

For use only of a Registered Medical Practitioner or Hospital or Laboratory

Japanese Encephalitis Vaccine, Inactivated (Adsorbed, Human)IP

JENVAC[®]

1. NAME AND DESCRIPTION OF THE MEDICINAL PRODUCT:

JENVAC[®] is a suspension for injection presented in liquid formulation and is intended for human use, to prevent morbidity and mortality caused by Japanese Encephalitis (JE) virus. The vaccine contains JE virus (JEV strain-821564-XY) isolated from a clinical case of JE infection from an endemic area in India by the National Institute of Virology, Pune, India. The Virus strain was adapted to grow in Vero cells. **JENVAC[®]** is prepared by purification and inactivation process consistent with good manufacturing practices and fulfills WHO requirements in IRS 963 Annex 1 2007 for Japanese Encephalitis Vaccine (Inactivated) for Human use.

2. QUALITATIVE AND QUANTITATIVE COMPOSITION:

Each dose of 0.5ml, contains:

Vero Cell derived, Purified, Inactivated Japanese Encephalitis Virus (JEV Strain 821564-XY) protein Potency NLT 5.0 µg
Aluminium Hydroxide Gel equivalent to Aluminium (Al⁺⁺⁺) 0.25 mg
2-Phenoxyethanol IP 2.0 mg to 3.0 mg
Phosphate Buffered Saline q.s. to 0.5 ml

3. PHARMACEUTICAL FORM:

Suspension for Injection.

4. CLINICAL PARTICULARS:

4.1 Therapeutic Indications:

- JENVAC[®]** is indicated for active immunization against Japanese Encephalitis infection aged one year and above

4.2 Posology and method of administration:

JENVAC[®] is administered intramuscularly into the deltoid region of the upper arm for adults and anterolateral region of thigh for children < 2 years of age.

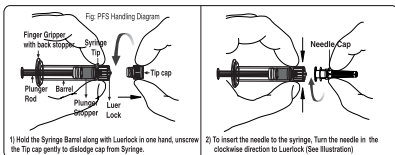
Do not administer intravenously, subcutaneously or intradermally.

The vaccination consists of a single dose of 0.5ml, to be administered by a qualified healthcare professional. Shake the vaccine container well to obtain uniform suspension before administration.

PFS Handling Procedure:

Prior to administration, ensure that the plunger rod is firmly attached to the rubber stopper by turning the plunger rod clockwise until slight resistance is felt. Do not over tighten. Hold the Syringe Barrel along with Luerlock in one hand, unscrew the Tip cap gently to dislodge cap from Syringe and fit the needle on syringe by turning in clockwise direction into Luer-lock until it is securely fitted to the syringe, remove the needle cap before injecting. Do not rotate Luer-lock. Finger grip with back stopper will prevent Plunger rod coming out from the syringe Barrel.

"Do not remove the back-stopper from the syringe."



4.3 Contraindications:

JENVAC[®] should not be administered or repeated to persons who are hypersensitive to any of the components. Administration must be postponed in persons with fever or other conditions as deemed necessary by the administering physician.

4.4 Special warnings/precautions:

- Do not administer intravenously, intradermally, or subcutaneously.
- Do not administer if the particulate matter remains following shaking or if the discoloration is observed.
- Like with all other vaccines, supervision and appropriate medical treatment should always be available for the treatment of any anaphylactic reactions that may occur after immunization.
- JENVAC[®]** will not protect against encephalitis caused by other micro-organisms.

4.5 Interaction with other medicinal products

For concomitant administration of other injectable product, use different injection sites and separate syringes. **JENVAC[®]** must not be mixed with any other vaccine or medicinal product, because the interactions with other vaccines or medicinal products have not been established.

4.6 Pregnancy and lactation:

Safety and efficacy have not been established in pregnant women and in nursing mothers. It is not known whether this vaccine is excreted in human milk.

4.7 Effect on the ability to drive and use machines:

No studies on the effect of **JENVAC[®]** on the ability to drive and use machines have been performed.

4.8 Undesirable effects:

The safety of **JENVAC[®]** vaccine was established in controlled clinical trials in healthy volunteers in comparison with a licensed JE vaccine. General adverse events such as fever, headache, body ache and local adverse events such as pain, redness and swelling at the injection site were the frequently reported adverse events after administration of **JENVAC[®]**. They usually occurred within the first 48 hours after vaccination and dissipate within 2 days.

Within each system organ class, the adverse reactions are ranked under headings of frequency using the following convention:

Very common : ≥10%
Common : ≥1% and <10%
Uncommon : ≥0.1% and <1%
Rare : ≥0.01% and <0.1%
Very rare : <0.01%

Using the above convention, the reported adverse events were:

Very common : Fever
Common : Headache, Body ache, Pain, Swelling and Redness at the injection site
Uncommon : Nausea, Vomiting, Diarrhea, Cold, Cough, Myalgia

4.9 Overdose:

No case of overdose with **JENVAC[®]** has been reported.

4.10 Pre-Clinical Experience

As a part of pre-clinical studies to assess the safety of the vaccine, a 42-day intramuscular toxicity study was conducted in Wistar rats and New Zealand white rabbits with **JENVAC[®]** days 0, 7, 14 and 28. The animals were observed for clinical signs of toxicity due to the administration of **JENVAC[®]** for 42 days. Purified viral vaccines produced in tissue cultures are generally well tolerated by humans and animals; hence no maximal tolerable dose studies were conducted. No significant changes were observed due to the administration of **JENVAC[®]**. The vaccine is found to be safe at the rate of 64.8 times of human equivalent dose as a single dose by intramuscular route in Wistar rats and at the rate of 12.7 times of human equivalent dose as a single dose by intramuscular route in New Zealand white rabbits. Further, it was confirmed that the safety and immunogenicity of **JENVAC[®]** were equivalent to JENCENVAC.

A study on the potency of inactivated Japanese encephalitis vaccines in adult female Swiss albino mice was conducted by the Center for Vaccine Development, Mahidol University, Thailand. **JENVAC[®]** and Beijing JE vaccine conferred higher GMT than the Korean Green Cross JE vaccine, but **JENVAC[®]** conferred 100% seroconversion rate after 2 doses, while the other 2 vaccines did not.

Clinical Trial Experience

Phase 1 randomized, double-blind, placebo-controlled study was conducted to evaluate the safety, tolerability and immunogenicity of 2-dose (D0 & D28) and 3-dose (D0, D7, D28) in 60 healthy adult volunteers aged between 18 to 50 years, two doses (Day 0 & 28) and three doses (Day 0, 7 & 28) showed significant immunogenicity. With one dose itself, there was 100% seroprotection and 90% seroconversion above 4-fold (seen at the end of Day 28). Seroconversion above 4-fold was seen in 100% at Day 56. However, between two or three doses, there was no difference. No seroconversion was seen in the placebo group.

Phase II/III, clinical trial was a randomized, single-blind, active-controlled study to evaluate the immunogenicity and safety of **JENVAC[®]** vs. Chinese SA14-14-2 (live attenuated JE vaccine) in 644 healthy volunteers aged between 1 year and 50 years. In this study, the proportion of subjects achieving seroprotection after a single dose of respective vaccine, was significantly higher in **JENVAC[®]** group (98.7%) compared to that in the SA14-14-2 arm (77.56%), 28 days post-vaccination. Seroconversion and Seroprotection percentages on Day 28 between **JENVAC[®]** and SA14-14-2 vaccine groups were statistically significant ($p < 0.001$).

Post-Marketing, a phase IV, an open-labelled, comparative, randomized, active-controlled study was conducted to evaluate the immunogenicity and safety of a single dose of **JENVAC[®]** vs. SA14-14-2 vaccine in healthy volunteers. While the proportion of subjects being seronegative or seropositive for JE antibodies was similar in both treatment groups at the baseline, the proportion of subjects achieving seroprotection was significantly higher in the **JENVAC[®]** treatment arm (92.4%) compared to that in the SA14-14-2 arm (71.4%), 4 weeks after vaccination. Further, the higher seroprotection rate was persistent till 2 years of follow up among the subjects receiving **JENVAC[®]**; 88.54% vs 68.29%.

In the follow-up of the above-mentioned phase IV study, 178 participants were recalled and a booster dose of **JENVAC[®]** or SA14-14-2 was administered interchangeably. The study results have revealed that booster dose of **JENVAC[®]** is more immunogenic in both the groups who were primarily administered either with **JENVAC[®]** (**JENVAC[®]** to **JENVAC[®]**) or with SA14-14-2 (SA14-14-2 to **JENVAC[®]**).

Another study conducted by Center for Vaccine Development, Mahidol University, Thailand showed that **JENVAC[®]** has excellent cross-protection against all major JEV G1 to G4 genotypes that are currently circulating. G-1 is the new emerging subtype in India.

5. PHARMACOLOGICAL PROPERTIES:

5.1 Pharmacodynamic properties:

Pharmaco-therapeutic group: Encephalitis vaccines, ATC code: J07BA02 Japanese Encephalitis is a disease caused by the mosquito-borne JE virus. **JENVAC[®]** is a Vero-cell based purified inactivated vaccine that is known to act by inducing antibodies that neutralize JE virus.

5.2 Pharmacokinetic properties:

Evaluation of pharmacokinetic properties is not required for vaccines.

6. PHARMACEUTICAL PARTICULARS:

6.1 List of excipients:

Phosphate buffered saline
Aluminium hydroxide gel equivalent to Aluminium (Al⁺⁺⁺)
2-Phenoxyethanol

6.2 Incompatibilities:

This medicinal product must not be mixed with other medicinal products.

6.3 Shelf life:

The Expiry date of the vaccine is indicated on the label and carton of the product.

6.4 Special precautions for storage:

Store at 2° to +8 °C. Do not freeze. Discard if frozen.
Shake well before use. Keep out of reach of children. Protect from light.
Do not use the vaccine after the expiration date as shown on the label.

7. Presentation:

JENVAC[®] is presented in USP type I Pre-Filled Syringe (PFS).
Single dose PFS: 0.5 mL

Last revision date: January 2023

Manufactured and Marketed by :

BHARAT
BIOTECH
Lead Innovation

Bharat Biotech International Limited,
Syl No. 230, 231 & 235, Genome Valley, Turkapally,
Shampur Mandal, Medchal - Malkajgiri District - 500 078,
Telangana State, India.

For complaints and suggestions about the product, and any adverse event,
Please email feedback@bharatbiotech.com or call on Toll free number 1800 102 2245
www.bharatbiotech.com

BRAPD 03
14/0002/198