INFORMATION AND CONSENT FORM

A RANDOMIZED CONTROLLED TRIAL TO COMPARE THE IMMUNOGENICITY OF SELF-ADMINISTERED AND NURSE-ADMINISTERED INTRADERMAL INFLUENZA VACCINE

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Sponsor: This study has been initiated by a group of independent investigators. Sanofi-Pasteur Inc. is providing funding for this study.

You are being asked to take part in a research study. Before agreeing to participate in this study, it is important that you read and understand the following explanation of the proposed study procedures. The following information describes the purpose, procedures, benefits, discomforts, risks and precautions associated with this study. It also describes your right to refuse to participate or withdraw from the study at any time. In order to decide whether you wish to participate in this research study, you should understand enough about its risks and benefits to be able to make an informed decision. This is known as the informed consent process. Please ask the study doctor to explain any words you don't understand before signing this consent form. Make sure all your questions have been answered to your satisfaction before signing this document.

PURPOSE

You are being invited to take part in a research study that looks at whether your body produces the same concentration of antibodies (ie has the same immune reaction) to the influenza antigens in influenza vaccines if you give yourself a dose of Intanza® - a new influenza vaccine given by injection into the skin – as if a nurse gives you a dose of the same vaccine.

In Canada, vaccination against seasonal influenza is recommended and offered free of charge to all adults who are over 65 years of age, to all persons with underlying chronic illness (e.g. asthma, diabetes) that predisposes them to complications from influenza, to pregnant women, to children aged 6 months to 2 years, and to healthcare workers and healthy children and adults who are household contacts of young children, adults over 65 and people with

chronic illness. Vaccination is also recommended for all healthy adults, and, in Ontario, vaccine is provided free of charge to any healthy adult who wishes to be vaccinated.

In Canada, the vaccines that are used in public health programs are given by nurses and pharmacists by injection into the muscle of the upper arm (intramuscular). A new vaccine has recently been licensed in Canada which uses a much thinner and shorter needle and is given into the skin (intradermal) of the upper arm. Studies have demonstrated that nurse administered injections of the intradermal vaccine are at least as effective as the intramuscular injections in stimulating your body's immune system, and are about as likely to cause side effects (eg. sore arm). The syringe used for injection is very easy to use.

We are carrying out this study to ask if adults who wish to receive influenza vaccine are able to give themselves this new vaccine without having a nurse present. If this is true, it would provide the opportunity to substantially simplify vaccination programs, and potentially to enable faster and more effective delivery of vaccine in outbreak and pandemic situations.

PROCEDURES

This study will include about 276 people aged 18-60 years old with about 139 being enrolled in Toronto. This study will be carried out in Halifax and Toronto.

If you wish to participate in the study, you will have to:

- be randomized to receive either the regular 2010 seasonal influenza vaccine given as an intradermal injection by a nurse, or to try giving yourself the same vaccine. Half of the participants in the study will have influenza vaccine given by a nurse, and half will be asked to give it to themselves. Randomization means that whether the nurse gives it to, or you give it to yourself, will be determined by chance alone (like flipping a coin). The study nurse who gives you your vaccine will watch you to assess whether you have administered it successfully. Other study staff (those who review vaccine adverse events with you and test your blood for antibody) will not know whether you gave it to yourself, or had a nurse give it to you. At the end of the study, the nurse will let you know if there were any concerns about you administering your own vaccine. If there are, you will be offered regular influenza vaccine given by the nurse (your choice of intradermal or intramuscular vaccine);
- fill out a short baseline questionnaire about yourself, your health, your previous vaccination history and your experience (if any) with giving injections, and answer a few questions after vaccination about the vaccination and what vaccine you would prefer in future;
- have two samples of blood drawn (2 teaspoons, or 10 mls each); the first just before you are vaccinated, and 21 days (18-24 days) after you are vaccinated. These blood samples will be used to test your immune systems level of activity against influenza;
- keep a daily diary for 7 days after your vaccination, in which you will record whether or not you have any of a list of specific symptoms (e.g. headache), whether your arm is sore or red at the injection site, what your temperature is and whether you have taken any new prescription or non-prescription medications;
- talk to the study office (by telephone or in person) on day 7-9 after vaccination to review your diary information, and let the study know if you have missed work/school or seen a doctor for any illness; and

- let the study know on day 21 (when you have your second sample of blood taken) whether or not you have had any illness in the time since vaccination which has required you to miss work or school, or to see a doctor.

DURATION OF STUDY AND NUMBER OF VISITS

This study will last 21-24 days, until you come in to have your blood drawn for the second time. The first study visit, for enrolment and vaccination, will take 20-60 minutes, depending on how many questions you have before you decide about study participation and which group you are randomized to.The visit/telephone call at day 7 will require 5-10 minutes; the final study visit at day 18-23 will require 10-20 minutes.

RISKS

The vaccine being used in the study (Intanza®) cannot cause influenza because it is made with a killed virus. It is not a live vaccine. It is licensed in Canada.

There is no reason to believe that there is a difference in adverse events with different types of influenza vaccine. As you know, influenza vaccination may be associated with soreness or redness at the injection site. With the intradermal injection, you may be more likely to have a visible bump or some hardness in the skin for a day or two. These reactions are usually mild. Allergic reactions to vaccines, including urticaria (hives) and anaphylaxis (severe allergic reaction) are rare, but can occur. Two other very rare adverse events of influenza vaccination have been described. Oculo-respiratory syndrome is redness and irritation of the eyes, and swelling of the face that starts within a few hours of vaccination, and lasts a few hours. It occurs in about 1 in 10,000 vaccinations, and is not dangerous, but may be frightening. Guillan Barre syndrome is a neurologic disease which causes temporary paralysis that appears to occur at a rate of about 1 per million vaccinations; it can also complicate influenza.

If, when you administer the vaccine yourself, the nurse judges that you may have not successfully use it, you may wish to receive the regular influenza vaccine. This means another injection, which may be associated with arm soreness and redness.

The study vaccine may contain small amounts of egg proteins and neomycin left over from the manufacturing process. These components are not unusual and are found in other vaccines, but you should tell the study staff if you believe you are allergic to either of these, have any serious allergies, or have had an allergic reaction to a vaccine in the past, as you may not be able to take part in this study in this case.

As with any vaccine or drug, unexpected serious reactions, including severe allergic reactions may occur. All the medical equipment to treat any serious reactions to the vaccine will be available at the time of your vaccination. If this should happen, Dr. McGeer or another doctor will see you and give advice about any necessary treatment. Dr. McGeer and the study staff will notify you if there is any new information about this study you should know about while taking part in the study.

The blood tests that will be done can cause momentary pain and sometimes a small bruise.

BENEFITS

There are not direct benefits to you from participating in the study. We hope that the information from this study will help us to better protect people from influenza in the future.

CONFIDENTIALITY

If you agree to join this study, the study doctors and their team will collect some personal health information from you. Personal health information is any information that could be used to identify you and includes your name, date of birth, and answers that you complete on study forms about any medical conditions you have or medications you are taking.

The information that is collected for the study will be kept in a locked and secure area by the study doctor for 25 years. Only the study team or the people or groups listed below will be allowed to look at your records.

The following people may come to the hospital to look at the study records and at your personal health information to check that the information collected for the study is correct and to make sure the study followed proper laws and guidelines:

- the study sponsor (Sanofi-Pasteur) or its representatives/partner companies
- representatives of the Mount Sinai Hospital Research Ethics Board
- representatives of Health Canada, or other regulatory bodies (groups of people who oversee research studies) outside of Canada, such as the United States Food and Drug Administration.

All information collected during this study, including your personal health information, will be kept confidential and will not be shared with anyone outside the study unless required by law

If you develop influenza, the study is required to report the illness to your Medical Officer of Health (this is true of all influenza infections at all times). Staff of your public health unit may contact you to ask some questions about your illness.

Any information about you that is sent out of the hospital will have a code and will not show your name or address, or any information that directly identifies you. You will not be named or otherwise identified in any reports, publications, or presentations that may come from this study.

If you decide to leave the study, the information about you that was collected before you left the study will still be used, unless you direct otherwise. No new information will be collected without your permission.

PARTICIPATION

Your participation in this study is voluntary. You may decide not to be in this study, or to be in the study now and then change your mind later. You may leave the study at any time without affecting your or your family's care or your employment status. You may refuse to answer any question you do not want to answer, or not answer an interview question, by saying "pass".

We will give you new information that is learned during the study that might affect your decision to stay in the study. In particular, the study will keep you updated about new information about influenza, and about the availability of and public health recommendations for seasonal and pandemic influenza vaccines.

COMPENSATION

If you become ill, injured, or harmed as a result of taking part in this study, you will receive care. The reasonable costs of such care will be covered for any injury, illness, or harm that is directly a result of being in this study. In no way does signing this consent form waive your legal rights nor does it relieve the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You do not give up any of your legal rights by signing this consent form.

EXPENSES ASSOCIATED WITH PARTICIPATING IN THE STUDY

You will be not have to pay for any of the procedures involved with this study. You will be provided with $25 per study visit to cover the costs of travel and parking, and compensate you partially for your time.

CONFLICT OF INTEREST

The study design, protocol, and procedures were conceived of and developed by the investigators. All of these people have an interest in completing this study. Their interests should not influence your decision to participate in this study. You should not feel pressured to join this study.

QUESTIONS

If you have any questions, concerns or would like to speak to the study team for any reason, please call Dr. Brenda Coleman at (416) 586-4538 or Dr. Allison McGeer at (416) 586-3118.

If you have any questions about your rights as a research participant or have concerns about this study, call Ronald Heslegrave, PhD, Chair of the Mount Sinai Hospital Research Ethics Board (REB) or the Research Ethics office number at (416) 586-4875. The REB is a group of people who oversee the ethical conduct of research studies. These people are not part of the study team. Everything that you discuss will be kept confidential.

CONSENT

This study has been explained to me and any questions I had have been answered.
I know that I may leave the study at any time. I agree to be part of the study.

I agree to participate in this study.

Print study participant's name	Signature	Date

(You will be given a signed copy of this consent form)

My signature means that I have explained the study to the participant named above. I have answered all questions.

Print name of person obtaining consent	Signature	Date

Was the participant assisted during the consent process? ☐ YES ☐ NO

If YES, please check the relevant box and complete the signature space below:

☐ The person signing below acted as a translator for the participant during the consent process and attests that the study as set out in this form was accurately translated and has had any questions answered.

Print Name of Translator	Signature	Date

Relationship to Participant	Language

☐ The consent form was read to the participant. The person signing below attests that the study as set out in this form was accurately explained to, and has had any questions answered.

Print Name of Witness	Signature	Date

Relationship to Participant