# Parent/Guardian Information Sheet/Consent Form for Not Previously Vaccinated Children from 4 to 8 Years

Southern Clinical Trials Ltd

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| **Title** | *A Phase III, Observer-Blind, Randomized, Controlled Multicenter Study to Evaluate the Safety of a Trivalent Subunit Influenza Vaccine Produced either in Mammalian Cell Culture or in Embryonated Chicken Eggs (Fluvirin®), in Healthy Children and Adolescents 4 to 17 Years of Age.* |
| **Short title** | *A study to evaluate the safety of a Novartis flu vaccine in children and adolescents aged 4 to 17 years.* |
| **Protocol Number** | *V58_31* |
| **Project Sponsor** | *Novartis Vaccines and Diagnostics Australia Pty Ltd* |
| **Coordinating Principal Investigator/ Principal Investigator** | *Dr Simon Carson* |
| **Location** | *3 Strickland Street, Beckenham, Christchurch Ph: 03 337 1979* |

## Part 1

### 1 Introduction

Your child is being invited to participate in a clinical research project that is explained below.

This Parent/Guardian Information Sheet/Consent Form tells you about the research project. It explains to you clearly and openly all the procedures, of the project. Knowing what is involved will help you decide if you want your child to take part in the research.

Please read this information carefully. Ask questions about anything that you don't understand or want to know more about. Before deciding whether or not your child can take part, you might want to discuss it with a relative, friend or your child's doctor.

Participation in this research is voluntary. If you or your child do not wish to take part, your child does not have to participate.

If you decide you want your child to take part in the research project, you will be asked to sign the consent section before any study procedures are performed. By signing it you are telling us that you:

• Understand what you have read;
• Consent to your child taking part in the research project described below;

• Consent for your child to have the procedures, which form part of the project;
• Consent to the use of your child's personal and health information as described.
You will be given a copy of this Participant Information Sheet and Consent Form to keep.

## 2 What is the purpose of this research?

Influenza (the 'flu) is a major cause of respiratory illness and death worldwide. Each year, many children are infected with flu. Symptoms are similar to a cold, including runny nose, sore throat, coughing, feeling unwell, headache and muscle aches. Most people recover within one to two weeks without requiring medical treatment. However, in the very young, the elderly, and those with serious health problems, infection with the flu virus can cause severe illness, and sometimes, death. Vaccination with a flu vaccine is the most effective way to prevent flu. Flu vaccines have been available for many years and can be effective in preventing infection and serious disease.

Generally, flu vaccines are made by growing the flu virus in chicken eggs, which means that hundreds of millions of high quality eggs are required each year to produce flu vaccines.

Novartis Vaccines and Diagnostics ('Novartis') is a pharmaceutical company (and is referred to in this Information Sheet as the 'Sponsor' of the research project), that has developed a flu vaccine called Flucelvax. Flucelvax does not require the use of chicken eggs during its manufacturing process, but is instead produced in cultured mammalian cells within a laboratory. A manufacturing process that is not dependent on eggs may allow a large number of vaccines to be produced very quickly, for example, in the event of a flu pandemic (when a large number of people may be infected with a new flu virus).

Your child is being asked to take part in this research study of a flu vaccine for the purpose of learning more about the safety of Flucelvax in children and adolescents. The study will compare Flucelvax with Fluvirin which is another flu vaccine made by the Sponsor using the traditional chicken egg-based manufacturing process. Results from this study will be provided to drug and vaccine regulatory authorities responsible for licensing vaccines.

Flucelvax is an experimental vaccine. This means that it has not yet been approved for use in Australia. However, it has been approved for use throughout Europe and the US for adults aged 18 years or older. It has been shown to increase the body's ability to fight flu infection. To date, Flucelvax has been given to nearly 6600 research participants older than 18 years and to approximately 2200 children and adolescents aged from 3 to 17 years.

Fluvirin® is approved in Australia to prevent flu and has been approved for use in the US and the UK for people aged 4 years and above, for many years.

This study will follow approximately 2040 children and adolescents aged 4 years to less than 18 years in Australia, Thailand and the Philippines.

## 3 What does participation in this research involve?

If you and your child decide to participate,your child will be in the study for approximately seven months. During this period, you and your child will need to follow all instructions given by the

study staff. There are four scheduled study visits (Day 1, Day 29, Day 50, and Day 183). Your child is scheduled to receive a dose of a study influenza vaccine at each of the first two of those visits. Diary completion reminder phone calls are scheduled for 3 and 7 days after each vaccine dose and four safety follow-up phone calls are scheduled for Day 91, Day 122, Day 152, and Day 183.

The procedures and activities described below will be performed to make sure your child is able to participate in the study and to ensure that your child can continue to participate for the duration of the study. These procedures will also be used to evaluate how safe the vaccine is.

**Demographic and Medical History**: During your child's first study visit (Day 1), and possibly during the following study visits and safety calls, you will be asked to provide information about your child's medical history. You will be asked to describe all medications and vaccinations your child is currently taking or may have taken recently.

**Physical Examination, Height and Weight:** Your child will be given a brief physical examination at Day 1 and a brief physical examination one month, two months and seven months later if necessary. Your child's height, weight, temperature, blood pressure, and heart rate will also be measured at these three visits.

**Vaccination:** Your child will be given two doses of the study vaccine that is assigned to him/her. This will be done by chance (randomisation), like tossing a coin. Your child will have twice the chance of receiving Flucelvax compared to the chance of receiving Fluvirin. Your child will be given the vaccine in the upper muscle of (preferably) the arm your child uses the least. Neither you, your child nor the study investigators will know which vaccine your child receives. Only the person who gives your child the vaccine will know which vaccine your child receives. The study investigators will be able to find out if needed in an emergency.

**30 Minutes After Vaccination (Post Injection Reactions):** After the vaccination, your child will be observed for approximately 30 minutes so that the study staff can look for any immediate side effects and measure your child's temperature.

**Diary:** You (or someone you nominate) will be asked to report certain information following each of your child's study vaccinations in a Diary provided to you. This is a booklet that reminds you to write down specific types of side effects that we look for after vaccination, any medications or vaccines your child might have taken/received, and any changes to your child's health that occur during the time you will be using the Diary.

The study staff will explain to you how to make entries in the Diary and answer any questions you may have. You will also be asked to:

- look at the part of the arm where your child received the vaccine and measure specific reactions you may see using a ruler provided;
- record and describe any other reaction your child may experience that are sometimes seen after vaccination;
- measure your child's temperature by mouth using a digital thermometer provided;
- write down any medications and vaccinations your child receives;
- describe any other illnesses your child may have. You will also be asked questions about your child's health (including any serious medical problems such as hospitalization

or any life-threatening medical problems);
- bring the Diary back with you at your child's next study visit.

The study staff will plan the visits as outlined in this form and remind you to complete the Diary for review and collection during the study visit at Day 29 and Day 50. During the reminder calls the study staff will remind you (or someone you nominate) to write your child's reactions and events into the Diary.

If your child experiences any serious issue with his/her health, he/she will be monitored until the illness resolves or stabilises. After the last study visit (7 months after Day 1) you will also be instructed to contact the site in case your child experiences any health event or change in his/her health which you think may be related to the study vaccine.

If your child needs to see his/her General Practitioner (GP) during the course of the study we would recommend that you inform the GP of your child's participation in this research project and we will send your child's GP a letter.

## 4 What does my child have to do?

If you agree to allow your child to participate in the study, you and your child are agreeing to come to a clinic or be visited by study staff for the scheduled visits. You and your child are agreeing to follow the study doctor's and staff's instructions.

## 5 Other relevant information about the research project

There are no costs associated with participation in this research project, nor will you or your child be paid for taking part. All flu vaccines used in this study are provided free of charge.

As you and your child are required to attend a clinic study visit you will be reimbursed for any reasonable travel, parking and other expenses associated with this. This is a set amount approved by the ethics committee.

## 6 Does my child have to take part in this research project?

Participation in any research project is voluntary. If you do not wish for your child to take part, your child does not have to. If you decide that your child can take part and later change your mind, you are free to withdraw your child from the study at any stage.

## 7 What are the alternatives to participation?

Your alternatives to taking part in this study may include having your child vaccinated against seasonal flu by your health care provider.

## 8 What are the possible benefits of taking part?

There may not be a direct medical benefit to your child as a result of taking part in this study. Information from this study will help us to learn more about the safety of the Flucelvax and Fluvirin.

## 9 What are the possible risks and disadvantages of taking part?

Based on what we know about seasonal flu vaccines and previous studies of Flucelvax and Fluvirin, the most likely side effects following vaccination with these vaccines are described below.

The injection site may ache; it may be red, bruised, swollen, or hard. Your child may also experience fever, chills/shivering, general discomfort, headache, muscle ache, aching of limbs, sweating, or a sense of fatigue. If such symptoms occur, they usually last for a very short period of time. Generalized skin reactions, including itching, non-specific rash and urticaria (hive like rash), flu-like symptoms, pain in the extremities, and muscular weakness are uncommon. Rarely, nerve pain, abnormal skin sensations, convulsions, swollen glands, high fever, a decrease in platelets (a type of blood cell), and allergic reactions which, in rare cases, can lead to shock, have been reported.

Digestive disorders such as diarrhoea, nausea, vomiting and abdominal complaints have also been reported. Inflammation of blood vessels associated, in rare cases, with transient kidney involvement, exudative erythema multiforme (a skin disorder resulting from an allergic reaction), neurological disorders such as dizziness, confusion, inflammation of the brain and spinal cord, inflammation of the nerves, Guillain Barré syndrome (inflammation of the nerves causing muscle weakness and sometimes paralysis), have been reported.

Occasionally cases of pain with swelling and redness of more than 10 cm in the injected arm, lasting more than one week have been reported.

As with all vaccines, in certain exceptional cases, severe allergic reactions may occur. Study staff will have access to equipment and medication to manage this rare event, should it occur.

If your child has had an allergic reactions in the past after getting any vaccine, or if he/she is allergic to any part of the vaccine for example influenza viral protein, neomycin, or polymyxin, β-propiolactone, cetyltrimethylammonium bromide, Polysorbate 80, nonoxynol 9, neomycin, polymixin, formaldehyde mercury, latex, chicken eggs, egg products or feathers, you must tell the study doctor or study staff before you decide to sign this informed consent form for your child. If your child has an allergy to any of these products, your child will not be able to take part in this study as serious allergic reactions can be life-threatening.

## 10 What if new information arises during this research project?

Sometimes during the course of a research project, new information about the risks and benefits of taking part in the study may become known to us. If this happens, the study staff will tell you about it in a timely manner and discuss with you whether you want your child to continue in the research project.

### 11 Can my child have other treatments during this research project?

Your child can continue to take any medicines that he/she is currently on, or that are prescribed to him/her during the course of the study. It is important to inform the study staff about any medications your child may be taking, including over-the-counter medications and vitamins and to record any changes to them in the Diary during your child's participation in the research project.

### 12 What if I withdraw my child from this research project?

If you decide to withdraw your child from the project, please notify study staff before you withdraw him/her.

If you do withdraw your child during the research project, we will not collect additional personal information, although personal information already collected will be retained to ensure that the results of the project can be analysed properly and to comply with law. However, you should be aware that any code-numbered data on your child provided to the Sponsor up to the time of withdrawal will form part of the research project results. If you do not wish your child's code-numbered data to be supplied to the sponsor, you must tell us before your child joins the research project.

### 13 Could this research project be stopped unexpectedly?

This research project may be stopped unexpectedly for a variety of reasons. These may include reasons such as:
- Unacceptable side effects to either Flucelvax or Fluvirin;
- Flucelvax or Fluvirin being shown not to be effective;
- Flucelvax being shown to work and not need further testing;
- Decisions made in the commercial interests of the Sponsor or by local regulatory/health authorities.

## Part 2

### 14 What will happen to information about your child?

To ensure that your child's personal information is kept confidential, your child's name, and any other information that allows him/her to be identified, will not be entered on the forms/electronic systems or included in any records or samples the study investigators provide to the Sponsor. Instead, your child's data will only be identified by a code.
Your child's information will only be used for the purpose of this research project and it will only be disclosed with your permission, except as required by law.

The information obtained on your child may be subject to an audit or inspection by the sponsor or by regulatory agencies (eg. Ethics committee).The results may be published - your chuld will not be identified. A description of this trial will be available on http://www.ClinicalTrials.gov, as required by local health authorities

## 15 Compensation

If your child is injured as a direct result of a study related procedure or because your child received the study vaccine, appropriate medical care for the treatment of the illness or injury will be given to you for your child.

If you chose to participate in the study, you will not be able to claim injury compensation through the ACC (Accident Compensation Corporation).

However, if you child suffers injury as a result of your participation in this trial, Novartis Pharmaceuticals Australia Pty Ltd will adhere to the Researched Medicines Industry Association of New Zealand Incorporated Guidelines on Clinical Trials Compensation for Injury Resulting from Participation in an Industry-Sponsored Clinical Trial.

A copy of these guidelines is available on request from your study doctor. If you think that you have suffered injury as a result of your involvement in this study, you must contact your study doctor immediately.

If your child experiences an injury or have any questions or concerns, you should contact the study doctor at: Southern Clinical Trials Ltd, ph 03 337 1979.

By signing this consent form you will not waive the legal rights that your child is entitled to while a participant in a research study.

## 16 Who is organising and funding the research?

This study is being funded by Novartis Vaccines and Diagnostics Pty Ltd who is referred to as the Sponsor of the study. Novartis manufacture both the investigational vaccine (Flucelvax) and Fluvirin that will be used in this study and they will provide funds to Southern Clinical Trials Ltd. to complete the study.

The Sponsor may benefit financially from this research project if, for example, the project assists them to obtain approval for Flucelvax. By consenting to your child taking part in this research project you agree that data generated from analysis of the collected data may be provided to the Sponsor who may directly or indirectly benefit financially from knowledge acquired through analysis of your child's collected data.

You and your child will not benefit financially from your child's involvement in this research project even if, for example, the knowledge acquired from analysis of the collected information proves to be of commercial value to the Sponsor. In addition, if knowledge acquired through this research leads to discoveries that are of commercial value to the Sponsor, the study investigators or their institutions, there will be no financial benefit to you, your child, or family from these discoveries.

## 17 Who has reviewed the research project?

This study has received ethical approval from the Northern A Health and Disability Ethics Committee, which reviews national and multi-regional studies.

## 18 Further information and who to contact

During this study, if you have any questions about the kind of research involved in this study or your child's rights as a research subject, you should contact Northern A Health and Disability Ethics Committee, Phone: 0800 4 384487 (ETHICS) or email: hdecs@moh.govt.nz.

If you have any queries or concerns regarding your rights as a participant in this study, you may wish to contact an independent health and disability advocate: Free phone: 0800 555 050 Free fax: 0800 2 SUPPORT (0800 2787 7678)

You may also contact the Health and Disabilities Commissioner Phone: 0800 11 22 33 or email: hdc@hdc.org.nz .

For Maori Health Support; Please contact Peter Mason, Connections "Nga Kete E Rua", ph: 027 441 4312.

If you have any medical or study related questions or feel your child has been hurt or injured as a result of taking part in the study, you should contact: Dr Simon Carson, Southern Clinical Trials Ltd, ph 03 337 1979.

If you agree to have your child participate in this study, you will be given a copy of this consent form after both you and the study doctor have signed it.

# Consent Form – Parent/Guardian
# Not Previously Vaccinated Children from 4 to 8 Years

| | |
|---|---|
| **Title** | *A Phase III, Observer-Blind, Randomized, Controlled Multicenter Study to Evaluate the Safety of a Trivalent Subunit Influenza Vaccine Produced either in Mammalian Cell Culture or in Embryonated Chicken Eggs (Fluvirin®), in Healthy Children and Adolescents 4 to 17 Years of Age.* |
| **Short title** | *A study to evaluate the safety of a Novartis flu vaccine in children and adolescents aged 4 to 17 years.* |
| **Protocol Number** | *V58_31* |
| **Project Sponsor** | *Novartis Vaccines and Diagnostics Australia Pty Ltd* |
| **Coordinating Principal Investigator/** | *Dr Simon Carson* |
| **Location** | *3 Strickland Street, Beckenham, Christchurch*<br>*Ph: 03 337 1979* |

Your rights as a participant are as described in the HDC Code of Rights

| | | | |
|---|---|---|---|
| English | I wish to have an interpreter | Yes | No |
| Deaf | I wish to have a NZ sign language interpreter | Yes | No |
| Māori | E hiahia ana ahau ki tetahi kaiwhaka Māori/kaiwhaka pakeha korero | Ae | Kao |
| Cook Island Māori | Ka inangaro au i tetai tangata uri reo | Ae | Kare |
| Fijian | Au gadreva me dua e vakadewa vosa vei au | Io | Sega |
| Niuean | Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu | E | Nakai |
| Sāmoan | Ou te mana'o ia i ai se fa'amatala upu | Ioe | Leai |
| Tokelaun | Ko au e fofou ki he tino ke fakaliliu te gagana Peletania ki na gagana o na motu o te Pahefika | Ioe | Leai |
| Tongan | Oku ou fiema'u ha fakatonulea | Io | Ikai |
| | *Other languages to be added following consultation with relevant communities.* | | |

- I have read and understand the information sheet dated **06 May 2013**
- I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.
- I have had the opportunity to use whānau support or a friend to help me ask questions and understand the study.
- I understand that taking part in this study is voluntary (my choice), and that I may withdraw from the study at any time, and this will in no way affect my future health care.
- I understand that my participation in this study is confidential and that no material that could identify me will be used in any reports on this study.
- I understand that information collected about me will be stored for 15 years.
- I understand that the treatment, or investigation, will be stopped if it should appear harmful to me.
- I understand the compensation provisions for this study and that Iwill not be able to claim injury compensation through the ACC (Accident Compensation Corporation).
- I have had time to consider whether to take part in the study.
- I know who to contact if I have any side effects from the study.
- I know who to contact if I have any questions about the medication used in this study or about the study in general.
- I may have to leave the study without my consent if I need other treatment, do not follow the study plan, have a study-related injury or for any other reason
- If I leave the study for any reason the study doctor may ask me to have some end-of-study tests
- I understand that by signing this consent form I am not giving up any of my legal rights.
- I will receive a signed copy of this consent form
- I agree to an approved auditor appointed by either the sponsoring pharmaceutical company, ethics committee or the regulatory authority or their approved representative and approved by the Multi-region Ethics committee reviewing my relevant medical records for the sole purpose of checking the accuracy of the information recorded for the study.

- I agree to my GP or other current provider being informed of my participation in this study. Yes No

Subject's name (print):

Parent's/Legal representative's name (print): Relationship to subject:

Parent's/Legal representative's signature: Date (DDMMMYY):

**Declaration by Investigator**

I have given a verbal explanation of the research project, its procedures and risks and I believe that the parent/guardian has understood that explanation.

Name of Investigator/
(please print)

Signature Date

Note: All parties signing the consent section must date their own signature.