25 June 2026
EMADOC-1700519818-2536818
Committee for Medicinal Products for Human Use (CHMP)

Assessment report

Procedure No. EMA/VR/0000302352

Invented name: Fluenz

Common name: Influenza vaccine (live, nasal)

Note

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

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Status of this report and steps taken for the assessment				
Current step	**Description**	**Planned date**	**Actual Date**	**Need for discussion**
☐	Submission deadline	26 Sept 2025	26 Sept 2025	☐
☐	Start date	13 Oct 2025	13 Oct 2025	☐
☐	CHMP Rapporteur AR	11 Nov 2025	10 Nov 2025	☐
☐	PRAC Rapporteur AR	14 Nov 2025	10 Nov 2025	☐
☐	PRAC comments	19 Nov 2025	19 Nov 2025	☐
☐	Updated PRAC Rapporteur AR	20 Nov 2025	20 Nov 2025	☐
☐	PRAC outcome	27 Nov 2025	27 Nov 2025	☐
☐	CHMP comments	1 Dec 2025	2 Dec 2025	☐
☐	Updated CHMP Rapporteur AR	4 Dec 2025	4 Dec 2025	☐
☐	Request for supplementary information	11 Dec 2025	11 Dec 2025	☐
☐	Submission deadline	27 Jan 2026	26 Jan 2026	☐
☐	Start date	28 Jan 2026	28 Jan 2026	☐
☐	PRAC Rapporteur AR	02 Feb 2026	02 Feb 2026	☐
☐	PRAC comments	04 Feb 2026	04 Feb 2026	☐
☐	Updated PRAC Rapporteur AR	05 Feb 2026	05 Feb 2026	☐
☐	CHMP Rapporteur AR	11 Feb 2026	13 Feb 2026	☐
☐	PRAC outcome	12 Feb 2026	12 Feb 2026	
☐	CHMP comments	16 Feb 2026	16 Feb 2026	☐
☐	Updated CHMP Rapporteur AR	19 Feb 2026	18 Feb 2026	☐
☐	2nd Request for supplementary information	26 Feb 2026	26 Feb 2026	☐
☐	Submission deadline	24 March 2026	24 March 2026	☐
☐	Start date	25 March 2026	25 March 2026	☐
☐	Joint CHMP-PRAC Rapporteurs AR	02 April 2026	02 April 2026	☐
☐	PRAC comments	07 April 2026	07 April 2026	☐
☐	Updated PRAC Rapporteur AR	08 April 2026	08 April 2026	☐
☐	PRAC outcome	10 April 2026	10 April 2026	
☐	CHMP comments	13 April 2026	13 April 2026	☐
☐	Updated CHMP Rapporteur AR	16 April 2026	16 April 2026	☐
☐	3rd Request for supplementary information	23 April 2026	23 April 2026	☐
☐	Submission deadline	26 May 2026	26 May 2026	☐
☐	CHMP Rapporteurs AR	10 June 2026	12 June 2026	☐
☐	CHMP comments	15 June 2026	15 June 2026	☐

Status of this report and steps taken for the assessment				
☐	Updated CHMP Rapporteur AR	18 June 2026	18 June 2026	☐
☒	CHMP Outcome	25 June 2026	25 June 2026	☐

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1. Background information on the procedure

Pursuant to Article 16 of Commission Regulation (EC) No 1234/2008, AstraZeneca AB submitted to the European Medicines Agency on 26 September 2025 an application for a variation.

The following changes were proposed:

Variation(s) requested		**Type**
C.I.4	C.I.4 Change(s) in the Summary of Product Characteristics, Labelling or Package Leaflet due to new quality, preclinical, clinical or pharmacovigilance data	Variation type II

Update of sections 4.2 and 4.4 of the SmPC in order to introduce self-administration instructions based on post-marketing data and literature. The Package Leaflet and Labelling updated accordingly. The RMP version 13.1 has also been submitted. In addition, the MAH took the opportunity to bring the PI in line with the latest QRD template version 10.4.

The requested variation(s) proposed amendments to the Summary of Product Characteristics, Labelling and Package Leaflet and to the Risk Management Plan (RMP).

2. Introduction

Fluenz was developed in a prefilled presentation using BD's Accuspray Nasal Spray System (NSS) for administration by a healthcare professional (HCP).

AstraZeneca now proposes to expand the intended use of the product to allow:

- self-administration of the vaccine by adolescents aged 11 to less than 18 years under the supervision of a healthcare professional or an adult caregiver;
- administration by a non-HCP adult caregiver to the intended population (e.g. parent administering to their child less than 18 years old).

No changes are proposed to the intended population from the currently approved age range in the EU (i.e. 2 years to less than 18 years of age). Individuals may still elect to receive the vaccine from a healthcare provider if they prefer.

To implement self and caregiver administration, AstraZeneca proposes to introduce a new pack configuration containing a single count of the currently approved sprayer. Through its design and development process, no changes are proposed to the Fluenz nasal sprayer or the primary label to support the new use cases. Fluenz will continue to be manufactured using the currently approved filling and assembly processes. The suppliers and the manufacturing sites for components will also remain unchanged.

3. Clinical aspects

Fluenz is a live attenuated influenza vaccine (LAIV) indicated for active immunisation for the prevention of influenza disease in children and adolescents from 2 years to less than 18 years of age, and is to be administered intra-nasally.

The submitted data package in the current variation, intends to support the use of the product under one of the two following conditions: 1) self-administration of the vaccine by adolescents aged 11 to less than

18 years under the supervision of an HCP or an adult caregiver; 2) administration by a non-HCP adult caregiver to the intended population (e.g. parent administering to their child less than 18 years old).

The LAIV and nasal spray system form a single integral product that is intended exclusively for use in the given combination, and which is not reusable. Therefore, LAIV is regulated as a medicinal product under the requirements of Directive 2001/83/EC and under the EU Medical Device Regulation (2017/745).

The manufacturer has successfully received Article 117 waiver for the device with the trivalent LAIV application by confirming that there were no changes made to the already approved Fluenz. The manufacturer confirms that the device (part) and the formulation with the proposed new use scenarios remain unchanged. The waiver is included in EMA/CHMP/147347/2024 CHMP Assessment Report dated 21 May 2024, Procedure No. EMEA/H/C/006514/0000. Additionally, Article 117 waiver has been issued for the self-administration indication in January 2021. A copy of the correspondence is included as an annex in Module 1.1 Cover Letter.

Fluenz one-pack was developed to ensure usability and use-related safety following a process that is in alignment with Health Authority guidance and recognized standards, including IEC62366 and ISO14971. Risk management activities have been performed for the product in accordance with ISO14971:2019 Application of risk management to medical devices, applicable guidance, and internal procedures to assess risks associated with the product.

Instructions for use (IFU) will be provided to Fluenz users in the new one-pack as well as in the 10-count carton. The IFU is provided in Module 1.3.1.

Principles of operation and mode of action

The prefilled intranasal sprayer is a single use, disposable system that is designed to administer the labelled dose of LAIV to the nasal mucosa. The product is provided to the user pre-filled, fully assembled and labelled. Fluenz consists of a primary container (barrel, plunger stopper, spray nozzle subassembly), a tip cap, a plunger rod, a dose divider, and a device label. Fluenz is designed to deliver a 0.2 mL dose via intranasal administration.

To perform an intranasal administration, the user must follow the instructions below:

- Remove the tip cap
- Place the uncapped tip into one nostril
- Depress the plunger to the dose divider clip to expel the syringe content
- Remove the dose divider clip
- Depress the plunger to expel the remaining content of the syringe in the other nostril

The secondary packaging is intended to be used for administration of Fluenz by adult caregivers and by adolescents themselves between the ages 11 to less than 18 years under the supervision of an HCP or an adult caregiver. The proposed carton includes an inserted partition that holds one single nasal sprayer in place during transportation. The carton would also contain the Instructions for Use (IFU).

Through its design and development process, no changes are proposed to the nasal sprayer design or the primary label to support self-administration. Fluenz will be manufactured per the same filling and assembly process as per currently approved manufacturing processes. The suppliers and the manufacturing sites for the device will also remain unchanged.

A new one-pack single dose configuration has been developed to support self-administration. Since there are no changes proposed to the prefilled sprayer, the design of the sprayer in the new one pack carton is considered verified. Additionally, it has been confirmed that adding the sprayer in a new one-pack carton does not impact the performance characteristics of the sprayer.

Human Factors Engineering (HFE)

The summative evaluation was conducted under simulated use conditions to assess whether the proposed device user interface, consisting of the Fluenz, its secondary (one-pack) packaging, and its labelling, including IFU, can be used safely and effectively for its intended uses, by its intended users, in the intended use environment. Fluenz may be self-administered by adolescents (aged 11 to less than 18 years old) under HCP/adult caregiver supervision or by HCP/adult caregiver administration. While the summative evaluation evaluated the use of the new one-pack configuration, the results are considered generalizable to the 10-count configuration of Fluenz as the sprayer device and instructional materials are the same for all configurations.

A total of 27 participants, consisting of adult caregivers and adolescents aged 11 to less than 18 years old, were included in the study.

Participants characteristics and age distribution of both user groups are presented in Table 1, Figure 1 and Figure 2.

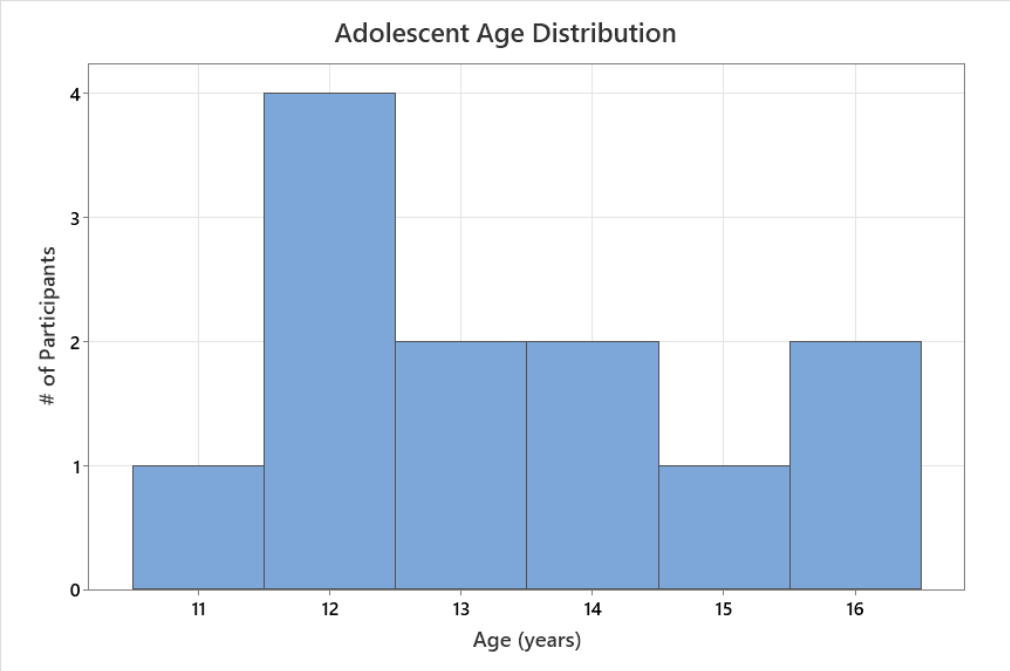

Figure 1. Age Distribution for Adolescent Participants 11 to 17 Years of Age in the Human Factors Study

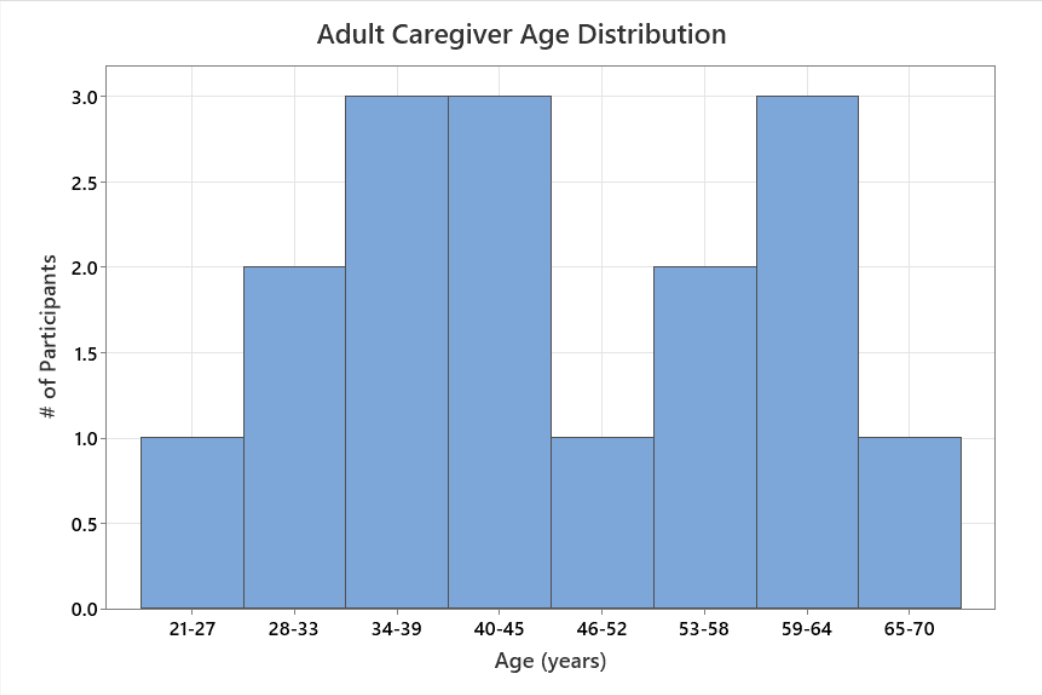

Figure 2. Age Distribution for Adult Caregiver Participants ≥ 18 Years of Age in the Human Factors Study

Table 1. Participant Characteristics for User Groups in the Human Factors Study

Characteristic		User group	
		Adolescents 11-17 years of age N = 12	Adult caregivers ≥ 18 years of age N = 15
Age, years	Minimum	11	24
	Maximum	16	66
	Median	13	43
Gender, n	Female	4	8
	Male	8	7
Handedness, n	Left	2	3
	Right	10	12
Nasal spray device experience, n	Experienced	3	9
	Naïve	9	6
REALM score [a, b]	Minimum	48	61
	Maximum	65	66
	Median	54.5	64

[a] The REALM tool was utilised to quantify the reading level of each participant based on US educational grade level. Scores range from 0-66 and are broken down into sections for different reading levels. 0-18: Third grade and below; 19-44: Fourth to sixth grade; 45-60: Seventh to eighth grade; 61-66: High school (ie, ninth to twelfth grade)

[b] REALM-TEEN – Teenage version of REALM test validated for adolescents ≥ 12 years of age. For children < 12 years of age, the parent or legal guardian completes the REALM test. The score reading levels based on US educational grade levels for the teenage version are as follows: 0-37 words: Third grade and below; 38-44: Fourth to fifth grade; 45-58: Sixth to seventh grade; 59-62: Eighth to ninth grade; 63-66: Tenth grade and above.

The study use scenario tested both user populations. For the adolescents, the summative evaluation assessed a worst-case use scenario in which they received no training or supervision by HCPs or their accompanying adult caregiver. In normal circumstances, adolescents would receive instruction and be

supervised by adult caregivers or HCPs during administration of Fluenz. This approach for adolescents was intended to evaluate product use under conditions most likely to expose potential use related risks.

HCPs were not included as participants in the summative evaluation. The use-related risks associated with HCP use of Fluenz are well understood and have been thoroughly characterized since its initial approval for administration by HCPs in children and adolescents aged 2 to less than 18 years old. Furthermore, HCPs are expected to have medical training and knowledge on how to perform intranasal administration. They are not anticipated to have any limitations in cognitive ability, dexterity, or sensory function that would differ from the general population.

Each participant in the summative study completed two assessments including a simulated intranasal administration and a label comprehension (LC), followed by root cause discussion. Tasks that could not be evaluated during observation of the simulated administration were addressed through questions in the labelling comprehension to assess subjects' understanding of the IFU and other product materials. Participants were not directed to use the IFU and training was not provided to study participants, as untrained use represents a foreseeable highest risk/worst-case scenario of a home use setting.

During the simulated use assessment of the summative evaluation, 15/15 (100%) of caregiver participants successfully administered a full dose of Fluenz without use errors. During the LC assessment, 15/15 (100%) of caregiver participants were able to read and understand all critical information contained within the labelling without use errors.

Among adolescent participants, 10/12 (83.3%) successfully administered a full dose of Fluenz without use errors. During the LC assessment, 11/12 (91.6%) of adolescent participants were able to read and understand all critical information contained within the labelling without use errors.

During the simulated use assessment, two adolescent participants (aged 11 and 12 years) experienced use issues related to the dose divider clip and administering a full dose. Root cause analysis (RCA) indicated both participants understood two sprays were required for a full dose and the use issues were related to identifying the dose divider clip. One participant did not read the IFU and attempted the second spray without removing the dose divider clip. When asked what they believed the dose divider to be, the participant indicated the cap. The other participant removed the plunger with the dose divider clip together, thinking it was a single component. This resulted in a loss of vaccine dose. During RCA, both participants were provided a second sprayer and were able to follow the IFU, identify and remove the dose divider clip, and deliver a full dose. Both cases suggest that initial unfamiliarity with the product and confusion arising from component illustration contributed to these use errors. No additional mitigations were determined to be necessary as the IFU contains sufficient information on identification of product parts and how to remove the dose divider clip. Additionally, adolescents would typically receive instruction and be supervised during administration of Fluenz in normal circumstances.

During the LC assessment, one adolescent participant had use issues related to critical information about the correct storage of Fluenz. The participant was unable to find the information about discarding Fluenz if left at room temperature for over 12 hours. During RCA, the participant was shown the location of the information but did not comprehend the instruction because they did not understand what "room temperature" meant. The participant stated they did not understand the LC question. Root cause was attributed to the participant being unable to locate the information in the IFU and a study artifact in that the participant did not understand the LC question. No additional mitigations were determined to be necessary as efforts have been made to maximize prominence of storage information through placement of the content in relevant IFU sections related to storage. Furthermore, adolescents would typically receive instruction and be supervised during administration of Fluenz in normal circumstances.

Effectiveness/Immunogenicity

As provided in the marketing authorisations from 2011 and 2024, efficacy of LAIV was assessed in 10 paediatric studies (including 5 pivotal studies), 7 placebo-controlled studies (Studies D153-P501, D153-P502, D153-P504, D153-P513, D153-P522, AV006-Year 1 and AV006-Year 2) and 3 trivalent inactivated influenza vaccine-controlled studies (Studies D153-P514, D153-P515 and MI-CP111), including > 26,000 paediatric participants, covering multiple influenza seasons. Concomitant administration of LAIV with other live viral vaccines (i.e., measles, mumps, rubella vaccine; varicella vaccine; and oral poliovirus vaccine) was evaluated in 3 placebo-controlled studies (Studies D153-P522, AV018 and D153-P511).

As additional supportive data, 2 randomised, controlled studies have evaluated the effectiveness/immunogenicity of self-administered LAIV compared to HCP-administered LAIV.

Table 2: Overview of studies supporting effectiveness (Clinical overview, Table 1)

Study	Design	Number of participants	Age range	Study setting	Literature reference
The safety and effectiveness of self-administration of intranasal live attenuated influenza vaccine in adults	Randomised (2:1 LAIV:placebo), placebo-controlled study	N = 4561 SA LAIV: n = 2026 HCP-administered LAIV: n = 805	18 to 64 years of age	Clinical study site in the US	(Ambrose and Wu 2013)
Self-administration of intranasal influenza vaccine: Immunogenicity and volunteer acceptance.	Phase IV, open-label, randomised, controlled study	N = 1077 SA LAIV: n = 529 HCP-administered LAIV: n = 548	18 to 49 years of age	Military clinics in the US	(Burgess et al 2015)

- A randomised, placebo-controlled study in US adults 18 to 64 years of age evaluated the effectiveness of LAIV in preventing influenza-like illness (Ambrose and Wu 2013). Participants randomised to LAIV chose between self-administered LAIV (n = 2026 [72%]) or HCP-administered LAIV (n = 805 [28%]). Illness rates, including any febrile illness, severe febrile illness, and febrile upper respiratory illness, were not statistically significantly different between self- and HCP-administered LAIV. Rates of reactogenicity events and other postvaccination AEs were similar between groups.

- A Phase IV, open-label, randomised study in US adults 18 to 49 years of age assessed the immunogenicity and acceptance of self-administered LAIV (n = 529) compared to HCP-administered LAIV (n = 548) (Burgess et al. 2015). Following vaccination, anti-hemagglutinin titres were similar between self-administered LAIV and HCP-administered LAIV for each vaccine strain; the proportions of seroresponders did not differ by administration method and there were no apparent differences in rates of seroconversion. There were no differences in AEs between the treatment groups. In a follow-up survey, the majority of participants randomised to self-administered LAIV (64%) indicated a preference for self-administered LAIV.

Safety

As provided in the marketing authorisations from 2011 and 2024, safety of LAIV was assessed in

73 clinical and post-marketing studies including > 141,000 paediatric and adult participants. As additional supportive data, 4 studies have evaluated the safety of self- or adult caregiver administered LAIV compared to HCP-administered LAIV.

Table 3: Overview of studies supporting safety (Clinical overview, Table 2)

Study	Design	Number of participants	Age range	Study setting	Literature reference
The safety and effectiveness of self-administration of intranasal live attenuated influenza vaccine in adults	Randomised (2:1 LAIV:placebo), placebo-controlled study	N = 4561 SA LAIV: n = 2026 HCP-administered LAIV: n = 805	18 to 64 years of age	Clinical study site in the US	(Ambrose and Wu 2013)
Self-administration of intranasal influenza vaccine: Immunogenicity and volunteer acceptance.	Phase IV, open-label, randomised, controlled study	N = 1077 SA LAIV: n = 529 HCP-administered LAIV: n = 548	18 to 49 years of age	Military clinics in the US	(Burgess et al 2015)
A feasibility trial of home administration of intranasal vaccine by parents to eligible children	Open-label study	N = 68 (27 families, including 41 paediatric participants) SA LAIV: n = 68	2.6 to 17.9 years of age	Homes	(Jhaveri and Allyne 2017)
Self-immunization with live attenuated influenza vaccine in a mass vaccination clinic	Open-label study	N = 211 SA LAIV: n = 211	18 to 49 years of age	Graduate student, first responder, and community mass events	(Zahn et al 2013)

- For studies *Ambrose and Wu 2013* and *Burges et al.*, see effectiveness subsection.

- The pilot study (Jhaveri and Allyne 2017) assessed the feasibility of training parents to administer LAIV to their children. A total of 27 families with 41 children 2.6 to 17.9 years of age were enrolled. Demographic characteristics of caregivers are described in the Table 4 below.

  Caregivers were shown a video with instructions alongside the study coordinator. Parents were given the opportunity to look at the sprayer and were provided time to ask any questions that they had after seeing the video demonstration. The dose-divider clip and plunger placement on the sprayer were pointed out to the parents to facilitate proper administration of the entire LAIV dose.

  All participants successfully administered LAIV to their children, and all expressed either a strong preference (n = 20 [74%]) or a preference (n = 7 [26%]) for home administration compared with administration in an office. All reported AEs were mild in severity.

Table 4: Demographic characteristics of caregivers in the open-label feasibility study

Characteristic		Data for Caregivers (N = 27)
Sex, n (%)	Female	24 (89)
	Male	3 (11)
Age, mean years of age (range)		42.4 (25.5-59.7)
Race or ethnicity, n (%)	White or Caucasian	23 (85)
	African American	1 (4)
	Latino	1 (4)
	Asian	2 (7)
Family size, n (%)	1 child	13 (48)
	2 children	12 (45)
	3 children	3 (7)

Source: Adapted from Table I. in (Jhaveri and Allyne 2017)

- A study (Zahn et al. 2013), in adults 18 to 49 years of age, assessed the utility and practicality of self-administered LAIV in a 3-tiered approach using student, community first responder, and open community events. The initial student event (mock clinic) gave feedback for making the description of self-administered LAIV more user-friendly. A nurse was able to direct 89 participants through the self-administration process in the first responder event, and 122 participants in the open community event. Both events lasted 3 hours. The majority of participants (96%) reported performing self-administered LAIV correctly and said they would like to receive future influenza vaccinations by self-administration. No AEs were reported immediately post-vaccination or passively after the event.

3.1. Discussion and overall conclusion

Fluenz is a live attenuated influenza vaccine (LAIV) indicated for active immunisation for the prevention of influenza disease in children and adolescents from 2 years to less than 18 years of age, and is to be administered intra-nasally.

The submitted data package in the current variation intends to support the use of the product under one of the two following conditions: 1) self-administration of the vaccine by adolescents aged 11 to less than 18 years under the supervision of a healthcare professional (HCP) or an adult caregiver; 2) administration by a non-HCP adult caregiver to the intended population (e.g. parent administering to their child less than 18 years old).

No changes are proposed to the intended population from the currently approved age range in the EU. Individuals may still elect to receive the vaccine from a HCP if they prefer so.

To implement self- and adult caregiver administration, the MAH proposes to introduce a new pack configuration containing a single count of the currently approved sprayer. The nasal spray system itself has not changed.

Fluenz vaccine and the nasal spray system form a single integral product that is intended exclusively for use in the given combination, and which is not reusable. Therefore, LAIV is regulated as a medicinal product under the requirements of Directive 2001/83/EC and under the EU Medical Device Regulation (2017/745). However, the current variation does not include a change of the nasal spray system which

remains the same. The instructions for use are considered sufficiently clear. Therefore, it is agreed that there is no need for a Notified Body Opinion to support the currently proposed changes.

The MAH has performed a human factor study which included both adult caregivers (n=15) and adolescents (n=12) aged between 11 and <18 years with and without experience with the nasal spray system. The number of adolescents with previous experience in nasal spray use was equally divided amongst the adolescent group (n=6, for both groups), however a higher proportion of adult caregivers had prior experience with nasal sprays (n=9) compared to those without such experience (n=6). Adolescent cohort, although limited in size, includes representation across the full intended age range. For the children vaccinated by adult caregivers, the characterization of adult caregivers (including age, gender, handedness, prior experience, and REALM score) was provided. Adult caregivers in the study demonstrated a high REALM score which may not reflect the broader user population. The absence of age distribution data for the vaccinated children represents a limitation and should have been addressed together with other characteristics in order to assess whether the age distribution is adequate for the intended population.

The study showed that all the adult caregivers (15/15) and most of the adolescents (10/12) succeeded in correctly administering the vaccine and were also able to read and understand the critical information for users. Two out of 12 adolescents had problems with the dose divider clip which impacted the vaccine administration. One adolescent had issues with finding the information on correct storage of the vaccine. The two self-administration errors observed occurred in younger adolescents (11 and 12 years of age) and were related to incorrect handling of the dose divider and/or plunger. In one case, this resulted in loss of vaccine dose, which should be avoided to ensure that a full dose is administered and an adequate immune response can be achieved. The set-up of adult caregiver or HCP guiding adolescents through vaccination was not tested in the human factor study.

As additional supportive information, the MAH summarised four studies evaluating adult self- or adult caregiver administered LAIV. None of the studies evaluated LAIV self-administration by adolescents.

Three out of those studies were performed in adults and did not show any concerns regarding self-administration. However, studies were conducted in specific settings, In Burgess et al. volunteers were recruited from US department of defence (San Antonio Military Medical Center and the Naval Medical Center San Diego). All vaccinations in the self-administration arm were given under the direction and supervision of a research staff member who was trained to administer LAIV vaccines. In Zahn et al. volunteers were first graduate students, followed by community first responders and metro government employees and by the general public (Louisville, KY). All participants were trained by a nurse (oral presentation and demonstration). In Ambrose and Wu, self-administration was performed under the direct supervision of study staff. Supervised self-administration ensured proper education on administration techniques and appropriate responses to any immediate adverse reactions, such as hypersensitivity reactions.

The 4th study was an open-label feasibility study conducted in children aged 2.6 to 17.9 years, in which adult caregivers received video-based instruction and administered the vaccination at home. All participants successfully administered LAIV to their children. Limited additional information regarding the caregiver characteristics was provided, but it was noted that the caregiver population could be comparable to the European setting. However and importantly, in this study, caregivers received a video demonstration and additional instructions, which differ from the conditions of the human factor study and did not rely solely on the instructions as described in the SmPC.

Although anaphylactic reactions with the use of Fluenz are very rare, this needs to be appropriately managed. Additionally, episodes of syncope have been noted in the recent PSUR

(PSUSA/00001742/202508). The Committee for Medicinal Products for Human Use (CHMP) considers a HCP is needed to ensure appropriate oversight and prompt management of potential adverse events.

In light of these different considerations, it is considered that Fluenz should be administered by a HCP or under his supervision. Adolescent self-administration under supervision of an adult caregiver is not acceptable. Home administration from an adult caregiver to his child without HCP supervision is not acceptable either.

Therefore, the initially proposed updates to the SmPC were not deemed appropriate/relevant and should be removed. Instead it was considered needed to indicate in the SmPC as well as in section 3 of the Package leaflet (PL) and in the IFU: 'Fluenz should be administered by or under supervision of a healthcare professional'.

In relation to the RMP, following the original request to incorporate self- or adult caregiver administration of the product in line with the changes proposed to EU SmPC, the MAH was requested to include the important potential risk of 'Medication errors' in the list of safety concerns and to propose additional risk minimisation measures such as a video providing clear instructions for the administration of Fluenz. Nevertheless, considering that the CHMP agreed that "Fluenz should be administered by or under supervision of a healthcare professional" and self-administration in adolescents or administration by an adult caregiver without healthcare professional supervision are not recommended for approval, there is no need to update the RMP. No additional PhV activities or RMM are necessary.

The benefit-risk balance of Fluenz remains positive.

4. Risk management plan

Considering that "Fluenz should be administered by or under supervision of a healthcare professional" no update to pharmacovigilance activities or additional risk minimisation measures are necessary. The approved RMP 12 succession 1 remains unchanged.

5. Changes to the Product Information

As a result of this variation, sections 4.2 and 6.6 of the SmPC are being updated. The Package Leaflet (PL) is updated accordingly. The MAH has taken the opportunity to introduce editorial changes throughout the PI (SmPC, Annex II, labelling and package leaflet), and bring the PI in line with the latest QRD template version 10.4.

Please refer to Attachment 1 which includes proposed changes to the Product Information.

6. Recommendations

Based on the review of the submitted data, this application regarding the following change:

Variation(s) requested		**Type**
C.I.4	C.I.4 Change(s) in the Summary of Product Characteristics, Labelling or Package Leaflet due to new quality, preclinical, clinical or pharmacovigilance data	Variation type II

Update of sections 4.2 and 6.6 of the SmPC in order to allow administration of Fluenz under the supervision of a healthcare professional. The labelling and package leaflet are updated accordingly. In

addition, the MAH has taken the opportunity to introduce editorial changes throughout the product information (PI), and bring the PI in line with the latest QRD template version 10.4.

The requested variation(s) proposed amendments to the Summary of Product Characteristics, Annex II, labelling and Package Leaflet.

☒is recommended for approval.

Amendments to the marketing authorisation

In view of the data submitted with the variation, amendments to Annex(es)I, IIIA and IIIB are recommended.

7. EPAR changes

The table in the 'Steps after' module of the EPAR will be updated as follows:

Scope

Please refer to the Recommendations section above

Summary

Please refer to Scientific Discussion "Fluenz-VR-0000302352".