

PRODUCT INFORMATION
STAMARIL®
[YELLOW FEVER VACCINE (LIVE), STABILISED]

NAME OF PREPARATION

Yellow Fever Vaccine (Live), Stabilised.

DESCRIPTION

Each 0.5 mL dose of reconstituted vaccine from the freeze-dried product contains an injectable suspension in stabiliser of the attenuated 17D strain of yellow fever virus. The virus has been propagated in specific pathogen-free chick embryos, in particular free from avian leucosis viruses. Each dose contains not less than 1000 mouse LD₅₀ units.

Other ingredients;

Stabilising medium: 16.0 mg lactose, 8.0 mg sorbitol, 833 µg L-histidine hydrochloride, 362 µg L-alanine, 1.6 mg sodium chloride, 54 µg potassium chloride, 598 µg sodium phosphate - dibasic dodecahydrate, 63 µg potassium phosphate-monobasic, 39 µg calcium chloride, 29 µg magnesium sulfate.

Diluent: 0.4% sodium chloride solution.

STAMARIL® has been manufactured in a facility approved by the World Health Organization.

PHARMACOLOGY

STAMARIL® is a live stabilised vaccine for active immunisation against yellow fever. Immunity appears 7 to 10 days after injection and lasts at least 10 years.

INDICATIONS

Prevention of yellow fever. Vaccination is recommended for:

- Every person over 6 months of age living in or travelling through an endemic area.
- Non-vaccinated persons moving from an endemic to a potentially receptive non-endemic area.
- Laboratory workers handling potentially infected materials.

- In order to be officially recognised, the yellow fever vaccination must be administered in an approved vaccination centre and registered on an international certificate. This certificate is valid from the 10th day after vaccination for 10 years.

CONTRAINDICATIONS

Not for use in children under 6 months of age.

Allergy to any components of the vaccine, especially eggs and egg protein (including ovalbumin) or severe reaction after previous administration of the vaccine.

Vaccination should be postponed in the case of fever, acute illness or chronic disease in evolution.

Pregnancy constitutes a contraindication considering the data available at the present time. In the case of outbreaks, the vaccine maybe administered to pregnant women after the assessment of the risk related to the epidemiological context.

STAMARIL[®] should not be administered to the following individuals:

- patients receiving high-dose oral or injectable corticosteroids or other immunosuppressive treatment, including radiation therapy.
- those suffering from malignant conditions such as lymphoma, leukaemia, Hodgkin's disease or other tumours of the reticuloendothelial system, including those in remission who have received chemotherapy within the last 6 months.
- patients with impaired immunological mechanisms, such as severe combined immunodeficiency, symptomatic HIV-positive individuals or patients with CD₄ count less than 200/mm³, and patients who have had recent bone marrow or other organ transplants.

PRECAUTIONS

Only for subcutaneous or intramuscular injection. Do not inject by intravascular route.

As with other injectable vaccines, appropriate medical treatment and supervision should always be available in cases of anaphylactic reactions. Adrenaline should always be readily available whenever the injection is given.

Provided adequate provision is made for observation and any needed treatment of the patient, individuals with suspected allergy to the vaccine may have a skin test of 0.1 mL of vaccine intradermally. If there has been no reaction within 15 minutes, the remainder of the dose (ie. 0.4 mL) can be given subcutaneously.

Care should be taken in administering the vaccine to children under 12 months because of a theoretical risk of encephalitis.

In children born of HIV positive mothers: the inevitable passage of maternal IgG antibodies through the placenta makes the child's serology uninterpretable until the age of about 9 – 10 months. NOTE: the persistence of circulating antibodies of maternal origin has been detected at up to 14 months of age. It is therefore necessary to obtain confirmation of the child's HIV status, determined by immunotransfer (Western Blot), possibly also using viral genome detection techniques:

- If the child is not infected with HIV: STAMARIL[®] can be administered as routinely advised.
- If the child is infected with HIV: the advice of a specialist paediatric team must be sought.

An analysis, carried out by the US Centres of Disease Control and Prevention, studied yellow fever vaccine adverse events from 1990 to 1998. This demonstrated an increased frequency of reported serious adverse events (neurologic or systemic reactions persisting more than 48 hours) in patients 65 years of age and older, as compared to other age groups.

Therefore, the health status of individuals 65 years of age or older travelling to areas experiencing ongoing epidemic yellow fever should be evaluated prior to vaccination. These individuals should be carefully monitored for adverse events for 10 days post-vaccination (see Adverse Reactions). The risk of a rare reaction to Yellow Fever Vaccine in these elderly travellers must be balanced against their risk of yellow fever infection.

Use in Pregnancy Category B2

Live viral vaccines constitute a theoretical risk to the embryo, especially in the first trimester. Although there is data ~~which~~ that shows that several hundred pregnant women have been vaccinated with yellow fever vaccine without consequences to the developing fetus, it is prudent to avoid vaccinating pregnant women, as it constitutes a contraindication. It is recommended ~~and~~ to postpone travel to areas where yellow fever is present until after delivery. Pregnant women who must travel to areas where the risk of yellow fever is high should be vaccinated. It is believed that under these circumstances, the theoretical risk for mother and fetus from vaccination is far outweighed by the risk of yellow fever infection.

Use in Lactation

No data exists on the use of STAMARIL[®] during lactation. There is a *theoretical* risk of transmission of the live attenuated Yellow Fever virus in STAMARIL[®] from vaccinated breastfeeding mothers to the newborn. This applies particularly when the newborn is below 4 months of age.

Interactions With Other Drugs

To avoid reduction in serological responses:

- Another live vaccine, if not given concurrently with STAMARIL[®], should be given

after four weeks have elapsed.

- ~~Injectable cholera vaccine should be given at a minimum interval of four weeks after STAMARIL[®]; if time does not permit, the vaccines should be given simultaneously at separate sites. The administration of either injectable cholera vaccine or whole cell paratyphoid or typhoid vaccines concomitantly with STAMARIL[®] is not recommended. A period of 4 weeks is recommended between yellow fever vaccination and these other vaccinations.~~

ADVERSE REACTIONS

The data used to calculate the rates of common and uncommon adverse reactions have been derived from clinical trials, whereas the rare and very rare adverse reactions are derived from spontaneous reporting of adverse events. The reactions are listed within body systems and categorised by frequency according to the following definitions:

Common: < 1/10 and ≥ 1/100 patients
 Uncommon: < 1/100 and ≥ 1/1000 patients
 Rare: < 1/1000 and ≥ 1/10000 patients
 Very rare: < 1/10000

Application Site Disorder

Common: redness, induration, pain, haematoma

Body As A Whole

Common: asthenia, fever
 Uncommon: malaise, influenza-like symptoms
 Very rare: allergic anaphylactoid reaction, fatigue

Central and Peripheral Nervous System Disorders

Common: headache
 Very rare: meningo-encephalitis, meningitis, severe headache, neuritis, Guillain-Barré Syndrome

Gastro-intestinal System Disorders

Uncommon: nausea, vomiting, diarrhoea

Musculo-skeletal System Disorder

Common: myalgia
 Rare: arthralgia, abdominal pain, arthritis

Skin and Appendage Disorders

Rare: rash
Very rare: eczema, urticaria, oedema

Haematological

Very rare: lymphadenopathy (associated with the injection site)

Liver and Biliary System disorders

Very rare: liver dysfunction, varying in severity from mild to severe

The very rare cases of meningitis or meningo-encephalitis have been reported, with an incidence of 1 in a million or less, and a causal relationship has not been clearly demonstrated. Between the fourth and seventh day post-vaccination a reaction may occur taking the form of fever and generalised muscle and/or neck stiffness, accompanied by tiredness and headache.

Exceptionally, cases of multi-organ system failure (with death as an outcome) have been reported following vaccination with the 17D strain of yellow fever virus vaccine, with the first symptoms occurring within a few days after vaccination. The pathophysiological mechanism of such a reaction has not been determined (See Precautions).

DOSAGE AND ADMINISTRATION

A single 0.5-mL dose given by intramuscular or subcutaneous injection provides protection for at least 10 years.

The vaccination schedule is identical for adults and children over 6 months.

The contents of each ampoule should be carefully rehydrated with the accompanying syringe diluent. After complete dispersion, the vaccine is withdrawn back into the syringe and is ready for injection. Strict aseptic technique should be employed when rehydrating and withdrawing the reconstituted product back into the syringe. The reconstituted vaccine should be used as soon as possible and must be used within one hour of reconstitution.

PRESENTATION AND STORAGE

1 single dose lyophilised vaccine ampoule + (0.5 mL) diluent syringe.

Store at 2-8°C. Do not freeze. Protect from light.

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