

IMMUNOBIOLOGICS

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Yellow Fever Vaccine (Live, Attenuated)</p> <p>YF-VAX® Sanofi Pasteur</p>	<p>Children 9 months of age or over and adults</p> <p>Dose: 0.5 mL SC</p>	<p>Dose: 0.5 mL SC every 10 years</p>	<p>Yellow fever vaccines must be administered at an approved yellow fever vaccination center. Vaccine recipients should receive a completed International Certificate of Vaccination, signed and validated with the center's stamp where the vaccine was given. This certificate is valid 10 days after vaccination and for a subsequent period of 10 years.</p> <p>Yellow fever vaccine is indicated for persons living or traveling in endemic areas of South America and Africa, or traveling to countries that require a certificate of vaccination against yellow fever. Infants between 6 and 9 months can be considered for vaccination when risk of infection is high. Infants younger than 6 months should not be immunized because they have an increased susceptibility for vaccine-associated neurotropic disease (formerly known as postvaccinal encephalitis).</p> <p>Healthcare providers considering vaccinating infants less than 9 months or pregnant women should contact the Division of Vector-Borne Infectious Diseases (tel.: 970-221-6400) or the Division of Global Migration and Quarantine (tel.: 404-498-1600) at CDC for advice.</p> <p>Laboratory personnel with occupational risk exposure should be immunized.</p> <p>Adverse Reactions: Mild fever, headache, myalgia 5-10 days after vaccination. Rarely vaccine-associated neurotropic disease in children and vaccine associated viscerotropic disease (formerly reported as febrile multiple organ system failure) have been reported. Since 1992, five cases of encephalitis among adult recipients of yellow fever vaccine have been reported to the U.S. Vaccine Adverse Event Reporting System (VAERS). Since 1996, nine cases of yellow fever vaccine-associated viscerotropic disease, a disease clinically and pathologically resembling naturally acquired yellow fever, have been reported in the U.S.; an additional 17 cases have been identified worldwide as of October 2004. In addition, ten cases of autoimmune neurologic disease have been reported to VAERS, including patients with Guillian-Barré syndrome and acute disseminated encephalomyelitis.</p> <p>Precautions:</p> <ul style="list-style-type: none"> • Defer in pregnancy, especially in first trimester, unless risk of disease higher than theoretical risk to pregnancy • Avoid vaccination of nursing mothers unless risk of disease high <p>Contraindications:</p> <ul style="list-style-type: none"> • Anaphylactic hypersensitivity to a prior dose or to a vaccine component, including egg and chicken protein. • Age less than 6 months • Immunocompromised status Low-dose (i.e., 20 mg prednisone or equivalent/day), short-term (i.e., <2 weeks) systemic corticosteroid therapy or intra-articular, bursal, or tendon injections with corticosteroids and intranasal corticosteroids should not be sufficiently immunosuppressive to constitute an increased hazard to recipients of yellow fever • History of thymus disease, including myasthenia gravis, thymoma, or prior thymectomy