Proposed Professional Information

SCHEDULING STATUS

S4

1 NAME OF THE MEDICINE

Tetagam IM, 250 IU (125 IU/ml), solution for injection

Tetagam IM, 500 IU (500 IU/ml), solution for injection

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Human tetanus immunoglobulin.

Each ampoule of **Tetagam IM 250 IU** contains 250 IU (125 IU/ml) tetanus antibodies.

Each ampoule of **Tetagam IM 500 IU** contains 500 IU (500 IU/ml) tetanus antibodies.

Tetagam IM contains immunoglobulin derived from pooled human plasma, sourced from healthy donors, with a high titre of antibodies to the tetanus toxin.

Each unit of plasma has been individually tested and found non-reactive for hepatitis B surface antigen (HBsAg), antibodies to the hepatitis C virus (HCV) and antibodies to the human immunodeficiency viruses, HIV-1 and HIV-2, using approved methods.

Tetagam IM is prepared by cold ethanol fractionation, to further reduce the risk of viral transmission.

In addition, only plasma pools tested and found non-reactive for anti-HIV-1 & -2, HBsAg and anti-HCV by serological testing; and for HIV, HCV, hepatitis B virus (HBV) and hepatitis A virus (HAV) by Nucleic Acid Amplification Techniques (NAT), are used in the manufacture of **Tetagam IM**.

This preparation does not contain any antimicrobial preservatives.

Tetagam IM is sugar free.

For a full list of excipients, see section 6.1

3 PHARMACEUTICAL FORM

Solution for injection.

The solution is a colourless, pale yellow to light brown liquid exhibiting a slight opalescence. During storage, it may show formation of slight turbidity or a small amount of particulate matter.

Tetagam IM has a pH of between 5,0 - 7,2.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Post-exposure prophylaxis

Immediate prophylaxis after tetanus-prone injuries in patients not adequately vaccinated, in patients whose immunisation status is not known with certainty, and in patients with severe deficiency in antibody production.

Therapy of clinically manifest tetanus

Active tetanus vaccination should always be administered in conjunction with tetanus immunoglobulin unless there are contra-indications or confirmation of adequate vaccination.

IMMUNE STATUS	CLEAN MINOR WOUNDS (Tetanus infection unlikely)		ALL OTHER WOUNDS (Dirty wounds)	
	Tetanus immune-globulin	Tetanus toxoid	Tetanus immune-globulin	Tetanus toxoid
Unknown	No	Yes	Yes	Yes
Incomplete Course of Toxoid	No	Yes	Yes	Yes
Complete Course of Toxoid:				
Last Booster > 10 years ago	No	Yes	Yes	Yes
Last Booster 5-10 years earlier	No	Yes	No	Yes
Last Booster within past 5 years	No	No	No	No

Tetagam IM supplements but does not replace antibiotic therapy.

4.2 Posology and method of administration

Posology

INDICATIONS	DOSE
Prophylaxis: High risk injuries to non-immune and immune patients	250 IU (500 IU if 24 hours have passed since injury or if there is a risk of heavy contamination)
Treatment: Clinical tetanus	3000 – 6000 IU as a single dose Tetagam IM may be used to treat clinical tetanus both locally by infiltration into the wound site, as well as intramuscularly

Method of administration

Intramuscular route.

The usual recommended site for adults is the deltoid; for infants, the lateral aspect of the thigh is preferable.

If a large volume (> 2 ml for children or > 5 ml for adults) is required, it is recommended that this be administered in divided doses at different sites.

When simultaneous vaccination is necessary, the immunoglobulin and the vaccine should be administered at two different sites to avoid interference with the active antibody response.

For instructions on handling and disposal of this injection, see section 6.6.

4.3 Contraindications

- Hypersensitivity to the active substance (human tetanus immunoglobulin) or to any of the excipients lusted in section 6.1.
- Hypersensitivity to human immunoglobulins.

4.4 Special warnings and precautions for use

Ensure that Tetagam IM is not administered into a blood vessel because of the risk of shock.

Intramuscular injections are not advocated for persons with bleeding disorders unless special precautions are taken.

Hypersensitivity

True hypersensitivity reactions are rare.

Anaphylactic reactions may occur especially if this intramuscular preparation is given intravenously. Measures to treat anaphylaxis, including adrenaline, must be immediately available when administering **Tetagam IM**.

Persons with selective immunoglobulin A (IgA) deficiency may develop antibodies to the small amount of IgA in this preparation, leading to sensitisation and subsequent reaction to IgA-containing material. The risk-benefit ratio in patients with a history of IgA deficiency or severe anaphylactic reactions to plasma products should be considered.

Transmissible agents

Standard measures to prevent infections resulting from the use of medicines prepared from human blood or plasma include selection of donors, screening of individual donations and plasma pools for specific

markers of infection and the inclusion of effective manufacturing steps for the inactivation/removal of viruses. Despite this, when medicines prepared from human blood or plasma are administered, the possibility of transmitting infective agents cannot be totally excluded. This also applies to unknown or emerging viruses and other pathogens. Consideration should be given to appropriate vaccination of patients receiving human blood or plasma-derived medicines on a routine basis.

The measures taken are considered effective for enveloped viruses such as HIV, HBV and HCV. The measures taken may be of limited value against non-enveloped viruses such as HAV and parvovirus B19. There is reassuring clinical experience regarding the lack of hepatitis A or parvovirus B19 transmission with immunoglobulins and it is also assumed that the antibody content makes an important contribution to viral safety.

Traceability

It is strongly recommended that when **Tetagam IM** is administered to a patient, the name and batch number of the product are recorded in order to maintain a link between the patient and the batch of the product.

4.5 Interaction with other medicines and other forms of interactions

Live attenuated virus vaccines

Immunoglobulin administration may interfere with the development of an immune response to live attenuated virus vaccines such as rubella, mumps and varicella for a period of up to 3 months. After administration of this product, an interval of at least 3 months should elapse before vaccination with live attenuated virus vaccines. In the case of measles, this impairment may persist for up to 5 months.

Interference with serological testing

After injection of immunoglobulin, the transitory rise of the various passively transferred antibodies in the patient's blood may result in misleading positive results in serological testing.

4.6 Fertility, pregnancy and lactation

Pregnancy and breastfeeding

The safety of intramuscular immunoglobulin in pregnancy and lactation has not been established in controlled clinical trials. Clinical experience with immunoglobulins suggests that no harmful effects on the course of pregnancy, or on the foetus and the neonate are to be expected.

Fertility

No data are available.

4.7 Effects on ability to drive and use machines

Tetagam IM may cause dizziness and other side effects. Patients who experience adverse reactions during treatment should wait for these to resolve before driving or operating machines.

4.8 Undesirable effects

Summary of the safety profile

Adverse reactions such as chills, headache, dizziness, nausea, flushing, pyrexia, back pain and local reactions may occur occasionally.

List of adverse reactions

MedDRA Standard System Organ Class	Undesirable effects	Frequency
Nervous system disorders	Headache	Unknown
	Dizziness	Unknown
Vascular disorders	Flushing	Unknown
Gastrointestinal disorders	Nausea	Unknown
Skin & subcutaneous tissue disorders	Skin reactions	Unknown
Musculoskeletal and connective tissue disorder	Back pain	Unknown
General disorders and administration site conditions	Chills	Unknown
	Pyrexia	Unknown
	Injection site pain Administration site reaction	Unknown

Transmissible agents

For safety information with respect to transmissible agents, see section 4.4.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Health care providers are requested to report any suspected adverse reactions to SAHPRA via the Med safety APP (Medsafety X SAHPRA) and eReporting platform (https://primaryreporting.who-umc.org/ZA) found on SAHPRA website or to National Bioproducts Institute via the email address Pharmacovigilance@nbisa.org.za.

4.9 Overdose

Consequences of an overdose are not known.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: immune sera and immunoglobulins: Human tetanus immunoglobulin, ATC code: J06BB02

Category and class: A. 30.1 Biologicals (Antibodies).

Tetanus immunoglobulin confers passive immunity against tetanus toxin.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Glycine

Sodium chloride

Sodium hydroxide (for pH-adjustment)

Hydrochloric acid (for pH-adjustment)

Human albumin

Human hepatitis B immunoglobulin

Human normal immunoglobulin

Water for injections

6.2 Incompatibilities

In the absence of compatibility studies, this medicine must not be mixed with other medicines.

6.3 Shelf life

3 years.

From a microbiological point of view, the product should be used immediately after opening. If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user.

6.4 Special precautions for storage

Transport within 72 hours below 37 °C.

Store in a refrigerator between 2 °C and 8 °C.

Keep the ampoule in the outer carton until required for use.

Do not freeze.

Protect from light.

For in-use storage conditions, see section 6.3.

6.5 Nature and contents of container

Tetagam IM 250 IU is presented as a single dose, and packaged in a 2 ml clear and colourless, type I glass ampoule marked with a green ring.

Tetagam IM 500 IU is presented as a single dose, and packaged in a 2 ml clear and colourless, type I glass ampoule marked with a black ring.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

Warm the ampoule to body temperature before injecting intramuscularly.

The solution is a clear, slightly opalescent liquid, which is almost colourless or pale-yellow to light brown.

During storage, it may show formation of slight turbidity or a small amount of particulate matter.

Any unused product or waste material should be disposed of in accordance with local requirements.

7 HOLDER OF CERTIFICATE OF REGISTRATION

NATIONAL BIOPRODUCTS INSTITUTE NPC

Company Reg. No. 1994/002044/08

NPO Reg. No. 020-898-NPO

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8 REGISTRATION NUMBERS

Tetagam IM 250 IU: T/30.2/0743

Tetagam IM 500 IU: T/30.2/0744

Namibia	S2
Tetagam IM 250 IU:	04/30.2/1142
Tetagam IM 500 IU:	04/30.2/1143

9 DATE OF FIRST AUTHORISATION

Registration date: 16 February 1998

10 DATE OF REVISION OF THE TEXT