

Influenza Vaccine
FLUCELVAX[®]
QUADRIVALENT



**AVOID THE
RISK OF EGG
ADAPTATION**

**CHOOSE THE
CELL-BASED
SOLUTION**

INDICATION AND USAGE

FLUCELVAX QUADRIVALENT is an inactivated vaccine indicated for active immunization for the prevention of influenza disease caused by influenza virus subtypes A and types B contained in the vaccine. FLUCELVAX QUADRIVALENT is approved for use in persons 6 months of age and older.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Do not administer FLUCELVAX QUADRIVALENT to anyone with a history of severe allergic reactions (e.g. anaphylaxis) to any component of the vaccine.

Please see Important Safety Information throughout and full US Prescribing Information for FLUCELVAX QUADRIVALENT.

APPROVED FOR
6+ MONTHS¹

AVAILABLE THROUGH VFC

A COMMON CAUSE OF STRAIN MISMATCH

Egg adaptation could impact your patient's flu vaccine²

Occurs when human flu viruses
mutate to grow in eggs.²

In 7 recent flu seasons where strain
mismatch occurred, nearly half were
caused by egg adaptation.*³⁻¹³

Mismatched seasons, including
seasons where egg adaptation occurs,
tend to be associated with higher rates
of hospitalization.³⁻¹⁴

*US influenza seasons from 2010-2011 to 2019-2020.

[†]2017-2018 through 2019-2020 US influenza seasons.

WARNINGS AND PRECAUTIONS

If Guillain-Barré syndrome has occurred within 6 weeks of receipt of a prior influenza vaccine, the decision to give FLUCELVAX QUADRIVALENT should be based on careful consideration of the potential benefits and risks.

Please see Important Safety Information throughout and [full US Prescribing Information](#) for FLUCELVAX QUADRIVALENT.

ADVANCE YOUR FLU VACCINE TECHNOLOGY

FLUCELVAX[®] QUADRIVALENT (Influenza Vaccine)
is the first and only cell-based flu vaccine in the US¹



Produced in mammalian cells
to avoid egg adaptation.²



Provides an exact antigenic
match to the WHO-selected
flu strains.^{2,14-16}



May improve vaccine effectiveness
and reduce hospitalizations vs
egg-based vaccines, based on
real-world evidence.^{†17-19}

Influenza Vaccine
FLUCELVAX[®]
QUADRIVALENT



GIVE YOUR PATIENTS 6+ MONTHS OF AGE THE CELL-BASED SOLUTION

The only influenza vaccine approved for all eligible patients 6 months and older that avoids egg adaptation^{1,15}

- Supported by randomized clinical trials and featured in *The New England Journal of Medicine* and *Pediatrics*.²⁰⁻²³
- Clinical effectiveness in reducing flu-related hospitalizations shown in 11.7 million patients across 3 consecutive influenza seasons.^{*17-19}
- Available through VFC.[†]

Contact your CSL Seqirus representative for more details, or order FLUCELVAX QUADRIVALENT on flu360.com.

CPT CODES:

90674 - SINGLE-DOSE SYRINGE

90756 - MULTI-DOSE VIAL



*The data being shown are based on peer-reviewed RWE studies assessing influenza-related hospitalizations in persons 4 through 64 years of age. This is not inclusive of all peer-reviewed RWE studies, which include different outcomes and age groups.

†Confirm availability with your state's Vaccines for Children (VFC) program.

WARNINGS AND PRECAUTIONS (continued)

Appropriate medical treatment and supervision must be available to manage possible anaphylactic reactions following administration of the vaccine.

Please see Important Safety Information throughout and full US Prescribing Information for FLUCELVAX QUADRIVALENT.

Scan to learn more
about our cell-based
technology



FLUCELVAX® QUADRIVALENT (Influenza Vaccine) INDICATION AND IMPORTANT SAFETY INFORMATION

CSL Seqirus

INDICATION AND USAGE

FLUCELVAX QUADRIVALENT is an inactivated vaccine indicated for active immunization for the prevention of influenza disease caused by influenza virus subtypes A and types B contained in the vaccine. FLUCELVAX QUADRIVALENT is approved for use in persons 6 months of age and older.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Do not administer FLUCELVAX QUADRIVALENT to anyone with a history of severe allergic reactions (e.g. anaphylaxis) to any component of the vaccine.

WARNINGS AND PRECAUTIONS

If Guillain-Barré syndrome has occurred within 6 weeks of receipt of a prior influenza vaccine, the decision to give FLUCELVAX QUADRIVALENT should be based on careful consideration of the potential benefits and risks.

Appropriate medical treatment and supervision must be available to manage possible anaphylactic reactions following administration of the vaccine.

Syncope (fainting) can occur in association with administration of injectable vaccines, including FLUCELVAX QUADRIVALENT. Syncope can be accompanied by transient neurological signs such as visual disturbance, paresthesia, and tonic-clonic limb movements. Procedures should be in place to avoid falling injury and to restore cerebral perfusion following syncope by maintaining a supine or Trendelenburg position.

After vaccination with FLUCELVAX QUADRIVALENT, immunocompromised individuals, including those receiving immunosuppressive therapy, may have a reduced immune response.

Vaccination with FLUCELVAX QUADRIVALENT may not protect all vaccine recipients against influenza disease.

ADVERSE REACTIONS

In children 6 months through 3 years of age who received FLUCELVAX QUADRIVALENT, the most commonly reported injection-site adverse reactions were tenderness (27.9%), erythema (25.8%), induration (17.3%) and ecchymosis (10.7%). The most common systemic adverse reactions were irritability (27.9%), sleepiness (26.9%), diarrhea (17.9%) and change of eating habits (17.4%).

In children 2 through 8 years of age who received FLUCELVAX QUADRIVALENT, the most commonly reported injection-site adverse reactions were tenderness (28.7%), pain (27.9%) and erythema (21.3%), induration (14.9%) and ecchymosis (10.0%).

The most common systemic adverse reactions were sleepiness (14.9%), headache (13.8%), fatigue (13.8%), irritability (13.8%) and loss of appetite (10.6%).

In children and adolescents 9 through 17 years of age who received FLUCELVAX QUADRIVALENT, the most commonly reported injection-site adverse reactions were injection site pain (21.7%), erythema (17.2%) and induration (10.5%). The most common systemic adverse reactions were headache (18.1%) and fatigue (17.0%).

In adults 18 through 64 years of age who received FLUCELVAX QUADRIVALENT, the most commonly reported injection-site adverse reactions were pain (45.4%), erythema (13.4%) and induration (11.6%). The most common systemic adverse reactions were headache (18.7%), fatigue (17.8%) and myalgia (15.4%).

In adults ≥65 years of age who received FLUCELVAX QUADRIVALENT, the most commonly reported injection-site adverse reactions were pain (21.6%) and erythema (11.9%).

Other adverse events may occur.

To report SUSPECTED ADVERSE REACTIONS, contact CSL Seqirus at 1-855-358-8966 or VAERS at 1-800-822-7967 or www.vaers.hhs.gov.

Before administration, please see the [full US Prescribing Information for FLUCELVAX QUADRIVALENT](#).

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References: **1.** FLUCELVAX QUADRIVALENT. Package insert. Seqirus Inc. **2.** Rajaram S, et al. *Ther Adv Vaccines Immunother.* 2020;8:2515135520908121. **3.** Skowronski DM, et al. *PLoS One.* 2014;9(3):e92153. **4.** Zost SJ, et al. *Proc Natl Acad Sci USA.* 2017;114(47):12578-12583. **5.** CDC. *MMWR Morb Mortal Wkly Rep.* 2011;60(21):705-712. **6.** Ohmit SE, et al. *Clin Infect Dis.* 2014;58(3):319-327. **7.** McLean HQ, et al. *J Infect Dis.* 2015;211(10):1529-1540. **8.** Gaglani M, et al. *J Infect Dis.* 2016;213(10):1546-1556. **9.** Zimmerman RK, et al. *Clin Infect Dis.* 2016;63(12):1564-1573. **10.** Jackson ML, et al. *N Engl J Med.* 2017;377(6):534-543. **11.** Rolfes MA, et al. *Clin Infect Dis.* 2019;69(11):1845-1853. **12.** Flannery B, et al. *J Infect Dis.* 2020;221(1):8-15. **13.** Tenforde MW, et al. *Clin Infect Dis.* 2021;73(11):e4244-e4250. **14.** Rockman S, et al. *Vaccines (Basel).* 2022;11(1):52. **15.** CDC. Cell-based flu vaccines. Accessed April 21, 2023. <https://www.cdc.gov/flu/prevent/cell-based.htm> **16.** Data on file. Seqirus Inc; 2023. **17.** Divino V, et al. *Vaccine.* 2020;38(40):6334-6343. **18.** Krishnarajah G, et al. *Vaccines (Basel).* 2021;9(2):80. **19.** Divino V, et al. *Open Forum Infect Dis.* 2021;9(1):ofab604. **20.** Nolan T, et al. *N Engl J Med.* 2021;385(16):1485-1495. **21.** Essink BJ, et al. *Pediatrics.* 2022;150(5):e2022057509. **22.** Bart S, et al. *Hum Vaccin Immunother.* 2016;12(9):2278-2288. **23.** Frey S, et al. *Clin Infect Dis.* 2010;51(9):997-1004.