshold considered as protective) 28 days after the administration of IMOJEV®.

Table 5 shows the immune response 28 days after the administration of a booster dose of IMOJEV® after a primary vaccination with an inactivated JE vaccine.

Table 5 : Immune Response 28 Days After the Administration of a Booster Dose of IMOJEV® in Children (2 to 5 Years) after a Two-dose Primary Vaccination with an Inactivated JE Vaccine

Parameter	D0	D28
Seroprotection* † % [95% CI]	85.6 [77.0; 91.9]	100.0 [96.3; 100.0]
Seroconversion*‡ % [95% CI]	-	92.8 [85.7; 97.0]
GMT* 1/dil (ratio Dx/D0) [95% CI]	44.8 [33.8; 59.4]	2.634 (58.7) [1.928; 3.600]

* Based on homologous virus strain
† Seroprotection refers to neutralizing antibody titre above the threshold of protection
‡ Seroconversion refers to:
- In individuals previously immunized and who are seronegative at baseline: neutralizing antibody titre above the threshold of protection after vaccination with IMOJEV®
- In individuals who are seropositive at baseline : at least a fourfold rise in neutralizing antibody titre after vaccination with IMOJEV®

In the long-term follow up assessment of the phase II trial, nearly all children (97.5%) who received the booster dose of IMOJEV® 6 to 38 months after the two-dose primary vaccination with the inactivated Japanese encephalitis vaccine were shown to still have seroprotective antibody levels 3 years after the vaccination

Table 6 shows the immune response up to 5 years after the administration of a booster dose of IMOJEV® after a primary vaccination with an inactivated JE vaccine

Table 6 : Immune Response up to 5 Years after the Administration of a Booster Dose of IMOJEV® in Children (2 to 5 Years) after a Two-dose Primary Vaccination with an Inactivated JE Vaccine

	Seroprotection* (≥ 10 1/dil) % (95% CI)	GMT* 1/dil (95% CI)
6 months after the administration of IMOJEV® (N = 97)	100.0 (96.3; 100.0) †	1,055.4 (771.4; 1,444.0) †
1 year after the administration of IMOJEV® (N = 93)	96.8 (90.9; 99.3) ‡	454 (327; 632) ‡
2 years after the administration of IMOJEV® (N = 84)	97.6 (91.7; 99.7) ‡	521 (364; 744) ‡
3 years after the administration of IMOJEV® (N = 78)	97.5 (91.3; 99.7) ‡	411 (298; 569) ‡
4 years after the administration of IMOJEV® (N=79)	97.5 (91.2; 99.7) ‡	395 (265; 588) ‡
5 years after the administration of IMOJEV® (N=80)	97.5 (91.3;99.7) ‡	228 (167;313) ‡

* Based on homologous virus strain
† Full analysis set
‡ Sensitivity analysis in the Full analysis set to avoid a bias in the antibody measurement over time due to the potential discontinuations of subjects with antibody titres below the threshold of protection

Pharmacokinetic properties
Not applicable.

Preclinical safety data
Non clinical data revealed no special hazard for humans based on animal studies.

Incompatibilities
In the absence of compatibilities studies, this vaccine must not be mixed with any other vaccine or medicinal products.

Expiry Date
Do not use later than the date of expiry.
After reconstitution: the product should be used once reconstituted.

Special precautions for storage
Store in a refrigerator (2°– 8°C).
Do not freeze.
Keep the vials in the outer carton in order to protect from light.
For storage conditions of the reconstituted product, see section *Expiry date*.

Special precautions for disposal and other handling
The freeze-dried vaccine should appear as a white to creamy white homogeneous cake which might be retracted from the sides of the vial.
The diluent should appear as a clear solution.
After reconstitution, IMOJEV® is a colourless to amber suspension.

Contact with disinfectants is to be avoided since they may inactivate the vaccine virus.

Instructions for reconstitution and administration
Imojev single dose
Using aseptic technique, IMOJEV® vaccine is reconstituted by injecting all the 0.4% sodium chloride solution into the vial of freeze-dried vaccine, using the syringe and one of the needles provided in the carton. The vial is gently swirled. After complete dissolution, a 0.5 mL dose of the reconstituted suspension is withdrawn into this same syringe. For injection, the syringe is fitted with the second needle provided in the package.
The product should be used once reconstituted *(see section Shelf life)*.

Imojev multidose
Using aseptic technique, IMOJEV® MD vaccine is reconstituted by injecting all the 0.9% sodium chloride solution into the 4-dose vial of freeze-dried vaccine, using a syringe fitted with a needle. The vial is gently swirled. After complete dissolution, a 0.5 mL dose of the reconstituted suspension is withdrawn. For injection, the syringe should be fitted with a new sterile needle. A new sterile syringe and needle should be used when withdrawing each of the four doses.
After reconstitution, any remaining vaccine contained in the vial must be used within 6 hours. Partially used vials must be kept at the required temperature, i.e. between +2°C and +8°C (never place the product in a freezer)

Disposal
A partially used multidose vial must be discarded immediately if:
- Sterile dose withdrawal has not been fully observed
- There is any suspicion that the partially used vial has been contaminated
- There is visible evidence of contamination, such as change in appearance

After use, any remaining vaccine and container must be disposed of safely, preferably by heat inactivation or incineration, according to locally agreed procedures

PACKAGING PRESENTATION :
Box, 1 vial + 1 vial of NaCl @ 0.5 mL + 1 syringe + 2 needles
Box, 10 vial @ 4 doses @ 0.5 mL + 10 vial of NaCl @ 2 mL
Reg. No. DKI1541000144A1

Pada proses pembuatannya bersinggungan dengan bahan bersumber babi

Manufactured by:
Global Biotech Products Co., Ltd.
241 Moo 7 Gateway City
Industrial Estate, Huasamrong, Plaengyao,
Chachoengsao 24190 Thailand

for **Substipharm Biologics Ltd**.
Thailand as product owner

SUBSTIPHARM BIOLOGICS

Registered by:
PT Aventis Pharma
Jl. Jend. A. Yani Pulomas,
Jakarta - Indonesia

HARUS DENGAN RESEP DOKTER

DISETUJUI OLEH BPOM: 01/06/23

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Prepared by	: Rahmat hafid		

Printing Colour

Pantone Black CVC

Technical Information

outline

For pharmacode

IMOJEV®
Serbuk Injeksi + Pelarut
Vaksin Japanese encephalitis (Live attenuated)
* 0.4 % Sterile Sodium chloride solution (IMOJEV®)
* 0.9 % Sterile Sodium Chloride Solution (IMOJEV® Multidose)

1. APA YANG TERKANDUNG DALAM IMOJEV®?
Tiap dosis (0.5 mL) IMOJEV® mengandung zat aktif *Live Attenuated, virus recombinant* Japanese encephalitis * 4.0-5.8 PFU Log**
* Diperbanyak di sel Vero
** *Plaque Forming Unit*
Bahan pembantu : Manitol, Laktosa, Asam Glutamat, Kalium Hidroksida, Histidin, *Human Serum Albumin*, Natrium klorida, Aqua Pro Injeksi.
Serbuk berwarna putih sampai putih krem homogen yang dapat ditarik dari sisi vial. Pelarut adalah larutan steril. Setelah dilarutkan, IMOJEV® merupakan suspensi amber yang tidak berwarna.

2. UNTUK APA IMOJEV® DIGUNAKAN?
IMOJEV® adalah vaksin yang digunakan untuk pencegahan Japanese encephalitis yang disebabkan oleh virus Japanese encephalitis yang diberikan pada pasien mulai dari usia 9 bulan ke atas.

3. BERAPA BANYAK DAN SEBERAPA SERING IMOJEV® INI DIGUNAKAN?
Pasien dengan usia 9 bulan ke atas : dosis IMOJEV® 0.5 mL yang sudah dilarutkan dengan pelarut diberikan untuk imunisasi pertama.
Pada anak-anak dengan usia sampai 18 tahun, jika perlindungan jangka panjang* dibutuhkan, satu dosis *booster* 0.5 mL Imojev® diberikan setelah imunisasi pertama. Dosis *booster* lebih disukai diberikan 1 tahun setelah vaksinasi pertama dan dapat diberikan sampai 2 tahun setelah vaksinasi pertama. Satu dosis *booster* 0.5 mL Imojev® dapat diberikan sebagai vaksinasi *booster* pada anak-anak yang sebelumnya telah diberikan vaksin *inactivated* Japanese encephalitis untuk vaksinasi pertama sesuai dengan waktu yang direkomendasikan untuk *booster* dari vaksin *inactivated* Japanese encephalitis.
Pada orang dewasa kebutuhan dan waktu pemberian untuk dosis *booster* belum dapat ditentukan.
Setelah serbuk vaksin dicampur dengan pelarut yang diberikan, vaksin digunakan melalui rute subkutan.
Pada pasien dengan umur 2 tahun ke atas, injeksi diberikan pada pada area deltoid pada bagian atas lengan. Pada pasien usia antara 9 dan 24 bulan, injeksi diberikan pada aspek anterolateral dari paha atau area deltoid. Vaksin tidak boleh diberikan secara intravaskular.
IMOJEV® tidak boleh dicampur dengan vaksin lain atau produk obat. Kontak dengan disinfektan dihindari karena dapat membuat virus vaksin menjadi tidak aktif.
*Kekebalan dapat bertahan pada tingkat yang tinggi paling lambat 4 tahun setelah dosis penunjang diberikan ketika vaksin yang digunakan untuk vaksinasi pertama adalah JE-CV (Imojev).

4. PADA KEADAAN APA ANDA TIDAK DIPERBOLEHKAN MENGGUNAKAN IMOJEV®?
IMOJEV® tidak boleh diberikan untuk orang yang memiliki riwayat reaksi alergi yang parah terhadap vaksin atau riwayat reaksi alergi setelah pemberian vaksin sebelumnya atau vaksin yang berisi komponen atau zat yang sama. Vaksinasi harus ditunda jika ada demam atau penyakit akut lain.
Kekurangan kekebalan bawaan atau dapatan akan merusak kekebalan selular termasuk terapi imunosupresif seperti kemoterapi, dosis tinggi dari kortikosteroid sistemik yang diberikan secara umum selama 14 hari atau lebih (lihat nomor 5)
IMOJEV® tidak boleh diberikan untuk penderita infeksi HIV dengan atau tanpa gejala yang disertai dengan bukti fungsi kekebalan yang terganggu

5. APA YANG PERLU DIPERHATIKAN BILA MENGGUNAKAN IMOJEV®?
Jarang terjadi kasus anaphylactic pada pemberian vaksin ini. Tetapi jika terjadi, pengobatan dan pengawasan harus selalu disiapkan.
Untuk pasien yang mendapatkan pengobatan kortikosteroid sistemik dosis tinggi selama 14 hari atau lebih, disarankan untuk menunggu selambatnya satu bulan atau lebih sebelum diberikan vaksinasi sampai fungsi kekebalan.
Tidak dapat diberikan melalui injeksi intravaskular.

6. OBAT DAN MAKANAN APA YANG HARUS DIHINDARI JIKA MENGGUNAKAN IMOJEV®?
IMOJEV® dapat diberikan untuk orang dewasa bersama dengan vaksin *yellow fever*. Tempat penyuntikan dan jarum suntik berbeda harus digunakan ketika vaksin lain secara bersamaan diberikan dengan IMOJEV®. Dari usia 12 bulan, IMOJEV® dapat diberikan bersamaan dengan vaksin MMR. Tidak ada studi untuk penggunaan bersamaan dengan vaksin campak, baik dalam bentuk tunggal atau kombinasi. Untuk anak-anak yang tinggal di daerah di mana risiko campak tinggi, IMOJEV® dapat diberikan bersamaan dengan vaksin campak, baik dalam bentuk tunggal atau dikombinasikan dengan vaksin gondong dan / atau rubella, dari usia 9 bulan. Pada kasus terapi imunosupresif atau kortikosteroid, dapat dilihat pada bagian Nomor 4 dan 5. Pemberian vaksin pada orang yang sebelumnya menerima imunoglobulin; Untuk menghindari netralisasi dari virus yang dilemahkan pada vaksin, vaksinasi tidak boleh dilaksanakan dalam waktu 6 minggu dan lebih disukai tidak dalam waktu 3 bulan dari pemberian imunoglobulin atau produk darah yang berisi immunoglobulin seperti plasma darah

7. APAKAH IMOJEV® BOLEH DIGUNAKAN PADA WANITA HAMIL DAN MENYUSUI?
Semua vaksin hidup yang dilemahkan tidak boleh diberikan kepada wanita hamil dan menyusui

KSF/XXXXXX ---.---.---

8. APAKAH BOLEH MENGENDARAI DAN MENJALANKAN MESIN SELAMA MENGGUNAKAN IMOJEV®?
Belum ada studi yang dilakukan untuk efek mengendarai dan menjalankan mesin selama menggunakan IMOJEV®

9. EFEK YANG TIDAK DIINGINKAN YANG MUNGKIN TERJADI
Pada orang dewasa
Efek samping yang sangat umum terjadi (lebih dari 1 pada setiap 10 orang): kelelahan, perasaan yang tidak sehat, nyeri pada area yang disuntik, sakit kepala, nyeri otot.
Efek samping yang umum terjadi (lebih dari 1 pada setiap 100 orang dan kurang dari 1 pada setiap 10 orang): merasakan panas, menggigil, kemerahan, gatal, bengkak dan memar pada area yang disuntik, pusing, nyeri sendi, diare, mual, muntah, nyeri perut: nyeri pada tenggorokan, sesak, batuk, ingusan, hidung tersumbat, ruam.
Efek yang tidak umum (lebih dari 1 pada setiap 1000 orang dan kurang dari 1 pada setiap 100 orang): demam
Efek yang jarang terjadi (lebih dari 1 pada setiap 10000 orang dan kurang dari 1 pada setiap 1000 orang): infeksi virus seperti penyakit influenza
Pada anak-anak:
Efek yang sangat umum (lebih dari 1 pada setiap 10 orang): demam, perasaan tidak sehat, lekas marah, nyeri pada area yang disuntikkan, kemerahan pada area yang disuntikkan, sakit kepala, mengantuk, nyeri otot, muntah, kehilangan nafsu makan, menangis yang tidak normal
Efek yang umum terjadi (lebih dari 1 pada setiap 100 orang dan kurang dari 1 pada setiap 10 orang): bengkak dan memar pada area yang disuntik
Efek yang tidak umum (lebih dari 1 pada setiap 1000 orang dan kurang dari 1 pada setiap 100 orang): reaksi di area injeksi (benjolan yang keras, gatal, memar, pembengkakan lokal dengan darah, pendarahan), infeksi saluran pernafasan atas, gatal-gatal (urtikaria).
Efek yang jarang terjadi lebih dari 1 pada setiap 10000 orang dan kurang dari 1 pada setiap 1000 orang): ruam, gatal-gatal (urtikaria), ruam ditandai dengan spot, gatal di area injeksi, infeksi virus, perubahan pigmentasi setelah inflamasi.
Jika terjadi efek samping yang serius atau efek samping yang tidak termasuk dalam list ini, segera beritahukan dokter anda atau apoteker

10. TANDA DAN GEJALA KELEBIHAN
Tidak ada kasus dan gejala kelebihan yang dilaporkan

11. BAGAIMANA CARA MENYIMPAN OBAT INI?
Simpan pada kulkas pada suhu 2-8°C. Jangan dibekukan. Simpan vial dalam dus supaya terhindar dari cahaya. Jangan menggunakan IMOJEV® setelah tanggal masa kadaluarsa yang tercantum pada dus.

12. PETUNJUK PENGGUNAAN
IMOJEV SINGLE DOSE
Vaksin IMOJEV® dilarutkan dengan menyuntikkan larutan 0.4% NaCl ke dalam vial yang berisi serbuk kering vaksin dengan menggunakan *syringe* dan satu jarum yang diberikan pada dus.
Vial diputar perlahan-lahan. Setelah dilarutkan secara sempurna, 0.5 mL dosis suspensi diambil dan ditarik ke dalam *syringe* yang sama. Untuk penyuntikan, *syringe* dilengkapi dengan jarum kedua yang diberikan pada kemasan.
Produk harus segera digunakan setelah dilarutkan. Setelah digunakan, vaksin yang tertinggal dan kemasan harus segera dibuang dengan aman dan lebih baik diinaktifasi dengan menggunakan panas atau pembakaran menurut prosedur lokal yang ditetapkan

IMOJEV MULTI DOSE
Vaksin IMOJEV® dilarutkan dengan menyuntikkan larutan 0.9% NaCl ke dalam 4 dosis vial yang berisi serbuk kering vaksin dengan menggunakan *syringe* dan satu jarum.
Vial diputar perlahan-lahan. Setelah dilarutkan secara sempurna, 0.5 mL dosis suspensi diambil dan ditarik ke dalam *syringe* yang sama. Untuk penyuntikan, *syringe* dilengkapi dengan jarum suntik yang baru. *Syringe* dan Jarum yang baru digunakan ketika penarikan tiap dosis dari 4 dosis yang tersedia.
Setelah pelarutan, vaksin harus digunakan dalam waktu 6 jam. Simpan sisa vaksin dalam suhu antara +2° dan +8° (vaksin tidak boleh dibekukan).
Sisa vaksin multidose harus segera dibuang jika:
- Penarikan dosis steril belum sepenuhnya diamati
- Ditemukan partikel asing dalam dosis vial terbagi
- Kontaminasi secara visual, seperti perubahan warna

Produk harus segera digunakan setelah dilarutkan. Setelah digunakan, vaksin yang tertinggal dan kemasan harus segera dibuang dengan aman dan lebih baik diinaktifasi dengan menggunakan panas atau pembakaran menurut prosedur lokal yang ditetapkan.

13. NOMOR IJIN EDAR
IMOJEV®,
Dus, 1 vial @ 0.5 mL + 1 vial pelarut + 1 *syringe* + 2 jarum
Dus, 10 vial @ 4 doses @ 0.5 mL + 10 vial pelarut NaCl 0.9% @ 2 mL
DKI1541000144A1

PRODUSEN
Global Biotech Products Co., Ltd.
241 Moo 7, Gateway City
Industrial Estate, Huasamrong, Plaengyao,
Chachoengsao 24190 Thailand untuk
Substipharm Biologics Ltd. Thailand

SUBSTIPHARM BIOLOGICS

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Pada proses pembuatannya bersinggungan dengan bahan bersumber babi

HARUS DENGAN RESEP DOKTER

DISETUJUI OLEH BPOM: 01/06/23

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