An Official Journal of The Society for Healthcare Epidemiology of America

## INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY®

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# EngerixB<sup>®</sup> Hepatitis B Vaccine (Recombinant)

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## Alternate 0, 1, 2 month dosing regimen for certain populations\*

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Published efficacy data: Neonates born of infected mothers'	1	1
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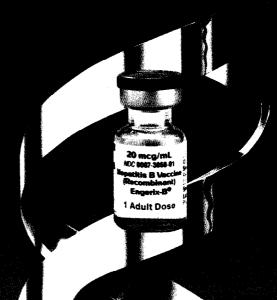
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Extensively tested and well tolerated\*

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 †Hepatitis B Vaccine (Recombinant), MSD.
 ‡Please see brief summary of prescribing information on adjacent page for a complete listing of adverse reactions, contraindications, warnings and precautions.

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#### **Engerix-B**<sup>®</sup>

Hepatitis B Vaccine (Recombinant)

See complete prescribing information in SmithKline Bescham Pharmaceuticals literature or PDR. The fol-lowing is a brief summary. INDICATIONS AND USAGE: 'Engerix-B' is indicated for immunization against infection caused by all known sub-type of hepatitis B virus. Immunization is recommended in persons of all ages, especially those who are, or will be, at in-creased risk of exposure to hepatitis B virus. CONTRAINDICATIONS: Hypersensitivity to yeast or any other component of the vaccine is a contraindication for USe of the vaccine.

WARNINGS: Do not give additional injections to patients ex-periencing hypersensitivity after an 'Engerix-B' injection. (See CONTRAINDICATIONS.)

Hepatitis B has a long incubation period. Hepatitis B vacci-nation may not prevent hepatitis B infection in individuals who had an unrecognized hepatitis B infection at the time of vaccine administration. Additionally, it may not prevent infec-tion in individuals who do not achieve protective antibody titers.

PRECAUTIONS: General: As with any percutaneous vac-cine, keep epinephrine available for uss in case of anaphy-laxis or anaphylactoid reaction.

As with any vaccine. delay administration, if possible, in per-sons with any febrile illness or active infection.

Prognancy: Pregnancy Category C. Animal reproduction studies have not been conducted with 'Engerix-B'. It is also not known whether 'Engerix-B' can cause fetal harm when administered to a pregnant woman or can affect reproduc-tion capacity. Give 'Engerix-B' to a pregnant woman only if clearly needed.

Nursing Mothers: It is not known whether 'Engerix-B' is ex-creted in human milk. Because many drugs are excreted in human milk, use caution when giving 'Engerix-B' to a nurs-ing woman. ing woman.

Pediatric Use: 'Engerix-B' has been shown to be well toler-ated and highly immunogenic in infants and children of all ages. Newborns also respond well; maternally transferred autobodies do not interfere with the active immune response to the vaccine

ADVERSE **REACTIONS: 'Engerix-B'** is generally well toler-ated. During clinical studies involving over 10,030 individ-uals distributed over all age groups, no serious adverse reac-tions attributable to vaccine administration were reported. As with any vaccine, however, it is possible that expanded commercial use of the vaccine could reveal rare adverse re-actions not observed in clinical studies.

actions not observed in clinical studies. Ten double-bilind studies involving 2,262 subjects showed no significant difference in the frequency or sevenity of adverse experiences between Engerix-B and plasmaderived vac-cines. In 36 clinical studies a total of 13,495 doses of 'Engerix-B' were administered to 5,071 healthy adults and children who were initially seronegative for hepatitis B mark-ers, and healthy neonates. All subjects were monitored for 4 days post-administration. Frequency of adverse experiences tended to decrease with successive doses of 'Engerix-B'. Using a symptom checklist.' the most frequently reported adverse reactions were injection site soreness (22%), and fatigue' (14%). Other reactions are listed below: Incidence 1% to 19% of Infections: Induration; erv-

Incidence 1% to 1%% of Injections: Induration; ery-thema; swelling; fever (>37.5%); headache; dizziness. "Parent or guardian completed forms for children and neo-nates. Neonatal checklist did not include headache; fatigue

or dizziness. Incidence < 1% of Injections: Pain: pruritus: ecchymosis; sweating, malaise; chills; weakness; flushing; tingling; hypo-tension: influenza-like symptoms; upper respiratory tract ill-nesses; nausea; anorexia; abdominal pain/cramps; vomit-ing; constipation; diarrhea; lymphadenopathy; pain/stiffness in arm, shoulder or neck; arthralgia; myalgia; back pain; rash; urticaria; petechiae; erythema; somnolence; insomnia: irritability; agitation.

irritability: agitation. Additional adverse experiences have been reported with the commercial use of 'Engerx-B' outside the United States. Those listed below are to serve as alterting information to physicians: Anaphylaxis; erythema multiforme including Stevens-Johnson syndrome; angloedema; arthritis; tachy-cardia/papilitations; bronchospasm including asthma-like symptoms; abnormal liver function tests; migraine; syncope; paresis; neuropathy including hyposethesia, paresthesia. Guillain-Barré syndrome and Bell's palsy; transverse myelitis; thrombocytopenia; eczema; purpura; herpes zos-ter; vertigo; conjunctivitis; keratitis; visual disturbances. Potential Adverse Expresences: In addition, certain other ad-

Potential Adverse Experiences: In addition, certain other ad-verse experiences not observed with 'Engerix-B' have been reported with Heptavax-B\*f and/or Recombivax HB\*. Those listed below are to serve as alerting information to physicians: Optic neuritis.

. HOW SUPPLIED: 20 mcg/mL in Single-Dose Vials in pack-ages of 1. 10 and 25 vials.

NDC 5916086041 (package of 1) NDC 58160-860-11 (package of 10) NDC 58160-860-16 (package of 25)

10 mcg/0.5 mL in Single-Dose Vials in packages of 1 vial. NDC 58160-859-01 (package of 1)

†plasma-derived, Hepatitis B Vaccine, MSD. ‡yeast-derived, Hepatitis B Vaccine, MSD. Manufactured by SmithKline I Ioloalcals. Rixensart, Beloium.

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References: 1. Poovorawan Y, Sanpavat S, Pongpuniert W, et al: Protec-tive efficacy of a recombinant DNA hepatitis B vaccine in neonates of HBe antigen-positive mothers. JAMA 1989; 261(22):3278-3281. 2. Based on Medi-Span<sup>®</sup> Hospital For-mulary Pricing Guide, December 1990. 3. Data on file, SmithKine Beecham Pharmaceuticals. 4. Bush L, Moon-sammy G, Boscia J: Evaluation of initiating a hepatitis B vac-cination schedule with one vaccine and completing it with another. Hepatology 1969;10:689.



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\* Journal of Clinical Microbiology, November 1985, p. 735 - 739



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