Amsterdam, 30 March 2023
EMA/167607/2023
Human Medicines Division

Assessment report for paediatric studies submitted according to Article 46 of the Regulation (EC) No 1901/2006

RotaTeq

rotavirus vaccine, live, oral

Procedure no: EMEA/H/C/000669/P46/047

Note

Assessment report as adopted by the CHMP with all information of a commercially confidential nature deleted.

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1. Introduction

On 13 January 2023, the MAH submitted a completed paediatric study for RotaTeq, in accordance with Article 46 of Regulation (EC) No1901/2006, as amended.

A short critical expert overview has also been provided.

2. Scientific discussion

2.1. Information on the development program

The MAH stated that study V260-074 "A Phase 3, Randomized, Open-Label, Clinical Trial to Study the Immunogenicity and Safety of Concomitant and Non-Concomitant Administration of V260 and Inactivated Poliomyelitis Vaccine (IPV) in Chinese Healthy Infants" is a stand-alone study.

This study was designed to evaluate the immunogenicity and safety of concomitant administration of V260 and IPV in Chinese healthy infants to fulfill a post-marketing commitment for RotaTeq in China.

2.2. Information on the pharmaceutical formulation used in the study

In the concomitant use group, an oral dose of V260 (2 mL/dose) was concomitantly administered (same day) with an intramuscular injection of IPV (0.5 mL/dose) at visit 2, visit 4, and visit 6, respectively.

In the staggered-use group, an oral dose of V260 (2mL/dose) was administered at visit 1, visit 3, and visit 5, respectively. Furthermore, an intramuscular injection of IPV (0.5 mL/dose) was administered at visit 2, visit 4, and visit 6, respectively. Both V260 and IPV used in this study were single batch and locally sourced.

Table 1 Study Interventions

Arm Name	Arm Type	Intervention Name	Type	Dose Formu-lation	Unit Dose Strength(s)	Dosage Level(s)	Route of Adminis-tration	Regimen/ Treatment Period/ Vaccination Regimen	Use	IMP/ NIMP	Sourcing
Concomitant-Use Group	Active Comparator	V260	Biological/ Vaccine	Sterile Solution	2 mL per dose	3 doses	Oral	Visit 2, 4, 6	Experi mental	IMP	Local Sourcing
Concomitant-Use Group	Experimental	IPV (Sabin strain based)	Biological/ Vaccine	Vial	0.5 mL per dose	3 doses	Intra-muscular	Visit 2, 4, 6	Experi mental	IMP	Local Sourcing
Staggered-Use Group	Active Comparator	V260	Biological/ Vaccine	Sterile Solution	2 mL per dose	3 doses	Oral	Visit 1, 3, 5	Experi mental	IMP	Local Sourcing
Staggered-Use Group	Active Comparator	IPV (Sabin strain based)	Biological/ Vaccine	Vial	0.5 mL per dose	3 doses	Intra-muscular	Visit 2, 4, 6	Experi mental	IMP	Local Sourcing
Definition Investigational Medicinal Product (IMP) and Non-Investigational Medicinal Product (NIMP) is based on guidance issued by the European Commission. Regional and/or Country differences of the definition of IMP/NIMP may exist. In these circumstances, local legislation is followed.											

2.3. Clinical aspects

2.3.1. Introduction

The MAH submitted a final report for:

- Study V260-074 "A Phase 3, Randomized, Open-Label, Clinical Trial to Study the Immunogenicity and Safety of Concomitant and Non-Concomitant Administration of V260 and Inactivated Poliomyelitis Vaccine (IPV) in Chinese Healthy Infants".

2.3.2. Clinical study V260-074

Description

V260 is a live, oral, pentavalent vaccine developed by the MAH that contains five human-bovine reassortant rotavirus strains (G1, G2, G3, G4 and P1A). Since the initial approval in the US (United States) in 2006, V260 has been licensed in more than 100 countries worldwide. V260 was approved in China in April 2018. This study was designed to evaluate the immunogenicity and safety of concomitant administration of V260 and Sabin-IPV in Chinese infants.

Methods

Study participants/ Sample size

Healthy Chinese infants 48-63 days of age were enrolled and randomly assigned in a 1:1 ratio to receive V260 and IPV in a concomitant (concomitant-use group) or non-concomitant (staggered-use group) administration schedule.

The baseline and birth characteristics were generally comparable across study vaccination groups. The mean age of participants at the time of enrolment was 53.3 days. Only one participant from the concomitant-use group was reported as a preterm infant (gestational age <37 weeks).

A total of 430 participants were screened for eligibility and 400 were randomized.

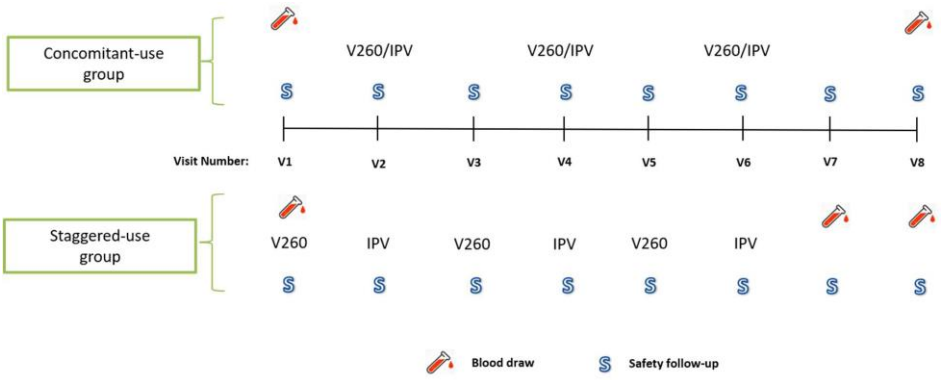
Table 2 Participant Characteristic at Enrollment (All Randomized Participants)

	Concomitant-use Group	**Staggered- use Group**	**Total**
	N (%)	N (%)	N (%)
Participants in population	200	200	400
Sex			
Male	114 (57.0)	107 (53.5)	221 (55.3)
Female	86 (43.0)	93 (46.5)	179 (44.8)
Age (Days)			
Mean	53.3	53.3	53.3
SD	4.8	4.6	4.7
Median	52.0	52.5	52.0
Range	48 to 63	48 to 63	48 to 63
Race			
Asian	200 (100.0)	200 (100.0)	400 (100.0)
Weight (kg)			
Participants with data	200	200	400
Mean	5.3	5.3	5.3
SD	0.6	0.6	0.6
Median	5.3	5.3	5.3
Range	3.5 to 7.6	3.9 to 7.0	3.5 to 7.6
Height (cm)			
Participants with data	200	200	400
Mean	57.6	57.5	57.6
SD	2.2	2.1	2.1
Median	57.5	57.5	57.5
Range	52.0 to 63.0	51.0 to 62.5	51.0 to 63.0

Feeding status						
Breast Feeding Only	72	(36.0)	73	(36.5)	145	(36.3)
Formula Feeding Only	29	(14.5)	18	(9.0)	47	(11.8)
Combination of Breast Feeding and Formula Feeding	99	(49.5)	109	(54.5)	208	(52.0)
SD=Standard deviation.						

Serum samples for immunogenicity assays were collected from each participant. In the concomitant-use group, serum samples were obtained at visit 1 (Study Day 1) prior to vaccination and Visit 8 (Study Month 3.5), respectively. In the staggered-use group, serum samples were obtained at Visit 1 (Study Day 1) prior to vaccination, Visit 7 (Study Month 3), and Visit 8 (Study Month 3.5).

Figure 1 Study Diagram



Objectives and Endpoints

Primary Objective	**Primary Endpoint**
To demonstrate that the immunogenicity of IPV in the concomitant-use group is non-inferior to that in the staggered-use group. Hypothesis (H1): The seroconversion percentage at 1 month post Dose 3 for each of poliovirus types 1, 2, and 3 in the concomitant-use group is non-inferior to those in the staggered-use group. The statistical criterion for non-inferiority requires that the lower bound of two-sided 95.0% confidence interval for the difference (concomitant-use group minus staggered-use group) in seroconversion percentages be greater than -10% for each poliovirus type.	Neutralizing antibody seroconversion to each of poliovirus types 1, 2, and 3.
Secondary Objectives	**Secondary Endpoints**
To evaluate immune responses to IPV at 1 month post Dose 3 in the concomitant-use and staggered-use groups as measured by geometric mean titers (GMTs) of neutralizing antibodies to poliovirus types 1, 2, and 3.	Neutralizing antibody titer to each of poliovirus types 1, 2, and 3.

To evaluate immune responses to IPV at 1 month post Dose 3 in the concomitant-use and staggered-use groups as measured by the proportions of participants with neutralizing antibody titer ≥1:8 and ≥1:64 for each of poliovirus types 1, 2, and 3.	Neutralizing antibody responses to each of poliovirus types 1, 2, and 3.
To evaluate the safety of concomitant administration of V260 and IPV based on the proportions of participants experiencing solicited injection-site adverse events (AEs), solicited systemic AEs, and serious AEs (SAEs).	Solicited injection-site AEs (following vaccination of IPV) Solicited systemic AEs SAEs

Randomisation and blinding (masking)

The enrolled participants were randomly assigned in a 1:1 ratio to either concomitant-use or staggered-use group. No stratification based on age, sex or other characteristics was used in this study. This was an open-label study. Therefore, the sponsor, investigator, and participant knew the vaccines administered.

Statistical Methods

Statistical Methods for Key Immunogenicity Analyses	For the primary hypothesis, concomitant-use group will be considered non-inferior to staggered-use group if the lower bound of the two-sided 95% confidence interval (CI) for the difference in seroconversion percentage (concomitant-use group minus staggered-use group) is greater than -10% for each poliovirus type.
Statistical Methods for Key Safety Analyses	All safety data will be summarized as frequencies and percentages for the two vaccination groups.
Interim Analyses	No interim analysis is planned.
Multiplicity	Since success is required on all 3 poliovirus types for the primary hypothesis, no multiplicity adjustment will be made for the multiple tests.
Sample Size and Power	The planned sample size is 400 participants. For the seroconversion percentage to each of poliovirus types 1, 2, and 3 at 1 month post dose 3, the study has approximately an overall 90.0% power to demonstrate that the concomitant-use group is non-inferior to the staggered-use group at an overall one-sided 2.5% alpha-level, if the underlying treatment difference is 0 percentage points.

Results

Participant flow / Treatments

In the concomitant-use group, each participant received 1 dose of V260 and IPV concomitantly at visit 2, 4, and 6, respectively. In the staggered-use group, each participant received 1 dose of V260 at visit 1, 3, and 5, respectively, and 1 dose of IPV at visit 2, 4, and 6, respectively. The first dose of V260 was given by 12 weeks of age (84 days of age) and the third dose of V260 should be given by 32 weeks of age (224 days of age). The minimum and maximum interval between each dose of V260 was 4 weeks (28 days) and 10 weeks (70 days), respectively. The minimum age for the first dose of IPV was 2 months of age. The minimum interval between each dose of IPV was 1 month (30 days). In the staggered-use group, the minimum interval between V260 and subsequent IPV was 15 days.

Recruitment

Healthy Chinese infants 48-63 days of age were enrolled in this study where the participant´s legally acceptable representative provided written informed consent.

Baseline data

The baseline and birth characteristics were generally comparable across study vaccination groups. The mean age of participants at the time of enrolment was 53.3 days (range: 48 to 63 days), refer to table 2. Only 1 participant from the concomitant-use group was reported as a preterm infant (gestational age <37 weeks).

Number analysed

A total of 375 (93.8%) participants completed the study. 25 participants (15 from the concomitant-use group, 10 from the staggered-use group) discontinued early from the study because of withdrawal by parents of participants, including 11 participants from concomitant-use group discontinued from the study before visit 2, which was the first dose vaccination visit in concomitant-use group.

Efficacy results

<u>Immunogenicity</u>

Immune responses to IPV were evaluated as primary and secondary endpoints in this study.

Primary Immunogenicity Endpoint:

- In the per protocol immunogenicity (PPI) population for IPV, the neutralizing antibody seroconversion percentages for each of poliovirus types 1, 2, and 3 at 1 month post Dose 3 in the concomitant-use group were non-inferior to those observed in the staggered-use group. The differences (concomitant-use group minus staggered-use group) ranged from -1.1% to 0.5% depending on the poliovirus types, with the lower bound of two-sided 95% CI greater than -10% and p-value<0.001 for each poliovirus type. Thus, the primary immunogenicity objective was met (Table 3).

Table 3
Summary of Neutralizing Antibody Seroconversion Percentages to Poliovirus at 1 Month Post Dose 3 of IPV
(Per-Protocol Immunogenicity Population for IPV)

Poliovirus Type	Concomitant-use Group (N=180)		Staggered-use Group (N=187)	
	Observed Seroconversion (m/n)	95% CI[a]	Observed Seroconversion (m/n)	95% CI[a]
1	98.9% (178/180)	(96.0%, 99.9%)	100.0% (187/187)	(98.0%, 100.0%)
2	98.3% (177/180)	(95.2%, 99.7%)	99.5% (186/187)	(97.1%, 100.0%)
3	100.0% (180/180)	(98.0%, 100.0%)	99.5% (186/187)	(97.1%, 100.0%)

[a] The within-group 95% CIs are based on the exact binomial method proposed by Clopper and Pearson.
The seroconversion is defined as antibody titer ≥ 1:8 post-vaccination in baseline seronegative participants or ≥ 4-fold increase in titer post-vaccination in baseline seropositive participants.
N=Number of participants in Per-Protocol Immunogenicity population for IPV; n=Number of participants contributing to the analysis; m=Number of participants with the seroconversion.
CI = Confidence interval; IPV = Inactivated poliomyelitis vaccine.

Secondary Immunogenicity Endpoints:

- In the PPI population for IPV, the GMTs of neutralizing antibodies to each of poliovirus types 1, 2, and 3 at 1 month post Dose 3 in the concomitant-use group were generally comparable with those observed in the staggered-use group.

- In the PPI population for IPV, all participants were reported with neutralizing antibodies titer ≥1:8 and ≥1:64 for each of poliovirus types 1, 2, and 3 at 1 month post Dose 3 in both concomitant-use and staggered-use groups (Table 4).

Table 4

Summary of Neutralizing Antibody Responses to Poliovirus
(Per-Protocol Immunogenicity Population for IPV)

Poliovirus Type	Endpoint	Timepoint	Concomitant-use Group (N=180)			Staggered-use Group (N=187)		
			n	Observed Response	95% CI[a]	n	Observed Response	95% CI[a]
1	GMT	Pre Dose 1 of IPV	180	15.22	(12.88, 17.98)	187	15.66	(13.33, 18.41)
		1 Month Post Dose 3 of IPV	180	5600.80	(4898.46, 6403.85)	187	5344.24	(4657.51, 6132.22)
	% ≥ 1:8	Pre Dose 1 of IPV	180	70.0% (126/180)	(62.7%, 76.6%)	187	69.0% (129/187)	(61.8%, 75.5%)
		1 Month Post Dose 3 of IPV	180	100.0% (180/180)	(98.0%, 100.0%)	187	100.0% (187/187)	(98.0%, 100.0%)
	% ≥ 1:64	1 Month Post Dose 3 of IPV	180	100.0% (180/180)	(98.0%, 100.0%)	187	100.0% (187/187)	(98.0%, 100.0%)
2	GMT	Pre Dose 1 of IPV	180	9.76	(8.40, 11.33)	187	8.86	(7.71, 10.19)
		1 Month Post Dose 3 of IPV	180	1059.83	(951.13, 1180.96)	187	1122.43	(1002.74, 1256.41)
	% ≥ 1:8	Pre Dose 1 of IPV	180	51.1% (92/180)	(43.6%, 58.6%)	187	48.1% (90/187)	(40.8%, 55.5%)
		1 Month Post Dose 3 of IPV	180	100.0% (180/180)	(98.0%, 100.0%)	187	100.0% (187/187)	(98.0%, 100.0%)
	% ≥ 1:64	1 Month Post Dose 3 of IPV	180	100.0% (180/180)	(98.0%, 100.0%)	187	100.0% (187/187)	(98.0%, 100.0%)
3	GMT	Pre Dose 1 of IPV	180	5.88	(5.29, 6.54)	187	6.49	(5.67, 7.44)
		1 Month Post Dose 3 of IPV	180	3405.56	(3033.93, 3822.71)	187	3261.69	(2913.70, 3651.24)
	% ≥ 1:8	Pre Dose 1 of IPV	180	26.7% (48/180)	(20.4%, 33.8%)	187	27.8% (52/187)	(21.5%, 34.8%)
		1 Month Post Dose 3 of IPV	180	100.0% (180/180)	(98.0%, 100.0%)	187	100.0% (187/187)	(98.0%, 100.0%)
	% ≥ 1:64	1 Month Post Dose 3 of IPV	180	100.0% (180/180)	(98.0%, 100.0%)	187	100.0% (187/187)	(98.0%, 100.0%)

[a]For the continuous endpoints, the within-group 95% CIs are obtained by exponentiating the CIs of the mean of the natural log values based on the t-distribution. For the dichotomous endpoints, the within-group 95% CIs are based on the exact binomial method proposed by Clopper and Pearson.
N=Number of participants in Per-Protocol Immunogenicity population for IPV; n=Number of participants contributing to the analysis.
CI = Confidence interval; GMT = Geometric mean titer. IPV = Inactivated poliomyelitis vaccine.

Exploratory Immunogenicity Endpoint

The anti-rotavirus type-specific IgA antibody GMTs to rotavirus serotypes G1, G2, G3, G4, and P1A and the proportions of participants with 3-fold rise to each serotype at 1 month post Dose 3 in the concomitant-use group were generally comparable with those in the staggered-use group (Table 5).

Table 5

Summary of IgA Antibody Responses to Rotavirus
(Per-Protocol Immunogenicity Population for V260)

Serotype	Endpoint	Timepoint	Concomitant-use Group (N=180)			Staggered-use Group (N=189)		
			n	Observed Response	95% CI[a]	n	Observed Response	95% CI[a]
G1	GMT	Pre Dose 1 of V260	180	14.55	(12.94, 16.35)	189	14.33	(12.82, 16.01)
		1 Month Post Dose 3 of V260	180	254.77	(198.01, 327.81)	189	235.22	(181.49, 304.86)
	% ≥ 3-fold increase in titer	1 Month Post Dose 3 of V260	180	76.1% (137/180)	(69.2%, 82.1%)	189	72.5% (137/189)	(65.5%, 78.7%)
G2	GMT	Pre Dose 1 of V260	180	13.06	(11.91, 14.33)	189	12.60	(11.55, 13.74)
		1 Month Post Dose 3 of V260	180	342.65	(265.75, 441.80)	189	312.19	(238.17, 409.22)
	% ≥ 3-fold increase in titer	1 Month Post Dose 3 of V260	180	80.0% (144/180)	(73.4%, 85.6%)	189	77.8% (147/189)	(71.2%, 83.5%)
G3	GMT	Pre Dose 1 of V260	180	14.15	(12.72, 15.75)	189	13.65	(12.33, 15.11)
		1 Month Post Dose 3 of V260	180	69.48	(57.23, 84.35)	189	71.34	(58.70, 86.70)
	% ≥ 3-fold increase in titer	1 Month Post Dose 3 of V260	180	47.8% (86/180)	(40.3%, 55.3%)	189	52.9% (100/189)	(45.5%, 60.2%)
G4	GMT	Pre Dose 1 of V260	180	14.72	(13.14, 16.49)	189	14.34	(12.90, 15.95)
		1 Month Post Dose 3 of V260	180	159.88	(126.27, 202.44)	189	156.12	(122.63, 198.75)
	% ≥ 3-fold increase in titer	1 Month Post Dose 3 of V260	180	68.9% (124/180)	(61.6%, 75.6%)	189	65.6% (124/189)	(58.4%, 72.4%)
P1A[8]	GMT	Pre Dose 1 of V260	180	14.24	(12.79, 15.85)	189	13.79	(12.47, 15.24)
		1 Month Post Dose 3 of V260	180	62.84	(51.82, 76.20)	189	66.51	(54.68, 80.89)
	% ≥ 3-fold increase in titer	1 Month Post Dose 3 of V260	180	46.7% (84/180)	(39.2%, 54.2%)	189	51.9% (98/189)	(44.5%, 59.2%)

[a]For the continuous endpoints, the within-group 95% CIs are obtained by exponentiating the CIs of the mean of the natural log values based on the t-distribution. For the dichotomous endpoints, the within-group 95% CIs are based on the exact binomial method proposed by Clopper and Pearson.
N=Number of participants in Per-Protocol Immunogenicity population for V260; n=Number of participants contributing to the analysis.
CI = Confidence interval; GMT = Geometric mean titer. IgA = Immunoglobulin A

Safety results

- The proportions of participants in the concomitant-use group with injection-site AEs and systemic AEs across all dose periods were generally comparable to those in the staggered-use group (Table 6). Injection-site AEs are not relevant for RotaTeq as it is an oral vaccine.
- The proportion of participants with vaccine-related (V260 or IPV) systemic AEs across all dose periods was 32.8% and 48.5% in the concomitant-use and staggered-use groups, respectively (Table 6).
- The majority of systemic AEs were mild to moderate in intensity for both concomitant-use group and staggered-use group.
- A total of 21 SAEs were reported in 18 participants (7 from the concomitant-use group and 11 from the staggered-use group) during the entire study period (Table 7). One participant from the staggered-use group had an SAE (enteritis, moderate/Grade 3, resolved) that was considered to be related to V260 by the investigator (Table 8). Enteritis is not listed as an adverse reaction in the current RotaTeq SmPC. The description of the case is consistent with the listed adverse reaction term of diarrhea. The Sponsor considered that the event was unlikely related to the study vaccine and that there were no important changes to the safety profile.
- No intussusception was reported in any participant during the entire study period.
- No participants died during the entire study period.
- No participants discontinued the study vaccination due to AEs.

Table 6

Adverse Event Summary
(All Participants as Treated Population)
(Across All Dose Periods)

	Concomitant-use Group		Staggered-use Group		Total	
	n	(%)	n	(%)	n	(%)
Participants in population with follow-up	189		200		389	
with one or more adverse events	134	(70.9)	151	(75.5)	285	(73.3)
injection-site	48	(25.4)	46	(23.0)	94	(24.2)
systemic	126	(66.7)	140	(70.0)	266	(68.4)
with no adverse event	55	(29.1)	49	(24.5)	104	(26.7)
with vaccine-related[a] adverse events	91	(48.1)	115	(57.5)	206	(53.0)
injection-site	48	(25.4)	46	(23.0)	94	(24.2)
systemic	62	(32.8)	97	(48.5)	159	(40.9)
with non-serious adverse events	133	(70.4)	150	(75.0)	283	(72.8)
with serious adverse events	6	(3.2)	11	(5.5)	17	(4.4)
with serious vaccine-related adverse events	0	(0.0)	1	(0.5)	1	(0.3)
who died	0	(0.0)	0	(0.0)	0	(0.0)
discontinued vaccine due to an adverse event	0	(0.0)	0	(0.0)	0	(0.0)
discontinued vaccine due to a vaccine-related adverse event	0	(0.0)	0	(0.0)	0	(0.0)
discontinued vaccine due to a serious adverse event	0	(0.0)	0	(0.0)	0	(0.0)
discontinued vaccine due to a serious vaccine-related adverse event	0	(0.0)	0	(0.0)	0	(0.0)

[a] Determined by the investigator to be related to the vaccine (V260 or IPV).
For concomitant-use group, systemic adverse events from Day 1 through Day 30 post any vaccination visit and injection-site adverse events from Day 1 through Day 15 post any vaccination of IPV are included. For staggered-use group, systemic adverse events from Day 1 through Day 15 post any vaccination of V260 or IPV and injection-site adverse events from Day 1 through Day 15 post any vaccination of IPV are included.
Vaccination-site adverse events following non-study vaccination were included in the category of systemic adverse events.
IPV = Inactivated poliomyelitis vaccine.

Table 7

Participants With Serious Adverse Events
(Incidence >0% in One or More Vaccination Groups)
(All Participants as Treated Population)
(Entire Study Period)

	Concomitant-use Group		Staggered-use Group	
	n	(%)	n	(%)
Participants in population with follow-up	189		200	
with one or more serious adverse events	7	(3.7)	11	(5.5)
with no serious adverse events	182	(96.3)	189	(94.5)
Gastrointestinal disorders	**0**	**(0.0)**	**1**	**(0.5)**
Enteritis	0	(0.0)	1	(0.5)
Infections and infestations	**6**	**(3.2)**	**10**	**(5.0)**
Bronchitis	3	(1.6)	0	(0.0)
Epididymitis	0	(0.0)	1	(0.5)
Gastrointestinal viral infection	0	(0.0)	1	(0.5)
Influenza	0	(0.0)	1	(0.5)
Pneumonia	3	(1.6)	6	(3.0)
Pneumonia aspiration	0	(0.0)	1	(0.5)
Septic shock	0	(0.0)	1	(0.5)
Upper respiratory tract infection	0	(0.0)	1	(0.5)
Nervous system disorders	**1**	**(0.5)**	**0**	**(0.0)**
Motor developmental delay	1	(0.5)	0	(0.0)

Table 8

Participants With Serious, Vaccine-related Adverse Events
(Incidence >0% in One or More Vaccination Groups)
(All Participants as Treated Population)
(Entire Study Period)

	Concomitant-use Group		Staggered-use Group	
	n	(%)	n	(%)
Participants in population with follow-up	189		200	
with one or more serious, vaccine-related[a] adverse events	0	(0.0)	1	(0.5)
with no serious, vaccine-related[a] adverse events	189	(100.0)	199	(99.5)
Gastrointestinal disorders	**0**	**(0.0)**	**1**	**(0.5)**
Enteritis	0	(0.0)	1	(0.5)

Every participant is counted a single time for each applicable row and column.
[a]Determined by the investigator to be related to the vaccine (V260 or IPV).

2.3.3. Discussion on clinical aspects

Study V260-074 evaluated the immunogenicity and safety of concomitant administration of V260 and IPV in Chinese healthy infants and fulfils a post-marketing commitment for RotaTeq in China. No changes to the product information were proposed. The immune responses to RotaTeq (rotavirus, live, oral pentavalent vaccine) were generally comparable when administered concomitantly and non-concomitantly with IPV in Chinese healthy infants. Concomitant and non-concomitant (staggered) administration of RotaTeq and IPV in Chinese healthy infants were generally well tolerated. No new safety concerns have been identified. The results of this study are in line with the safety profile of RotaTeq as reflected in the product information and are consistent with the current benefit/risk profile of Rotateq.

3. CHMP overall conclusion and recommendation

The results of this study indicate no new safety concern.

☒ **Fulfilled:**

No regulatory action required.