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Safety surveillance of Influenza A(H1N1)v Monovalent vaccines during the 2009-2010 mass vaccination campaign in France

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In June 2009, World Health Organization declared a pandemic due to A(H1N1)v 2009 influenza virus. In France, a mass vaccination campaign started following European Medicines Agency (EMA) recommendations and a Pharmacovigilance plan was launched. The aim of the present study was to describe the safety data collected from October 21, 2009 to June 15, 2010 for Pandemrix[®] (ASO3 adjuvanted vaccine, indicated in adults and children over 9 years) and Panenza[®] (a non-adjuvanted vaccine, mainly administered to children under 9 years old and pregnant women), the two mainly used vaccines in France.

The French Pharmacovigilance system consists of a network of 31 Regional Centres and is based on mandatory spontaneous reports of “serious” and/or “unexpected” Adverse Events (AE) [1]. However, it is well known that spontaneous notifications suffer from under-reporting, the magnitude of which varying between 82% and 98% [2]. For the 2009-2010 vaccination campaign, French Health Authorities heightened awareness to extensive notifications with online health practitioners’ reports and patients’ reports via the Regional Centre concerned. All reports were reviewed daily, analyzed and input into the French Pharmacovigilance Database. AEs were coded according to MedDRA (Medical Dictionary for Regulatory Activities) [3]. An AE was considered as “serious” if it was life threatening, resulted in death, permanent disability, congenital anomaly, hospitalization or prolonged hospitalization [4]. An event was ranked as “medically serious” when it requires medical intervention or hospitalization less than 24 hours to prevent one of the outcomes listed in the serious AE definition [4]. Particular attention was given to AEs of special interest (AESIs) as defined by EMA [5], mainly demyelinating disorders and Guillain-Barré syndrome (GBS). GBS was defined according to Asbury criteria [6] and multiple sclerosis (MS) following Mc Donalds criteria [7]. The present report does not include AEs in pregnant women.

During the campaign, 4.1 million doses of Pandemrix[®] and 1.6 million doses of Panenza[®] were administered (*French Health Authorities data*). Among the 4,746 declarations received (Pandemrix[®] plus Panenza[®]), 3,740 (78.8%) came from health practitioners and 1,006 (21.2%) from patients.

Following Pandemrix[®], 4,180 AEs were reported (reporting rate = 102 per 100,000 vaccine doses) including 334 “medically serious” and 193 “serious”. The main “non serious” AEs were “General and local disorders” (65.9%, mainly influenza like illness, pain and site reactions) followed by “Neurological disorders” (17.6%, mainly paresthesia and headaches).

Concerning Panenza[®], 566 AEs were reported (reporting rate = 35 per 100,000) including 61 “medically serious” and 70 “serious”. The main “non serious” AEs were “General and local disorders” (47.0%, mainly influenza like illness, pain and malaises), and “Allergic reactions” (16.3%, mainly cutaneous reactions).

The most frequently reported “serious” AEs were neurological for both Pandemrix[®] (38.9%) and Panenza[®] (28.9%). Isolated ascending paresthesia (without any other neurological symptom and complication) were the most frequent AEs with Pandemrix[®] in

adults and febrile convulsions the most common neurological AEs with Panenza® in children (Table 1).

Among the 75 AESIs, 13 GBs were reported with a delay of 4 days to 4 months after vaccination. Eight out of these 13 patients had a viral infection during the weeks before. Fifteen cases of demyelinating disorders occurred from 1 to 61 days after injection. Seven out of these 15 patients suffered from a MS relapse whereas the 8 others occurred in patients without any history of MS. All reported deaths (n=22) described causes other than recent A(H1N1)v vaccination. No report of narcolepsy was made during the study period. Cases with cataplexy or narcolepsy have been reported later, from August 2010 and forward.

This review summarizes surveillance data from 5.7 millions doses of vaccines administered in France. For the first time, patient reporting was formally introduced in France, reaching 21.2% of the collected reports. Most reports were considered “non serious”. Injection site reactions appeared to be more frequent with the adjuvanted vaccine and allergic AE with the non-adjuvanted vaccine. For both vaccines, neurological AEs were among the most frequently reported “serious” AEs with 13 reports of confirmed GBS and 15 reports of demyelinating disorders. However, no causal relationship has been established between these AEs and vaccination. Finally, despite limits of this survey based on spontaneous reporting (especially underreporting which remains difficult to quantify [1] and background rates of diseases [8]), the study did not detect any safety signals, at least with an 8-month follow-up.

Conflict of interest declared: none.

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References

- [1] Moore N, Kreft-Jais C, Dhanani A (2007) Spontaneous reporting: France. In: Mann RD, Andrews E (ed) *Pharmacovigilance*, 2nd edn. Chichester: John Wiley and Sons, Ltd, pp 217-226
- [2] Hazell L, Shakir SA (2006) Under-reporting of adverse drug reactions: a systematic review. *Drug Saf* 29: 385-396
- [3] Brown EG, Wood L, Wood S (1999) The medical dictionary for regulatory authorities. *Drug Saf* 2: 109-117

- [4] Edwards IR., Aronson JK (2000) Adverse drug reactions: definitions, diagnosis, and management. *Lancet* 2000 356:1255-1259
- [5] European Medicines Agency (EMA). CHMP Recommendations for the Pharmacovigilance Plan as part of the Risk Management Plan to be submitted with the Marketing Authorisation Application for a Pandemic Influenza Vaccine, 2009, <http://www.ema.europa.eu/pdfs/human/pandemicinfluenza/35938109en.pdf>
- [6] Asbury A, Cornblath D (1990) Assessment of current diagnostic criteria for Guillain-Barré syndrome. *Ann Neurol* 27: S21-S24
- [7] Polma CH., Reingold SC, Edan G, Filippi M., Hartung HP, Kappos L et al.(2005) Diagnosis Criteria for Multiple Sclerosis: 2005 Revisions to the “Mc Donald Criteria”. *Ann Neurol* 58:840-846
- [8] Black S, Eskola J, Siegrist C-A et al. (2009) Importance of background rates of disease in assessment of vaccine safety during mass immunisation with pandemic H1N1 influenza vaccines. *The Lancet* 374:2115-2122

Table 1

Adverse events (AEs) reported with A(H1N1)v vaccines (Pandemrix® : PX and Panenza® : PZ) to the French System of Pharmacovigilance between October 21, 2009 and June 15, 2010.

AE ^(a)	“Serious” AEs		“Medically serious” AEs		“Non serious” AEs		Total		Reporting rate ^(b)	
	PX	PZ	PX	PZ	PX	PZ	PX	PZ	PX	PZ
Vaccine										
Local reaction ^(c)	1(0)	0	32(1)	3(10)	2405(99)	27(90)	2438	30	59.5	1.9
Influenza like illness ^(d)	10(1)	4(1)	45(2)	10(4)	1920(97)	267(95)	1975	281	48.2	17.6
Pain	5(0)	3(4)	41(3)	8(10)	1194(96)	67(86)	1240	78	30.2	4.9
Malaise	9(4)	1(3)	26(12)	6(15)	177(83)	33(83)	212	40	5.2	2.5
Headache	2(0)	0	9(1)	0	835(99)	39(100)	846	39	20.6	2.4
Paresthesia	20(3)	1(2)	57(8)	2(4)	607(89)	49(94)	684	52	16.7	3.3
Dizziness	2(1)	0	7(3)	2(13)	203(96)	14(88)	212	16	5.2	1.0
Seizures ^(e)	7(39)	13(68)	8(44)	5(26)	3(17)	1(5)	18	19	0.4	1.2
Guillain-Barré syndrome	8(100)	5(100)	0	0	0	0	8	5	0.2	0.3
Demyelinating disorders ^(f)	11(100)	4(100)	0	0	0	0	11	4	0.3	0.3
Gastro-intestinal disorders ^(g)	1(0)	3(3)	13(2)	0	628(98)	113(97)	642	116	15.7	7.3
Hypersensitivity reactions ^(h)	10(2)	2(1)	27(5)	4(2)	510(93)	158(96)	547	164	13.3	10.3
Deaths	17(100)	5(100)	0	0	0	0	17	5	0.4	0.3

The table shows the most common “serious”, “non serious” and “medically serious” AEs, as well as three AEs of special interest (AESIs): seizures, Guillain-Barré syndrome and demyelinating disorders. Values are number of reports. For each AE, value between brackets indicates percentage of AE concerned according to the “seriousness”.

^(a)Using MedDRA terms. More than 1 code could be assigned to a single report.

^(b)Reports per 100,000 doses administered.

^(c)Local injection site reaction term includes pain, warmth, haematoma, indurations, inflammation, erythema, eczema, oedema and ecchymosis site reactions.

^(d)Influenza like illness term includes influenza like illness, chills, fever and asthenia.

^(e)Seizures term includes febrile convulsion, epileptic seizure and status epilepticus.

^(f)Demyelinating disorders term includes multiple sclerosis relapse and primary multiple sclerosis.

^(g)Gastrointestinal disorders term includes nausea, abdominal pain, vomiting and diarrhoea.

^(h)Hypersensitivity reactions term includes anaphylactic shock, hypersensitivity, urticaria, angioedema.