INFECTION CONTROL

HOSPITAL EPIDEMIOLOGY

Volume 11, Number 7 • July 1990

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Rebecca Scott, RN

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^{*}For those recently exposed to the virus (including needlestick exposure), certain travelers to high-risk areas, and neonates born of infected mothers. When prolonged maintenance of protective antibody titers is desired, a booster dose at month 12 is recommended.

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X	Engerix-B°	Recombivax H	B^* †		
	20	10			
	Yes	Yes			
	Yes	No		12 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	
	Yes	Yes		10000	
	Yes	No		20 mcg/mL NDC 0007-3860-01 Hepatitis B Vaccine (Recombinant) Engerix-B®	
_	Yes	No		1 Adult Dose	
	Yes	No			
	Manufa Smith Rixensa	ctured by Kline Biologicals rt, Belgium			Distributed by Sansath Pierre Office and Laborate Philadelphia, PA 19(p)

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INDICATIONS AND U.S.A.G.E.: 'Engerix.B' is indicated for immunization against infection caused by all known subtypes of hepatilis B virus Immunization is recommended in persons of all ages, especially those who are or will be, at increased risk of exposure to hepatilis El 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 experiencing hypersensitivity alter an 'Engerix-B' injection. (See CONTRAINDICATIONS.)

Hepatitis B has a long incubation period Hepatitis B vaccination may not prevent hepatitis B infection in individuals who had a unrecognized hepatitis B infection at the time of vaccine administration Additionally, it may not prevent infection in individuals who do not achieve protective antibody liters.

PRECAUTIONS: General: As with any percutaneous vaccme, keep epinephrine available for use in case of anaphylaxis or anaphylactoid reaction.

As with any vaccme, delay administration, if possible, in persons with any tebrile illness or active infection.

Prognancy: Pregnancy Category C Animal reproduction studies have not been conducted with Engerix 8' It is also not known whether Engerix 8' can cause letal harm when administered to a pregnant woman or can affect reproduction capacity Give Engenx B' to a pregnant woman only if clearly needed

Nursing Mothers: It is not known whether 'Engerix-B' is excreted in human milk Because many drugs are excreted in human milk, use Caution when giving 'Engerix-B' to a nursing woman

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

ADVERSE REACTIONS: 'Engerix.'B' is generally well tolerated During clinical studies involving over 10.000 individuals distributed over all age groups, no serious adverse reactions attributable to vaccine administration were reported as with any vaccine, however, it is possible that expanded Commer call use of the vaccine could weal rare adverse reactions not observed in clinical studies

Ten double blind studies involving 2,252 subjects showed no significant difference in the frequency or severity of adverse experiences between Engerix B' and plasma-devied vaccines in 36 clinical studies a total of 3,495 doses of Engerix B' were administered to 5,071 healthy adults and children who were initially seronegative for hepatitis B markers! 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 latigue" (14%) Other reactions are listed below

Incidence 1% to 10% of injections: Induration; erythema; swelling, fever (> 37.5%): headache', dizziness *

'Parent or guardian completed forms **for** children and **neonates** Neonatal **checklist did** not include headache, **fatigue** or dizziness

incidence < 1% of Injections: Pam: pruritus; ecchymosis; sweating malaise; chills; weakness, flushmg, tingling; hypotension; influenza-like symp toms; upper respiratory tract illnesses; nausea. anorexia, abdominal pani/cramps; vomiting; constipation, diarrhea; lymphadenopathy; pain/stitlness in arm, shoulder or neck arthralgia; myalpia; back pain; rash, urticaria; petechiae; erythema; somnolence. insomnia; irritability; agitation

Additional adverse expenence. Insomma, initiating; agriation
Additional adverse expenences have been reported with the commercial use
of 'Engers 8' outside the United States Those listed below are to serve as
alerting information to physicians. Anaphylaxis; erythema multiforme includmg Stevens-Johnson syndrome; angioedema, arthritis; tachycardia/palpitations; bronchospasm including asthma-like symptoms, abnormal liver function tests, migraine; syncope; paresus; neuropathy including hypoesthesia,
gaesthesia, Gulliain-Barfe syndrome and Bell's palsy, transverse myelitis;
thrombocytopenia; eczema; purpura; herpes zoster; vertigo; conjunctivitis;
keralitis, visual disturbances

Polential Adverse Experiences In addition, certain other adverse experiences not observed with Engerix B' have been reported with Heptavax B®+† and/or Recombivax HB®+† Those listed below are to serve as alerting information to observed to the country.

HOW SUPPLIED: 20 mcg/mL in Single-Dose Vials in packages of 1.10 and 25 vials

NDC 0007-3860-01(package of 1) NDC 0007-3860-11(package of 10) NDC 0007-3860-16 (package of 25)

10 mcgl0.5 $mLin\,Single\textsc{-}Dose\,Vials$ in packages of 1 vial

NDC 0007-3859-01 (package Ot 1)

† plasma-derived, Hepatitis B Vaccine, MSD ‡ yeast-dewed. Hepatitis B Vaccine, MSD

Manufactured b **SmithKline Biologicals**, Rixensart, Belgium Distributed by J moth **Kline SFrench Laboratories**Division of SmithKline Beckman Corp., Philadelphia, PA 19101

Date of issuance Aug 1939

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References:

1. Poovorawan Y, Sanpavat S, Pongpunlert W, et al: Protective efficacy of a recombinant DNA hepatitis B vaccine in neonates of HBe antigen-positive mothers. JAMA1989;261(22):3278–3281.

2. Based on Medi-Span* Hospital Formulary Pricing Guide, December 1989. 3. Data on file, SK&F. 4. Bush L, Moonsammy G, Boscia J: Evaluation of initiating a hepatitis B vaccination schedule with one vaccine and completing it with another. Hepatology 1989;10:689.

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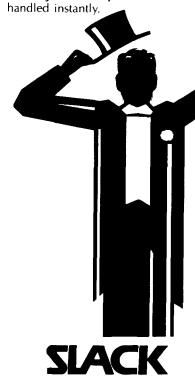
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