YOU HAVE THE POWER TO HELP PROTECT BEYOND FLU

FLUBLOK® QUADRIVALENT (INFLUENZA VACCINE) HELPS PREVENT FLU AND ITS COMPLICATIONS[1,2]

Flublok Quadrivalent is proven to prevent more flu in older adults than a standard-dose influenza vaccine in an RCT.[1,2]

Flublok Quadrivalent is a vaccine indicated for active immunization against disease caused by influenza A subtype viruses and influenza type B viruses contained in the vaccine. Flublok Quadrivalent is approved for use in persons 18 years of age and older.

Flublok® QUADRIVALENT Influenza Vaccine

sanofi

SELECT IMPORTANT SAFETY INFORMATION

Flublok Quadrivalent should not be administered to anyone who has had a severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine.

Please see full Important Safety Information on page 15. Please click here for full Prescribing Information.

RCT=randomized controlled trial.

RECOMBINANT DNA TECHNOLOGY PROVIDES UNIQUE FEATURES TO AN INFLUENZA VACCINE[3,4]

HIGHER-DOSE INFLUENZA VACCINE WITH RECOMBINANT DNA TECHNOLOGY FOR ADULTS AGED 18+[1,2,5]

3X THE ANTIGEN

A known amount of antigen: 45 micrograms (mcg) of hemagglutinin (HA) vs 15 mcg of HA in a standard-dose influenza vaccine[1,2,5]

ENSURES EXACT STRAIN MATCH

to FDA- and WHO-selected strains[3]

AVOIDS MUTATIONS

in manufacturing that could lead to reduced vaccine effectiveness[3]

MAY PROVIDE CROSS-PROTECTION

Recombinant technology provides broader access to antigenic sites, allowing greater accessibility for an immune response[3]

FDA=US Food and Drug Administration; WHO=World Health Organization.

SELECT IMPORTANT SAFETY INFORMATION

Appropriate medical treatment and supervision must be available to manage possible anaphylactic reactions following administration of the vaccine.

Please see full Important Safety Information on page 15. Please click here for full Prescribing Information.

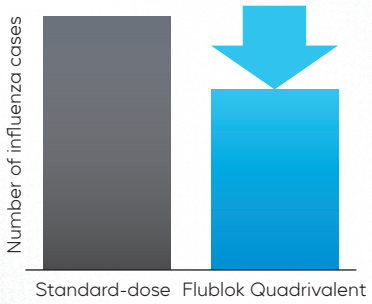
Flublok® QUADRIVALENT Influenza Vaccine

FLUBLOK PROTECTED PATIENTS WITH 30% FEWER INFLUENZA CASES IN ADULTS AGED 50+ VS A STANDARD-DOSE VACCINE[1,2]

1:1 randomized controlled trial[1]	Flublok Quadrivalent vs standard-dose inactivated quadrivalent influenza vaccine (Fluarix® Quadrivalent)[1]	Subjects: ~9000 adults aged 50+[1]	Influenza season: 2014-2015[1]	Characteristics: A (H3N2) predominant and antigenically mismatched[1]

PRIMARY ENDPOINT:

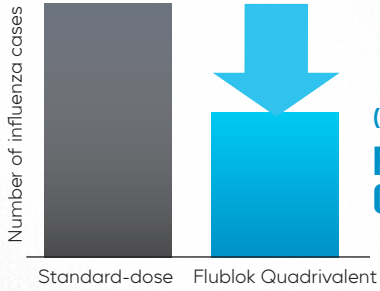
Relative vaccine efficacy (rVE) against influenza due to ANY PCR-confirmed circulating strains[1,2]



30%
(95% CI: 10-47)
FEWER INFLUENZA CASES

SECONDARY ENDPOINT:

rVE against influenza due to ANY culture-confirmed circulating strains[1,2]



43%
(95% CI: 21-59)
FEWER INFLUENZA CASES

PCR=polymerase chain reaction.

SELECT IMPORTANT SAFETY INFORMATION

If Guillain-Barré syndrome has occurred within 6 weeks following previous influenza vaccination, the decision to give Flublok Quadrivalent should be based on careful consideration of the potential benefits and risks.

Please see full Important Safety Information on page 15. Please click here for full Prescribing Information.

Flublok® QUADRIVALENT Influenza Vaccine

IMMUNOGENICITY DATA FOR ADULTS 18-49 YEARS OF AGE

COMPARISON OF DAY 28 POST-VACCINATION GEOMETRIC MEAN TITERS (GMT) FOR FLUBLOK QUADRIVALENT AND COMPARATOR IN ADULTS 18-49 YEARS OF AGE, STUDY 1 (IMMUNOGENICITY POPULATION)[1,a-d]

Antigen	Post-vaccination GMT Flublok Quadrivalent N=969	Post-vaccination GMT Comparator N=323	GMT Ratio Comparator/ Flublok Quadrivalent (95% CI)
A/H1N1	493	397	0.81 (0.71, 0.92)
A/H3N2	748	377	0.50 (0.44, 0.57)
B/Yamagata	156	134	0.86 (0.74, 0.99)
B/Victoria	43	64	1.49 (1.29, 1.71)

COMPARISON OF DAY 28 SEROCONVERSION RATES (SCR) FOR FLUBLOK QUADRIVALENT AND COMPARATOR IN ADULTS 18-49 YEARS OF AGE, STUDY 1 (IMMUNOGENICITY POPULATION)[1,a,c-f]

Antigen	SCR (% [95% CI]) Flublok Quadrivalent N=969	SCR (% [95% CI]) Comparator N=323	SCR Difference (%) Comparator Flublok Quadrivalent (95% CI)
A/H1N1	66.7 (63.6, 69.6)	63.5 (58.0, 68.7)	-3.2 (-9.2, 2.8)
A/H3N2	72.1 (69.2, 74.9)	57.0 (51.4, 62.4)	-15.2 (-21.3, -9.1)
B/Yamagata	59.6 (56.5, 62.8)	60.4 (54.8, 65.7)	0.7 (-5.4, 6.9)
B/Victoria	40.6 (37.4, 43.7)	58.2 (52.6, 63.6)	17.6 (11.4, 23.9)

CI=confidence interval; GMT=geometric mean titer; HI=hemagglutination inhibition; SCR=seroconversion rate.

[a]Study 1 is registered as NCT02290509.

[b]The immunogenicity population included all randomized subjects who received a dose of study vaccine, provided serum samples for Day 0 and Day 28 within specified windows, and had no major protocol deviations that might adversely affect the immune response. The pre-defined success criterion for the GMT ratio of comparator to Flublok Quadrivalent was that the upper bound of the 2-sided 95% CI of the GMT ratio must not exceed 1.5 at 28 days post-vaccination.

[c]HI titers were assayed using egg-derived antigens.

[d]Comparator: US-licensed quadrivalent inactivated influenza vaccine, Fluarix Quadrivalent, manufactured by GlaxoSmithKline.

[e]Seroconversion was defined as a pre-vaccination HI titer <1:10 and a post-vaccination HI titer ≥1:40 or a pre-vaccination HI titer ≥1:10 and a minimum 4-fold rise in post-vaccination HI antibody titer.

[f]The immunogenicity population included all randomized subjects who received a dose of study vaccine, provided serum samples for Day 0 and Day 28 within specified windows, and had no major protocol deviations that might adversely affect the immune response. The pre-defined success criterion for SCR difference between comparator and Flublok Quadrivalent was that the upper bound of the 2-sided 95% CI of the SCR difference for IIV4-Flublok Quadrivalent must not exceed 10% at 28 days post-vaccination.

SELECT IMPORTANT SAFETY INFORMATION

If Flublok Quadrivalent is administered to immunocompromised persons, including those receiving immunosuppressive therapy, the immune response may be lower than expected.

Please see full Important Safety Information on page 15. Please click here for full Prescribing Information.

Flublok® QUADRIVALENT Influenza Vaccine

FLUBLOK® WAS STUDIED AGAINST PLACEBO IN PATIENTS AGED 18-49 YEARS[1,a,b]

HIGHER-DOSE RECOMBINANT VACCINE FOR YOUNGER ADULTS[1]

The efficacy of Flublok in protecting against influenza illness was evaluated in a randomized, observer-blind, placebo-controlled multicenter trial conducted in the US during the 2007-2008 influenza season in adults aged 18-49 years.[c]

Randomized (1:1), observer-blind, placebo-controlled trial	Flublok vs placebo	Subjects: 4648 adults aged 18-49	Influenza season: 2007-2008	Characteristics: Antigenically matched culture-confirmed CDC-ILI could not be determined during the study.

FLUBLOK SHOWED 44.6% VACCINE EFFICACY VS PLACEBO AGAINST ANY CDC-ILI STRAIN IN PATIENTS AGED 18-49 YEARS

ANY CDC-ILI STRAIN: Flublok showed 44.6% fewer influenza cases against any CDC-defined ILI strain, regardless of match to the vaccine (95% CI: 18.8 to 62.6)

ANY ILI STRAIN: Flublok showed 44.8% fewer influenza cases against any ILI strain, regardless of match to the vaccine (95% CI: 24.4 to 60.0)

IN A STUDY OF FLUBLOK VS PLACEBO DURING THE 2007-2008 INFLUENZA SEASON[6]:

- Systemic symptoms following vaccination were similar between people receiving Flublok and placebo
- Flublok was associated with local injection site pain and muscle aches that were significantly more frequent than with placebo
  - 94% of pain complaints in the Flublok group were rated as mild
- The most frequently reported systemic symptoms following vaccination were headache (15% in both groups) and fatigue or lack of energy (14.5% in both groups)
  - 76% of headache complaints were mild
- There were 85 severe adverse events (SAEs) reported during the study in 64 people
  - 41 SAEs were reported in 30 people (1.28%) in the Flublok group
  - 44 SAEs were reported in 34 people (1.48%) in the placebo group

[a]Vaccine efficacy against matched strain could not be reliably determined as 96% of the cases in the study were not antigenically matched.[1]

[b]The safety experience of Flublok is relevant to Flublok Quadrivalent because both vaccines are manufactured using the same process and they have overlapping compositions.[1]

[c]For the 2007-2008 influenza season, Flublok was available as a trivalent formulation. All mentions of Flublok pertinent to the study above therefore pertain to Flublok (trivalent formulation).

SELECT IMPORTANT SAFETY INFORMATION

Vaccination with Flublok Quadrivalent may not protect all recipients.

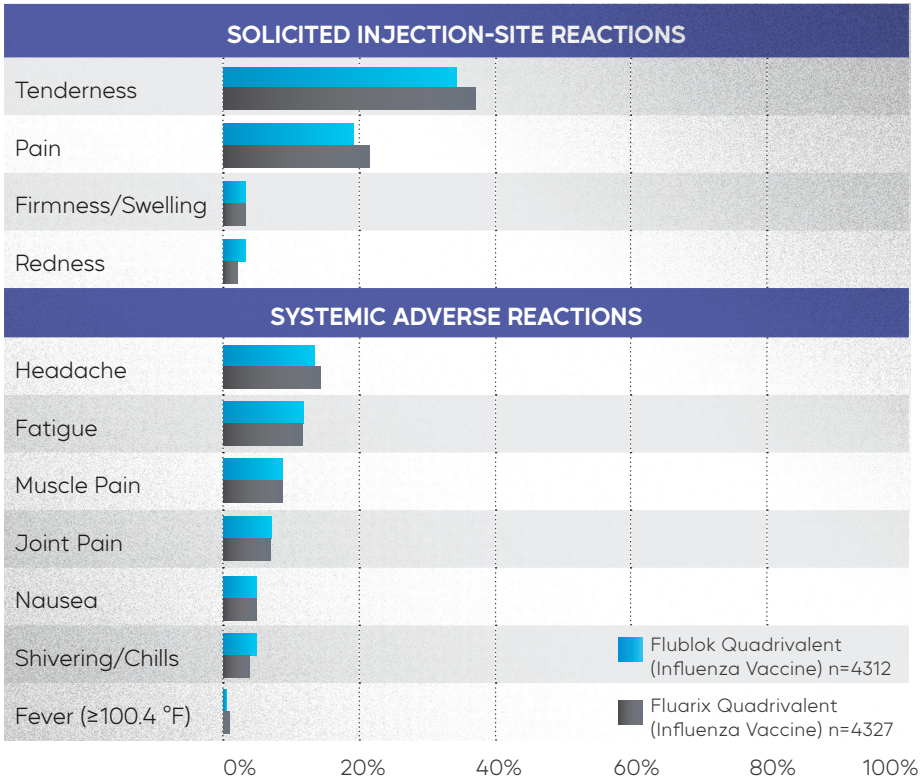
Please see full Important Safety Information on page 15. Please click here for full Prescribing Information.

Flublok® QUADRIVALENT Influenza Vaccine

SIMILAR SAFETY PROFILE COMPARED WITH A STANDARD-DOSE INFLUENZA VACCINE[1]

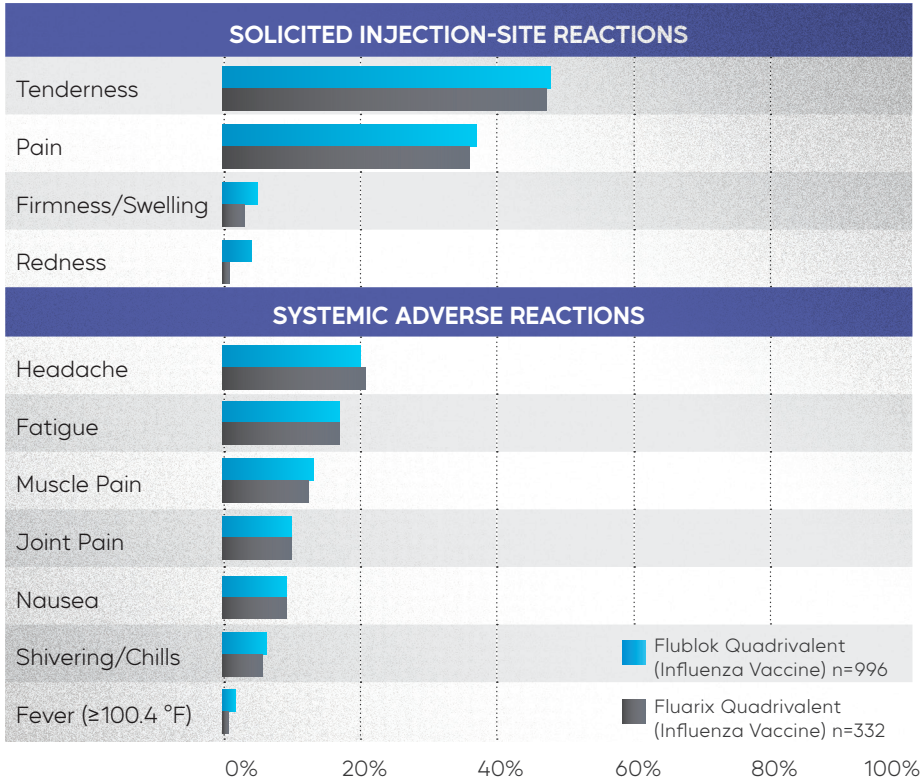
ADULTS AGED 50+: REACTIONS, ANY GRADE[1]

In the relative efficacy and safety trial in adults aged 50+, rates of local and systemic adverse reactions were similar (within 7 days of administration) among Flublok Quadrivalent and standard-dose quadrivalent inactivated influenza vaccine recipients.



ADULTS AGED 18-49: REACTIONS, ANY GRADE[1]

In an immunogenicity and safety trial in adults aged 18 to 49, rates of local and systemic adverse reactions were similar (within 7 days of administration) among Flublok Quadrivalent and standard-dose quadrivalent inactivated influenza vaccine recipients.



SELECT IMPORTANT SAFETY INFORMATION

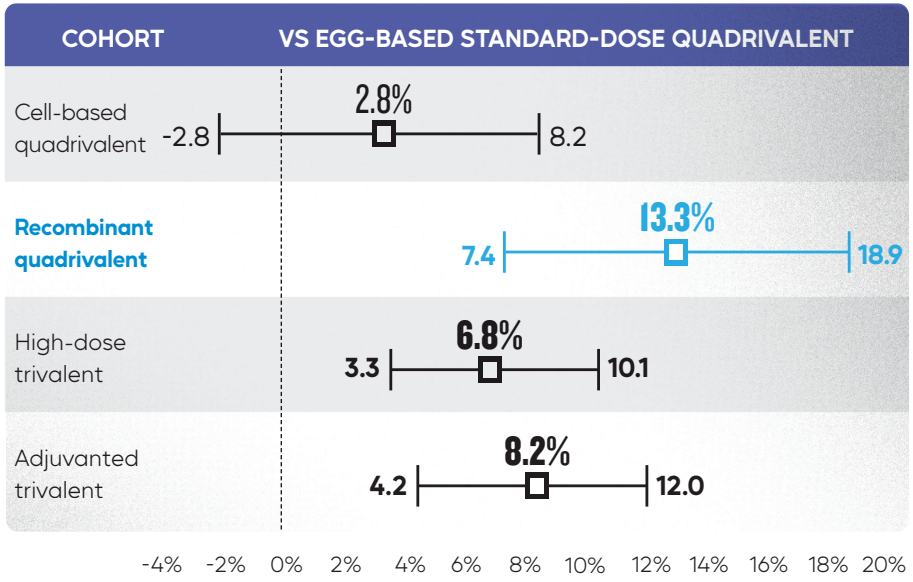
For Flublok Quadrivalent, in adults 18 through 49 years of age, the most common injection-site reactions were tenderness and pain; the most common solicited systemic adverse reactions were headache, fatigue, myalgia, and arthralgia.

Please see full Important Safety Information on page 15. Please click here for full Prescribing Information.

Flublok® QUADRIVALENT Influenza Vaccine

2019-2020: RECOMBINANT INFLUENZA VACCINE WAS ASSOCIATED WITH SIGNIFICANTLY FEWER INFLUENZA HOSPITAL ENCOUNTERS COMPARED WITH STANDARD-DOSE INFLUENZA VACCINES[7]

RELATIVE VACCINE EFFECTIVENESS (rVE) AGAINST INFLUENZA HOSPITAL ENCOUNTERS (95% CI)[7,a]



Note: Bolding indicates statistical significance.

aIIV3=egg-based adjuvanted trivalent; cIIV4=cell-cultured standard-dose quadrivalent; HD-IIV3=egg-based high-dose trivalent; IIV4=egg-based standard-dose quadrivalent; RIV4=recombinant quadrivalent.

[a]The data shown is 1 of 3 primary analyses. Two additional primary analyses were conducted: 2-vaccine analyses comparing cIIV4 with IIV4 and RIV4 with IIV4.[7]

Design: Retrospective cohort

Population: 12.7 million adults aged 65+. HD-IIV3=~7.2 million; aIIV3=~2.6 million; IIV4=~1.6 million; cIIV4=~0.8 million; RIV4=~0.6 million

Data Source: Medicare fee-for-service claims

Financial Support: US Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS)

Study Limitations[7]:

- Lack of access to virological case confirmation may have led to underestimation of the magnitude of differences
- Residual confounding by unmeasured covariates could have affected results

2019-2020 Season Characteristics[7]:

- Influenza A (H1N1) and influenza B (Victoria) were predominating strains with no significant circulation of influenza A (H3N2)
- An H1N1 strain with an amino acid change emerged late in the season and likely did not substantially affect the vaccine efficacy during the study period
- Trivalent vaccines contained the influenza B (Victoria) lineage

SELECT IMPORTANT SAFETY INFORMATION

In adults 50 years of age and older, the most common injection-site reactions were tenderness and pain; the most common solicited systemic adverse reactions were headache and fatigue. Other adverse reactions may occur.

Please see full Important Safety Information on page 15. Please click here for full Prescribing Information.

Flublok® QUADRIVALENT Influenza Vaccine

PRIMARY ENDPOINT:

15.3% rVE AGAINST PCR-CONFIRMED INFLUENZA IN PATIENTS AGED 50-64 YEARS[8]

STUDY DESIGN

Design: Modified cluster randomized observational study[8] Flublok Quadrivalent vs Standard Dose[8]	Subjects: 1,630,328 Kaiser Permanente Northern California members aged 18-64 years[8]	Influenza Seasons: 2018-2019, 2019-2020[8]	Characteristics[9-11]: 2018-2019: A (H1N1) predominant 2019-2020: A (H1N1) predominant with B cocirculation

GREATER PROTECTION AGAINST PCR-CONFIRMED INFLUENZA VS A STANDARD-DOSE VACCINE IN PATIENTS AGED 50-64 YEARS[8,a]

PCR-CONFIRMED INFLUENZA (ALL)[8]

	RIV4 vaccine (cases per 1000) N=279,400	SD-IIV4 vaccine (cases per 1000) N=395,852	Estimated rVE % (95% CI)
PCR-confirmed influenza (all)	559 (2.00)	925 (2.34)	**15.3 (5.9, 23.8)**

Note: Bolding indicates statistical significance.

PCR=polymerase chain reaction; RIV4=recombinant quadrivalent; SD-IIV4=standard-dose egg-based quadrivalent.

[a]Test: H_0: log HR_{Adj}=0; *P*=0.002.

SELECT IMPORTANT SAFETY INFORMATION

Flublok Quadrivalent should not be administered to anyone who has had a severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine.

Please see full Important Safety Information on page 15. Please click here for full Prescribing Information.

Flublok® QUADRIVALENT Influenza Vaccine

rVE IN PATIENTS AGED 50-64 YEARS[8]

15.3%[8]

OVERALL ESTIMATED rVE FOR PCR-CONFIRMED INFLUENZA (ALL)

(95% CI: 5.9, 23.8; *P*=0.002)[a]

IN THIS STUDY OF MORE THAN 1.6 MILLION PEOPLE, FLUBLOK QUADRIVALENT DEMONSTRATED BETTER PROTECTION AGAINST INFLUENZA VS A STANDARD-DOSE QUADRIVALENT INFLUENZA VACCINE IN PATIENTS AGED 50-64 YEARS[8]

[a]Test: H_0: log HR_{Adj}=0.

SELECT IMPORTANT SAFETY INFORMATION

Appropriate medical treatment and supervision must be available to manage possible anaphylactic reactions following administration of the vaccine.

Please see full Important Safety Information on page 15. Please click here for full Prescribing Information.

Flublok® QUADRIVALENT Influenza Vaccine

SECONDARY ENDPOINTS IN PATIENTS AGED 50-64 YEARS[8]

TRENDING TOWARD REDUCED FLU-RELATED HOSPITALIZATIONS[8]

Flublok Quadrivalent showed a trend toward reduced flu-related hospitalizations.

- Recombinant vaccine may confer more protection than standard-dose vaccines against hospitalization outcomes in adults aged 50-64

	Flublok Quadrivalent vaccine (cases per 1000) N=279,400	Standard-dose vaccines (cases per 1000) N=395,852	Estimated rVE % (95% CI)	*P* value[a]
Secondary objectives (in patients aged 50-64 years)				
PCR-confirmed influenza A	522 (1.87)	862 (2.18)	**15.7 (6.0, 24.5)**	**0.002**
PCR-confirmed influenza B	37 (0.13)	64 (0.16)	10.3 (-33.9, 39.9)	0.59
Hospitalized with PCR-confirmed influenza	95 (0.34)	153 (0.39)	15.9 (-9.2, 35.2)	0.19
Hospitalized with community-acquired pneumonia (CAP)	106 (0.38)	183 (0.46)	16.7 (-5.6, 34.4)	0.13
Hospitalized with cardiorespiratory event	631 (2.26)	890 (2.25)	2.4 (-8.1, 11.9)	0.64

Note: Bolding indicates statistical significance.

[a]Test: H_0: log HR_{Adj}=0.

SELECT IMPORTANT SAFETY INFORMATION

If Guillain-Barré syndrome has occurred within 6 weeks following previous influenza vaccination, the decision to give Flublok Quadrivalent should be based on careful consideration of the potential benefits and risks.

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Flublok® QUADRIVALENT Influenza Vaccine

STUDY LIMITATIONS[8]

- Compliance with the weekly assigned vaccine schedule varied from time to time due to logistical constraints
- Data were limited to 2 influenza seasons, and rVE may vary across seasons based on the vaccine versus the circulating strain
- Study had limited power to detect a clinically meaningful benefit of RIV4 versus SD-IIV4 with respect to several less frequent outcomes, such as hospitalized PCR-confirmed influenza
- Although Kaiser Permanente Northern California (KPNC) has a large, geographically, racially, and ethnically diverse population, it may not be representative of other populations

SELECT IMPORTANT SAFETY INFORMATION

If Flublok Quadrivalent is administered to immunocompromised persons, including those receiving immunosuppressive therapy, the immune response may be lower than expected.

Please see full Important Safety Information on page 15. Please click here for full Prescribing Information.

Flublok® QUADRIVALENT Influenza Vaccine

FLUBLOK REDUCED INFLUENZA HOSPITALIZATIONS BY 31% FOR AGES 18+ VS STANDARD DOSE OVERALL[12,a]

STUDY DESIGN

Subjects: Approximately 15,000 patients aged ≥18 years	Design: Retrospective test-negative case-control study	Objective: rVE of Flublok vs standard-dose vaccines against influenza hospitalization

Group	Adjusted RIV4[b] VE compared with no vaccination	Adjusted SD-IIV4[c] VE compared with no vaccination	Relative VE of RIV4 compared with SD-IIV4, % (95% CI) Adjusted using IPW
Overall	**36 (27, 45)**	**24 (6, 38)**	**31 (11, 46)**
Female sex	**40 (28, 50)**	20 (-4, 39)	**37 (13, 54)**
Male sex	**31 (16, 44)**	**28 (0, 49)**	23 (-14, 48)
18-64 years	**47 (35, 57)**	**27 (8, 42)**	**28 (3, 46)**
≥65 years	**27 (12, 39)**	9 (-42, 42)	17 (-36, 48)
High-risk condition	**30 (19, 40)**	21 (-2, 39)	20 (-7, 40)
No high-risk condition	**67 (50, 78)**	27 (-4, 49)	**60 (29, 78)**
2018-2019 season	**31 (15, 45)**	20 (-6, 41)	28 (-5, 50)
2019-2020 season	**40 (29, 50)**	26 (1, 45)	**30 (1, 50)**

Note: Bolding indicates statistical significance.

VE=vaccine effectiveness.

[a]After adjustment using inverse probability weighting (IPW).

[b]RIV4: Flublok Quadrivalent.

[c]SD-IIV4 included Afluria, Fluarix, FluLaval, Standard Dose Fluzone, and FlucelVax.

SELECT IMPORTANT SAFETY INFORMATION

Vaccination with Flublok Quadrivalent may not protect all recipients.

Please see full Important Safety Information on page 15. Please click here for full Prescribing Information.

Flublok® QUADRIVALENT Influenza Vaccine

IN THIS STUDY OF APPROXIMATELY 15,000 PEOPLE

FLUBLOK DEMONSTRATED BETTER OVERALL PROTECTION AGAINST INFLUENZA HOSPITALIZATION IN ADULTS AGES 18+ VS A STANDARD-DOSE INFLUENZA VACCINE[12]

Overall, Flublok Quadrivalent rVE was significant when adjusted for propensity scores with IPWs:

31% **FLUBLOK rVE FOR ALL ADULTS (18+)**

(95% CI: 11%, 46%)

SELECT IMPORTANT SAFETY INFORMATION

For Flublok Quadrivalent, in adults 18 through 49 years of age, the most common injection-site reactions were tenderness and pain; the most common solicited systemic adverse reactions were headache, fatigue, myalgia, and arthralgia.

Please see full Important Safety Information on page 15. Please click here for full Prescribing Information.

Flublok® QUADRIVALENT Influenza Vaccine

STUDY STRENGTHS AND LIMITATIONS[12]

- The demographics of the study population were representative of the adult population of Allegheny County, with 79% being white and 51% being female, which contributes to generalizability
- The University of Pittsburgh Medical Center hospitals in central and southwestern Pennsylvania are part of an integrated health system, with regular uploads of vaccination data from the state immunization registry; vaccination status was verified through the state registry with a specific data request
- Although the EMR system of University of Pittsburgh Medical Center hospitals in central and southwestern Pennsylvania is robust, if vaccinations were not captured in the EMRs or state registry, they were classified as unvaccinated
- Because data focused on hospitalizations, there may have been milder cases of influenza that were not captured in the EMRs because they didn't require medical care
- There's the possibility of selection bias among those who received influenza testing; for instance, clinicians might preferentially test unvaccinated subjects, which would increase the proportion of unvaccinated cases
- Although a relatively large cohort of adults was included, the sample size of SD-IIV4 recipients may have been inadequate to detect meaningful rVE estimates for certain subgroups
- The influenza seasons in which these data were collected were atypical in that almost no influenza B circulated in 2018-2019, but there were both H1N1 and H3N2 peaks, and, for 2019-2020, influenza B circulated early followed by H1N1. In typical seasons, H1N1 and H3N2 waves would precede the influenza B wave

IMPORTANT SAFETY INFORMATION FOR FLUBLOK QUADRIVALENT (INFLUENZA VACCINE)

Flublok Quadrivalent is a vaccine indicated for active immunization against disease caused by influenza A subtype viruses and influenza type B viruses contained in the vaccine. Flublok Quadrivalent is approved for use in persons 18 years of age and older.

IMPORTANT SAFETY INFORMATION FOR FLUBLOK® QUADRIVALENT (INFLUENZA VACCINE)

Flublok Quadrivalent should not be administered to anyone who has had a severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine.

Appropriate medical treatment and supervision must be available to manage possible anaphylactic reactions following administration of the vaccine.

If Guillain-Barré syndrome has occurred within 6 weeks following previous influenza vaccination, the decision to give Flublok Quadrivalent should be based on careful consideration of the potential benefits and risks.

If Flublok Quadrivalent is administered to immunocompromised persons, including those receiving immunosuppressive therapy, the immune response may be lower than expected.

Vaccination with Flublok Quadrivalent may not protect all recipients.

For Flublok Quadrivalent, in adults 18 through 49 years of age, the most common injection-site reactions were tenderness and pain; the most common solicited systemic adverse reactions were headache, fatigue, myalgia, and arthralgia. In adults 50 years of age and older, the most common injection-site reactions were tenderness and pain; the most common solicited systemic adverse reactions were headache and fatigue. Other adverse reactions may occur.

Please click here for full Prescribing Information.

To order Flublok Quadrivalent, go to VaccineShop.com® or call 1-800-VACCINE (1-800-822-2463).

Flublok®
QUADRIVALENT
Influenza Vaccine

THE FIRST AND ONLY RECOMBINANT INFLUENZA VACCINE SHOWN TO PREVENT INFLUENZA AND ITS COMPLICATIONS[1,2]

ACIP RECOMMENDED IN AGES 65+[13]

- **UNIQUE HIGHER-DOSE VACCINE**
  with recombinant DNA technology and 3x the antigen compared to a standard-dose influenza vaccine for adults aged 18+[1]
- **PROVEN EFFICACY**
  to prevent more influenza when compared with a standard-dose quadrivalent influenza vaccine in a clinical trial of adults aged 18+[1,2,12]
- **SHOWN TO REDUCE INFLUENZA HOSPITALIZATION IN ADULTS AGED 18+ AND 65+**
  vs a standard-dose influenza vaccine[7,12]
- **DEMONSTRATED SAFETY PROFILE[1]**
- **SIGNIFICANTLY GREATER PROTECTION AGAINST PCR-CONFIRMED INFLUENZA**
  vs a standard-dose flu vaccine in adults aged 50-64 years[8]

CHOOSE FLUBLOK QUADRIVALENT FOR ADULTS AGED 18+

Flublok® QUADRIVALENT Influenza Vaccine

SELECT IMPORTANT SAFETY INFORMATION

If Flublok Quadrivalent is administered to immunocompromised persons, including those receiving immunosuppressive therapy, the immune response may be lower than expected.

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For Flublok Quadrivalent, in adults 18 through 49 years of age, the most common injection-site reactions were tenderness and pain; the most common solicited systemic adverse reactions were headache, fatigue, myalgia, and arthralgia. In adults 50 years of age and older, the most common injection-site reactions were tenderness and pain; the most common solicited systemic adverse reactions were headache, and fatigue. Other adverse reactions may occur.

Please see full Important Safety Information on page 15. Please click here for full Prescribing Information.

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