Cases of incompatibility
Not applicable.

Shelf life
The shelf life is 36 months.

Special precautions during storage
The vaccine requires a storage temperature between 2 and 8°C. Do not freeze. After opening a multidose vial (containing 5 doses), store at 2 – 8°C and use within 8 hours.

Packaging
The vaccine is filled in vials (type 1 hydrolytic glass) and sealed with a rubber stopper (free of latex) and an aluminium flip-off cap and contains 0.5 mL vaccine (single dose) or 2.5 mL vaccine (multidose).

Special instructions for use and disposal.
No specific requirements.

Vaccine Vial Monitor (if present on the vial):
The Vaccine Vial Monitor (VVM) is present on the vial cap in the form of a colour dot. This is a time-temperature sensitive dot that provides an indication of the cumulative heat to which the vial has been exposed. It warns the end user when exposure to heat is likely to have degraded the vaccine beyond an acceptable level.

The interpretation of the VVM is simple. Focus on the central square. Its colour will change progressively. As long as the colour of this square is lighter than the colour of the ring, the vaccine can be used. As soon as the colour of the central square is the same colour as the ring or darker, the vial should be discarded.

Inner square lighter than outer circle. If the expiry date has not been passed, USE the vaccine.
At a later time, inner square still lighter than outer circle. If the expiry date has not been passed, USE the vaccine.
Discard point: Inner square matches colour of outer circle. DO NOT use the vaccine.
Beyond the discard point: Inner square is darker than outer ring. DO NOT use the vaccine.

MARKETING AUTHORIZATION HOLDER
Bilthoven Biologicals B.V.
Antonie van Leeuwenhoeklaan 9-13
3721 MA Bilthoven
The Netherlands
0031 30 8004800

MARKETING LICENSE
Poliomyelitis vaccine is licensed in the Netherlands under number RVG 17642
Poliomyelitis vaccine multidose is licensed in the Netherlands under number RVG 114720

DATA OF FIRST LICENSE OR LICENSE RENEWAL
First license monodose; December 2nd, 1993
License renewal; August 25th, 1994
First license multidose (5-dose); 12th November, 2014

VERSION
WHO package insert, version NOVEMBER 2014
Older children and adults can faint after vaccination. This generally occurs shortly after vaccination and can occur simultaneously with nausea and vomiting. If fainting at earlier vaccinations has occurred or symptoms indicating fainting have been observed the person should be vaccinated when sitting or laying.

Under no circumstances administer Poliomyelitis vaccine intravascularly.

As for any vaccine, adequate treatment provisions need to be present, in case an anaphylactic reaction should occur following vaccination. If required injections of epinephrine or corticosteroids can be given dosed according age and or body weight.

Persons infected immunodeficiency virus (HIV), both asymptomatic and symptomatic, should be immunized with IPV according to standard schedules.

If Poliomyelitis vaccine is administered to individuals with an immune deficiency or under going any type of immunosuppressive therapy the expected immune response can fail to occur.

The potential risk of apnoea and the need for respiratory monitoring for 48 -72 h should be considered when administering the primary immunisation series to very premature infants (born ≤ 28 weeks of gestation) and particularly for those with a previous history of respiratory immaturity. As the benefit of vaccination is high in this group of infants, vaccination should not be withheld or delayed.

Interactions with other medications and other forms of interaction
Poliomyelitis vaccine can simultaneously be administered with other vaccines on different injection locations.

Pregnancy and lactation
Data on a large number of exposed pregnancies indicate no adverse effects of Poliomyelitis vaccine on pregnancy or on the health of the foetus/new-born child. However Poliomyelitis vaccine should only be used during pregnancy when there is a clear risk of infection.

Poliomyelitis vaccine can be used during lactation.

Effect of driving skills or capability to operate machines
It is not likely that Poliomyelitis vaccine has an effect on driving skills or the capability to operate machines.

Adverse reactions
Based on Post Marketing information (voluntary reporting) it has been established that the following adverse reactions could occur. The reported adverse reactions following vaccination with Poliomyelitis vaccine mostly occurred within the first three days following vaccination and were temporary of nature.

**General disorders and reactions:**
**Local reactions:**
Seldom (>1/10.000, <1/1.000): Swelling, redness and pain on injection site.
Seldom (>1/10.000, <1/1.000): Fever, discomfort.

**Neural disorders**
Very Seldom (<1/10.000): (Poly-) Neuropathy

**Respiratory, thoracic and mediastinal disorders**
Apnoea in very premature infants (≤ 28 weeks of gestation)

**Overdosing**
No cases of overdosing have been reported.

**PHARMACOLOGICAL ASPECTS**
**Pharmacodynamic aspects**
The therapeutic category: Viral Vaccines, ATC-code: J07BF03

In animals (monkeys or rats) the administration of the vaccine results in the formation of neutralizing antibodies.

Administration of the vaccine in humans results in the formation of antibodies and immunological memory. Administration of a second dose of the vaccine results in a secondary response characterized by a rapid increase of antibody levels that indicates the existence of immunological memory.

In general, the antibody level is indicative for protection. For poliomyelitis a titer (reciprocal dilution in neutralisation assay) of ffl 8 is protective. A complete vaccination series of Poliomyelitis vaccine, in general results in protective titers against poliomyelitis type 1, 2 and 3.

The percentage seroprotection in the general Dutch population has been studied s in 1995 – 1996 (Immunity to Poliomyelitis in the Netherlands, Am.J.Epid., 2001:153:3). During the decade prior to this investigation, the vaccination level for the primary immunization of DTP-IPV (3 doses at 3, 4 and 5 months) in the Dutch national immunization program was 97%. The age of the investigated persons was in the range of 1 to 79 year. The level of seroprotection can be dependent of the moment of collecting blood samples after vaccination, which was not as in most clinical studies 1 month after vaccination. The interval of blood sampling after vaccination varied depending on the age of the person. Furthermore it needs to be mentioned that the data is obtained using plain Poliomyelitis vaccine or a combination vaccine with a Poliomyelitis vaccine component. The percentage of seroprotection is measured in this study is shown in the following table.

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<tr>
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<th>95% confidence interval</th>
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<tr>
<td>Polio type 1</td>
<td>96.6 %</td>
<td>95.9 - 97.2 %</td>
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<tr>
<td>Polio type 2</td>
<td>93.4 %</td>
<td>92.3 - 94.5 %</td>
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<tr>
<td>Polio type 3</td>
<td>89.7 %</td>
<td>88.3 - 91.0 %</td>
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**Pharmacokinetics**
Not applicable for vaccines.

**Pre-clinical safety studies**
Pre-clinical studies do not show any special risk for humans. These results are obtained of conventional studies in the area of pharmacological safety and toxicology by repeated administration.

**PHARMACEUTICAL DATA**
**List of excipients**
Formaldehyde (12.5ug) (E240), 2-phenoxyethanol (2.5mg), Medium 199 primarily consisting of amino acids, minerals and vitamins(0.1ml), disodium hydrogen-phosphate dehydrate (E339), potassium chloride (E508), sodium chloride, potassium dihydrogen phosphate (E340), polysorbate 80 (E433), calcium chloride (E509), and water for injection.
# Printproof

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**DOBBER HEALTHCARE LEAFLETS**
Dobber Healthcare Leaflets BV
Westerwerf 13
Postbus 8, 1910 AA Uitgeest

Phone +31 (0)25 131 19 50
Fax +31 (0)25 13 39 45
E-mail: info@dobberpharma.com
www.dobberpharma.com

**To be filled in by client**

- Approved: □ YES □ NO
- Date:
- Name and signature:

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