

## Information sheet on yellow fever vaccination

### What is yellow fever and why should I get vaccinated?

Yellow fever is an acute, life-threatening infectious disease that can be fatal if left untreated. It is transmitted by mosquitoes. The pathogen is the yellow fever virus. It occurs in certain tropical regions of South America and Africa that have been declared yellow fever zones by the World Health Organization (WHO). In areas where yellow fever is present, transmission is possible in both rural and urban regions. For your own protection, it is necessary to be vaccinated against yellow fever at least 10 days before entering these areas. In addition, many countries require the presentation of an internationally valid certificate (vaccination card) of yellow fever vaccination if you wish to enter from one of the countries with yellow fever infection areas.

### This is how a yellow fever vaccination works:

The highly effective and generally well-tolerated yellow fever vaccination is administered using a so-called "live virus vaccine," i.e., attenuated yellow fever vaccine viruses are injected under the skin of the upper arm. During the first 2-7 days after vaccination, the vaccine viruses multiply. This stimulates your immune system to produce antibodies. Ten days after vaccination, you will have effective protection against yellow fever that lasts for at least 10 years.

### Possible reactions after vaccination:

In 20-25% of those vaccinated, a local reaction occurs at the vaccination site within 1-3 days after vaccination (rarely lasting longer) with slight redness, swelling, or mild pain, sometimes involving the associated lymph nodes and headaches. Up to 10% experience flu-like symptoms within 4-7 days after vaccination, such as mild fever, fatigue, joint and limb pain, nausea, vomiting, and diarrhea, occasionally also abdominal pain. These vaccination reactions usually subside quickly and without consequences and do not require medical treatment.

### Very rarely observed reactions:

In cases of allergies specifically to chicken protein or other components of the vaccine, general hypersensitivity reactions such as hives, swelling of the mucous membranes in the throat with shortness of breath, and possibly shock may occur within minutes to hours after vaccination. Late allergic reactions with various skin symptoms or pain in muscles and joints, as well as, even more rarely, a reduction in blood platelets (thrombocytes) with a tendency to bleed, may occur in vaccine recipients with a particular tendency to allergies up to two weeks after vaccination. In very rare cases, inflammation of the brain or meninges or a severe yellow fever-like illness affecting other organs has occurred after the initial vaccination. Overall, approximately 30 cases of severe side effects and 17 deaths have occurred worldwide among more than 400 million vaccinated individuals. No deaths have been reported in Germany to date. As the risk of severe side effects appears to be higher in older people, according to the package insert from the yellow fever vaccine manufacturer STAMARILR, initial vaccinations should only be given to people over 60 years of age if there is a high and unavoidable risk of yellow fever infection. If you belong to this group, discuss

the further course of action with your doctor. Since some vaccine recipients with severe side effects had organic or functional thymus disorders, this should be considered an additional risk for severe side effects had organic or functional thymus disorders, this should be considered an additional risk factor for severe side effects.

### **Vaccination should not be carried out in the following cases:**

Acute or chronic infections, diseases of the nervous system, severe liver disease, hypersensitivity (allergy) to chicken protein or vaccine components, diseases of the body's immune system (including symptomatic HIV infection or HIV infection with a count of less than 200 helper cells/mm<sup>3</sup>), immunosuppressive treatment (e.g., systemic cortisone treatment).

(Tablets or injections) or other immunosuppressants), radiation and chemotherapy, existing pregnancy, current treatment of allergies through desensitization, condition after thymus gland removal or malfunction, and not in infants under 9 months of age. Other live vaccines such as mumps, measles, rubella, and chickenpox can only be given at the same time or at an interval of 4 weeks before or after the yellow fever vaccination. Other vaccinations and the administration of an immunoglobulin preparation (antibody preparation, e.g., for hepatitis prevention) must be reported to the vaccinating physician. The vaccine viruses are not transmitted to contact persons; the vaccination is therefore safe for other family members, e.g. pregnant women or small children living in the vicinity. If any of the circumstances mentioned here apply to you or if you are unsure whether you can receive a yellow fever vaccination, please inform the vaccinating physician of your concerns.

### **Behavior after vaccination:**

For one week after vaccination, you should avoid strenuous physical activity (competitive sports, surgery, sauna) and sunbathing, as well as excessive alcohol consumption. You should not donate blood for four weeks after vaccination. Pregnancy should be avoided for three months, but at least for four weeks after vaccination. However, vaccination during pregnancy or pregnancy after vaccination is not a reason for termination of pregnancy. You should not be vaccinated while breastfeeding. If symptoms occur in connection with the vaccination that you attribute to the vaccination, consult a doctor.

**To assess the risk of possible side effects from the yellow fever vaccination and to rule out any contraindications, please answer the following questions:**

**Please tick the appropriate box:**

- |  | <b>yes</b>               | <b>no</b>                |
|--|--------------------------|--------------------------|
| 1. Do you suffer from acute or chronic infections?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you suffer from heart, liver, or kidney disease?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you suffer from disorders of the nervous system?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had your thymus gland removed or do you have a known thymus disorder?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have or have you ever had hypersensitivity (allergy) or asthma?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you known to have a specific hypersensitivity to chicken protein?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is your body's defense system (immune system) compromised by a disease (e.g., internal diseases, HIV/AIDS) or by certain treatments (chemotherapy, desensitization, cortisone therapy, radiation therapy) ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you taking any medication?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, which ones? <input style="width: 300px;" type="text"/>  |                          |                          |
| 9. Have you been vaccinated in the last 4 weeks?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you noticed any physical changes or disturbances in your general well-being noticed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, which ones? <input style="width: 300px;" type="text"/>  |                          |                          |
| 11. Do you have diabetes?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. <b>For women only:</b> Are you pregnant?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever been vaccinated against yellow fever before?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Which country/countries do you want to travel to?<br><input style="width: 400px;" type="text"/>  |                          |                          |
| 14. <b>For those over 60:</b> Is the trip unavoidable for personal/business reasons?   | <input type="checkbox"/> | <input type="checkbox"/> |

**I have been fully informed about the necessity of vaccination and its possible intolerances and side effects. I have read this information sheet and the medical questionnaire in full, understood them, and answered them accurately.**

\_\_\_\_\_ Date, signature of patient or legal guardian, if applicable

**I have had the opportunity to discuss all questions of interest to me with the doctor and have no further questions.**

\_\_\_\_\_ Date, signature of patient or legal guardian, if applicable