WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

VIR/YF/71.24
ENGLISH ONLY

EXPERT COMMITTEE ON YELLOW FEVER

Entebbe, 9-15 March 1971

RECOMMENDATIONS REGARDING YELLOW FEVER VACCINATION FOR INTERNATIONAL TRAVEL

by

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The need for specifying certain important details in yellow fever vaccination was expressed informally by two members of the 16th Session of the Committee on International Surveillance of Communicable Diseases. It is suggested that these specifications should be included in the first pages of the manual on "Vaccination Certificate Requirements for International Travel" as well as "Yellow Fever Vaccination Centres for International Travel", edited by the Epidemiological Surveillance of Communicable Diseases unit.

The following text is submitted to the members of the Expert Committee on Yellow Fever for amendments or additions:

International Certificates of Vaccination

Without any modification to the text in "Vaccination Certificate Requirements for International Travel".

Yellow fever vaccination: technique

Transportation and storage: It is recommended that a check should be made on whether the vaccine has been transported under proper conditions of refrigeration and immediately stored at low temperature after delivery to the Vaccinating Centre. The vaccine should normally be stored at a temperature lower than +4°C although higher temperatures may be permitted for a short interval. Nevertheless, vaccine stored at temperatures between 0°C and 4°C may lose a considerable degree of potency during the course of one year. Therefore, if the vaccine is to be stored at this temperature for periods of more than three months the vaccine should initially have a sufficient high titre to comply with the requirements of potency. Considering that a domestic-type refrigerator usually runs at a temperature of +10°C, it would be safer to store the vaccine in a deep-freeze cabinet in which the temperature is minus 20°C or lower for any period of storage exceeding three months.

Rehydration and inoculation of the vaccine: The vaccine is rehydrated by adding the quantity of sterile saline recommended by the manufacturing laboratory. This operation should be performed aseptically, taking care to obtain a good dissolution of the dried material and a very homogenous suspension. The rehydrated vaccine should be kept refrigerated by placing the ampoule in an iced water bath, preserved from direct sunlight and discarded one hour after preparation. 0.5 ml is inoculated subcutaneously in adults or children. Less than the recommended dose could be dangerous.

Contra-indications to vaccination: In addition to general contra-indications to all vaccinations, allergy to egg protein mainly, must be carefully looked for by questioning on asthma, spasmodic coryza, eczema, urticaria or drug sensitivity. An allergic person must be tested with 0.10 ml of the vaccine given intracutaneously on the anterior part of the forearm. The typical allergic reaction consists of an erythematous area with a white papula extending in pseudopoda. Some very sensitive persons may collapse or show a tendency to laryngeal oedema and must be kept temporarily under medical surveillance. The erythematous reaction does not contra-indicate the vaccination which is resumed by giving 0.40 ml subcutaneously half an hour later. In the absence of sufficient information relevant to vaccination of pregnant women, this might be considered as a contra-indication unless the risk of exposure to yellow fever virus is great.

In infected areas, health authorities may recommend revaccination before the expiry date of ten years.

Certificates and records: Certificates are issued as mentioned above and all data from the certificate, including particularly the name of the vaccinator and batch number of the vaccine with its expiry date should be entered in a register.

Control of vaccination: Each batch of vaccine has passed through potency and innocuity tests in the manufacturing laboratory and in the national control laboratories. The effectiveness of the vaccination may be checked by serological tests in specialized laboratories.