

CONFIDENTIAL

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INTERNATIONAL EVENT REPORT					
DESK COPY					
(Page 1 of 3)					
I. EVENT INFORMATION					
1. PATIENT INITIALS Unknown	1a. COUNTRY Austria	2. DATE OF BIRTH	2a. AGE 2 M	3. SEX F	4.-6. EVENT ONSET 06Oct2009
7. & 13. DESCRIBE EVENT(S) Sudden infant death syndrome, Product quality issue, This case was reported by a regulatory authority (AT-Bundesministerium fur Gesundheit und Frauen # AT-BASGAGES-091755) and described the occurrence of sudden infant death syndrome in a 2-month-old female subject who was vaccinated with combined diphtheria, tetanus-acellular pertussis, hepatitis B, inactivated poliomyelitis and Haemophilus influenzae type b vaccine. (Infanrix hexa, GlaxoSmithKline), 10 valent pneumococcal conjugate vaccine (Synflorix) and rotavirus vaccine (non-gsk) (RotaTeq) for prophylaxis. Subject's medical condition showed nothing suspicious, no basic disease. No concomitant medication. On 6 October 2009 at about 11:00 am the subject received 1st dose of Infanrix hexa (intramuscular), 1st dose of Synflorix (intramuscular), 2nd dose of RotaTeq (oral). (See attached page)					8. - 12. CHECK ALL APPROPRIATE TO EVENT <input checked="" type="checkbox"/> PATIENT DIED AS OUTCOME OF EVENT <input type="checkbox"/> RESULTED IN OR PROLONGED INPATIENT HOSPITALISATION <input type="checkbox"/> INVOLVED PERSISTENCE OF SIGNIFICANT DISABILITY OR INCAPACITY <input type="checkbox"/> LIFE THREATENING <input type="checkbox"/> CONGENITAL ANOMALY <input type="checkbox"/> CLINICALLY SIGNIFICANT / REQUIRED INTERVENTION <input type="checkbox"/> OTHER
II. DRUG INFORMATION					
14. IDENTIFIED DRUG(S) 1) Infanrix hexa Injection A21CA561A (Hepatitis B vaccine + Polio.vaccine inactivated + Tetanus vaccine + Diphtheria toxoid + Haemophilus influenzae ty + Acellular pertussis vax) GlaxoSmithKline				20. DID EVENT ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
15. DAILY/CUMULATIVE DOSE Unknown		16. ROUTE OF ADMINISTRATION Intramuscular		21. DID EVENT REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
17. INDICATION(S) FOR USE PROPHYLAXIS		18. THERAPY DATES (From / To) 06Oct2009-06Oct2009		19. THERAPY DURATION 1 Days	
14. IDENTIFIED DRUG(S) 2) Synflorix Injection ASPNA007AG (Pneumoc.polysac S.Type 1 + Pneumoc.polysac S.Type 4 + Pneumoc.polysac S.Type 5 + Pneumoc.polysac S.Type 6B + Pneumoc.polysac S.Type 7F + Pneumoc.polysac S.Type 9V + Pneumoc.polysac S.Type 14 +				20. DID EVENT ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
15. DAILY/CUMULATIVE DOSE Unknown		16. ROUTE OF ADMINISTRATION Intramuscular		21. DID EVENT REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
17. INDICATION(S) FOR USE PROPHYLAXIS		18. THERAPY DATES (From / To) 06Oct2009-06Oct2009		19. THERAPY DURATION 1 Days	
III. CONCOMITANT DRUGS AND HISTORY					
22. CONCOMITANT DRUGS AND DATES OF ADMINISTRATION (Exclude those used to treat event)					
23. OTHER RELEVANT HISTORY					
IV. ONLY FOR REPORTS SUBMITTED BY MANUFACTURER					
24. NAME AND ADDRESS OF MANUFACTURER (Include Zip Code) GlaxoSmithKline Rue De L'Institut 89, Rixensart, B-1330, Belgium				B0598135A AT2009/00162	
			24c. DATE RECEIVED 29JUN2010	DATE OF REPORT 29JUN2010	
			24d. REPORT SOURCE <input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE		
25a. REPORT TYPE <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> FOLLOW-UP					