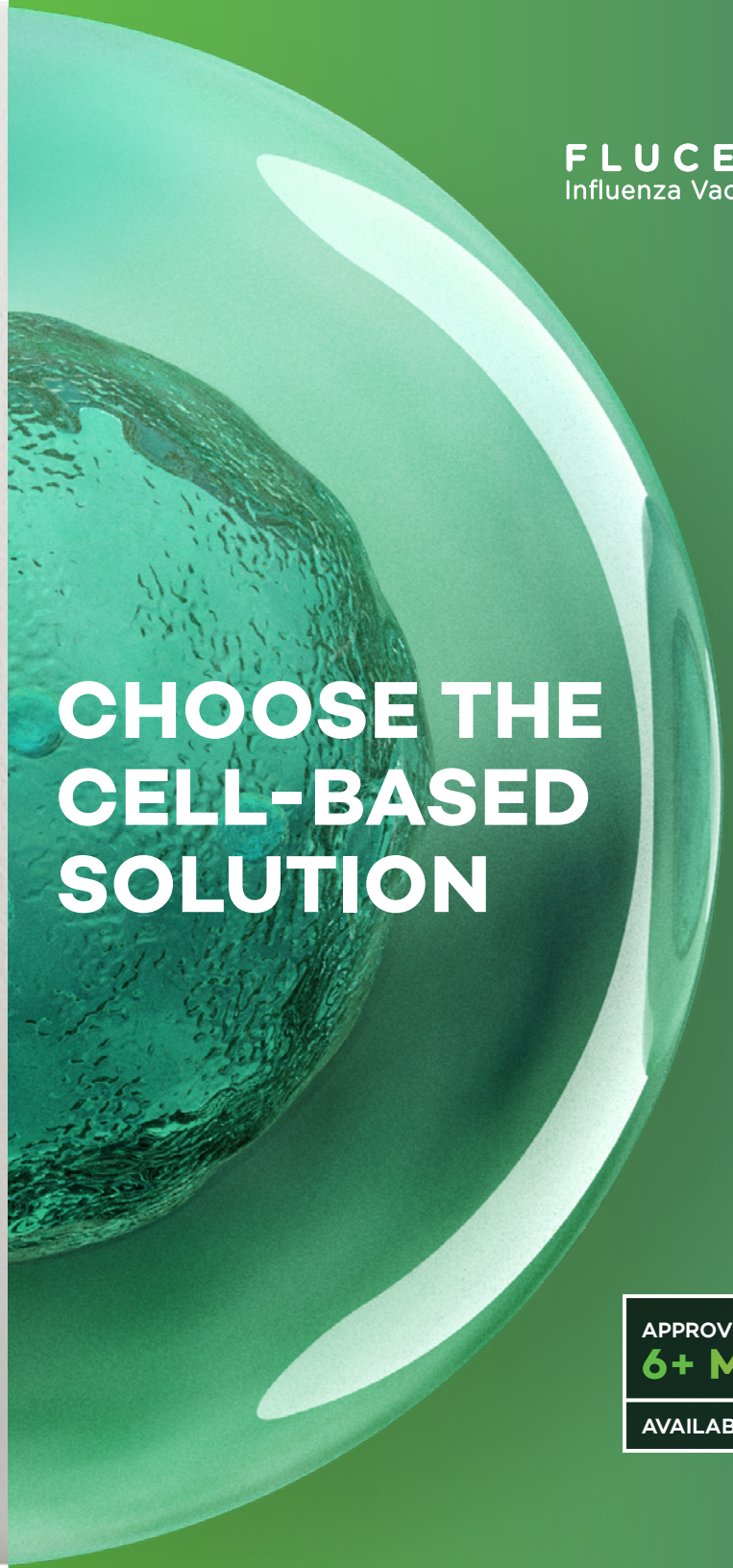
AVOID THE RISK OF EGG ADAPTATION



CHOOSE THE CELL-BASED SOLUTION

FLUCELVAX®
Influenza Vaccine

APPROVED FOR
6+ MONTHS[1]

AVAILABLE THROUGH VFC

INDICATION AND USAGE

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

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

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

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

A COMMON CAUSE OF STRAIN MISMATCH

Egg adaptation could impact your patient's flu vaccine[2]

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]

FLUCELVAX® Influenza Vaccine

ADVANCE YOUR FLU VACCINE TECHNOLOGY

FLUCELVAX® (Influenza Vaccine) is the first and only cell-based flu vaccine in the US[1]

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]

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

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

‡The data of FLUCELVAX QUADRIVALENT are relevant to FLUCELVAX, as both vaccines are manufactured using the same process and have overlapping compositions.

WARNINGS AND PRECAUTIONS

If Guillain-Barré syndrome has occurred within 6 weeks of receipt of a prior influenza vaccine, the decision to give FLUCELVAX 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.

FLUCELVAX®
Influenza Vaccine

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, including data 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 on flu360.com.

CPT CODES:

90661 - SINGLE-DOSE SYRINGE
90661 - MULTI-DOSE VIAL

*The data of FLUCELVAX QUADRIVALENT are relevant to FLUCELVAX, as both vaccines are manufactured using the same process and have overlapping compositions.

†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 must be immediately available to manage potential anaphylactic reactions following administration of FLUCELVAX.

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

Scan to learn more about our cell-based technology

CSL Seqirus

FLUCELVAX® (Influenza Vaccine)
INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATION AND USAGE

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

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Do not administer FLUCELVAX to anyone with a history of severe allergic reaction (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 should be based on careful consideration of the potential benefits and risks.

Appropriate medical treatment must be immediately available to manage potential anaphylactic reactions following administration of FLUCELVAX.

Syncope (fainting) has been reported following vaccination with FLUCELVAX. Procedures should be in place to avoid injury from fainting.

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

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

ADVERSE REACTIONS

Data for FLUCELVAX QUADRIVALENT are relevant to FLUCELVAX because both vaccines are manufactured using the same process and have overlapping compositions.

In children 6 months through 3 years of age who received FLUCELVAX QUADRIVALENT, the most commonly reported injection-site adverse reactions were tenderness (28%), erythema (26%), induration (17%) and ecchymosis (11%). The most common systemic adverse reactions were irritability (28%), sleepiness (27%), diarrhea (18%) and change of eating habits (17%).

In children 4 through 8 years of age who received FLUCELVAX, the most commonly reported local injection-site adverse reactions were pain (29%) and erythema (11%). The most common systemic adverse reaction was fatigue (10%).

In children and adolescents 9 through 17 years of age who received FLUCELVAX, the most commonly reported injection-site adverse reactions were pain (34%) and erythema (14%). The most common systemic adverse reactions were myalgia (15%) and headache (14%).

In adults 18 through 64 years of age who received FLUCELVAX, the most commonly reported injection-site adverse reactions were pain (28%) and erythema (13%). The most common systemic adverse reactions were headache (16%), fatigue (12%), myalgia (11%) and malaise (10%).

In adults ≥65 years who received FLUCELVAX the most commonly reported injection-site reaction was erythema (10%). The most common systemic adverse reactions were fatigue (11%), headache (10%) and malaise (10%).

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.

For US Healthcare Professional Use Only

References: 1. FLUCELVAX. 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 February 15, 2024. https://www.cdc.gov/flu/prevent/cell-based.htm **16.** Data on file. Seqirus Inc; 2024. **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.