

Revised Cervical Ca Management Guidelines Issued

BY NANCY WALSH
New York Bureau

MINNEAPOLIS — The American Society for Colposcopy and Cervical Pathology has issued new consensus guidelines on the management of women with abnormal cervical screening tests and cervical intraepithelial neoplasia, emphasizing changes for special populations such as adolescents and immunosuppressed women, Nancy R. Berman announced at

the annual meeting of the Association of Reproductive Health Professionals.

Since the initial 2001 consensus guidelines were published, there has been an increase in understanding of the natural history of cervical intraepithelial neoplasia (CIN) and how best to manage women with human papillomavirus-associated lesions. The revised guidelines reflect this increased knowledge and experience (Am. J. Obstet. Gynecol. 2007;197:346-55).

One new area of emphasis is the man-

agement of women aged 20 years and younger, who have a high prevalence of HPV infection and minor-grade cytologic abnormalities but who are at very low risk for invasive cervical cancer. It is now clear that the vast majority of HPV infections in this population clear spontaneously and are of little clinical significance, so procedures such as colposcopy for minor abnormalities should not be done.

"We need to leave adolescents alone; just let them get infected and clear," said

Ms. Berman, who is a member of the HPV expert committee of the Association of Reproductive Health Professionals.

Another change in the guidelines is in the management of postmenopausal or immunosuppressed women with atypical squamous cells of undetermined significance (ASCUS).

The 2001 guidelines recommended a course of intravaginal estrogen followed by repeat cervical cytology for postmenopausal women, and colposcopy referral for all immunosuppressed women.

In contrast, the new guidelines state that postmenopausal and immunosuppressed women should be managed in the same manner as women in the general population, according to Ms. Berman, who is a nurse practitioner with an internal medicine group practice in Southfield, Mich.

The prior recommendation for immunosuppressed women was based on early studies showing a very high prevalence of high-risk strains of HPV in HIV-

positive women with ASCUS, as well as a high prevalence of CIN grade 2 or higher lesions. However, newer studies indicate that this is not always the case, and that HIV-positive women with ASCUS are similar to HIV-negative women with ASCUS, she said.

'We need to leave adolescents alone; just let them get infected and clear.' The vast majority of HPV infections in adolescents clear spontaneously, have little clinical significance.

The management of pregnant women with low-grade squamous intraepithelial lesions (LSIL) also has been revised. According to the 2001 guidelines, these women were treated according to recommendations for high-grade squamous intraepithelial lesions (HSIL).

The new guidelines, which were finalized at ASCCP's 2006 consensus conference, state that colposcopy is preferred for pregnant, nonadolescent women; that endocervical curettage is unacceptable for pregnant women; and that deferring colposcopy until 6 weeks post partum is acceptable.

Management algorithms as well as the guidelines were published in the Journal of Lower Genital Tract Disease (2007;11:201-22) and can be found on the ASCCP Web site at www.asccp.org/consensus.shtml.

The revised guidelines further state that for pregnant women with LSIL without suspected CIN 2-3 or cancer at the initial colposcopy, postpartum follow-up is recommended, and that additional colposcopic and cytologic examinations during pregnancy are unacceptable.

The guidelines were formulated by a group of 146 experts from 29 professional organizations, federal agencies, and national and international health organizations, who met for the ASCCP consensus conference in September 2006.

Ms. Berman disclosed that she is a consultant and speaker for Digene Corp. and a speaker for Merck & Co.

Haemophilus b Conjugate Vaccine (Tetanus Toxoid Conjugate) ActiHB®

Caution: Federal (USA) law prohibits dispensing without prescription.

Brief Summary: Please consult package insert for full prescribing information.

INDICATIONS AND USAGE ActiHB vaccine or ActiHB vaccine combined with Sanofi Pasteur Inc. DTP vaccine by reconstitution is indicated for the active immunization of infants and children 2 through 18 months of age for the prevention of invasive disease caused by *H influenzae* type b and/or diphtheria, tetanus, and pertussis.

TriHiBit vaccine, ActiHB vaccine combined with Tripedia vaccine by reconstitution, is indicated for the active immunization of children 15 to 18 months of age for prevention of invasive disease caused by *H influenzae* type b and diphtheria, tetanus and pertussis.

Antibody levels associated with protection may not be achieved earlier than two weeks following the last recommended dose.

Only Sanofi Pasteur Inc. whole-cell DTP, Tripedia vaccine or 0.4% Sodium Chloride diluent may be used for reconstitution of lyophilized ActiHB vaccine. TriHiBit vaccine, ActiHB vaccine combined with Tripedia vaccine by reconstitution, should not be administered to infants younger than 15 months of age.

As with any vaccine, vaccination with ActiHB vaccine reconstituted with Sanofi Pasteur Inc. DTP or ActiHB vaccine reconstituted with Tripedia vaccine (TriHiBit vaccine) or 0.4% Sodium Chloride diluent may not protect 100% of individuals.

A single injection containing diphtheria, tetanus, pertussis, and Haemophilus b conjugate antigens may be more acceptable to parents and may increase compliance with vaccination programs. Therefore, in these situations it may be the judgment of the physician that it is of benefit to administer a single injection of whole-cell DTP or DTPaP and Haemophilus b conjugate vaccines.

CONTRAINDICATIONS ActiHB VACCINE IS CONTRAINDICATED IN CHILDREN WITH A HISTORY OF HYPERSENSITIVITY TO ANY COMPONENT OF THE VACCINE AND TO ANY COMPONENT OF DTP OR TRIPEDIA VACCINE WHEN COMBINED BY RECONSTITUTION WITH THESE VACCINES. ANY CONTRAINDICATION FOR DTP IS A CONTRAINDICATION FOR ActiHB VACCINE RECONSTITUTED WITH DTP. ANY CONTRAINDICATION FOR Tripedia VACCINE IS A CONTRAINDICATION FOR TriHiBit VACCINE. (ActiHB VACCINE RECONSTITUTED WITH Tripedia VACCINE.) (Refer to product inserts for Sanofi Pasteur Inc. whole-cell DTP and Tripedia vaccine.)

WARNINGS If ActiHB vaccine or ActiHB vaccine reconstituted with Sanofi Pasteur Inc. DTP or ActiHB vaccine reconstituted with Tripedia vaccine (TriHiBit vaccine) is administered to immunosuppressed persons or persons receiving immunosuppressive therapy, the expected antibody responses may not be obtained. This includes patients with asymptomatic or symptomatic HIV-infection,¹ severe combined immunodeficiency, hypogammaglobulinemia, or agammaglobulinemia; altered immune status due to diseases such as leukemia, lymphoma, or generalized malignancy; or an immune system compromised by treatment with corticosteroids, alkylating drugs, antimetabolites or radiation.² (Refer to product inserts for Sanofi Pasteur Inc. whole-cell DTP and Tripedia vaccine.)

TriHiBit vaccine, ActiHB vaccine combined with Tripedia vaccine by reconstitution, should not be administered to infants younger than 15 months of age.

PRECAUTIONS GENERAL: Care is to be taken by the health-care provider for the safe and effective use of this vaccine.

EPINEPHRINE INJECTION (1:1000) MUST BE IMMEDIATELY AVAILABLE SHOULD AN ANAPHYLACTIC OR OTHER ALLERGIC REACTIONS OCCUR DUE TO ANY COMPONENT OF THE VACCINE.

Prior to an injection of any vaccine, all known precautions should be taken to prevent adverse reactions. This includes a review of the patient's history with respect to possible sensitivity and any previous adverse reactions to the vaccine or similar vaccines, and to possible sensitivity to dry natural latex rubber, previous immunization history, current health status (see **CONTRAINDICATIONS; WARNINGS** sections), and a current knowledge of the literature concerning the use of the vaccine under consideration. (Refer to product inserts for Sanofi Pasteur Inc. whole-cell DTP and Tripedia vaccine.)

The health-care provider should ask the parent or guardian about the recent health status of the infant or child to be immunized including the infant's or child's previous immunization history prior to administration of ActiHB vaccine, Sanofi Pasteur Inc. DTP and Tripedia vaccine.

Minor illnesses such as upper respiratory infection with or without low-grade fever are not contraindications for use of ActiHB vaccine.³

As reported with Haemophilus b polysaccharide vaccines,⁴ cases of *H influenzae* type b disease may occur subsequent to vaccination and prior to the onset of protective effects of the vaccine.⁵ (See **INDICATIONS AND USAGE** section.) The evidence favors rejection of a causal relation between immunization with Hib conjugate vaccines and early-onset Hib disease.⁶

Antigenuria has been detected in some instances following receipt of ActiHB vaccine; therefore, urine antigen detection may not have definitive diagnostic value in suspected *H influenzae* type b disease within 1 week of immunization.⁷

Special care should be taken to ensure that ActiHB vaccine reconstituted with Sanofi Pasteur Inc. DTP or Tripedia vaccine or saline diluent (0.4% Sodium Chloride) is not injected into a blood vessel.

Administration of ActiHB vaccine reconstituted with Sanofi Pasteur Inc. DTP or ActiHB vaccine reconstituted with Tripedia vaccine (TriHiBit vaccine) or saline diluent (0.4% Sodium Chloride) is not contraindicated in individuals with HIV infection.² A separate, sterile syringe and needle or a sterile disposable unit should be used for each patient to prevent transmission of hepatitis or other infectious agents from person to person. Needles should not be recapped and should be properly disposed.

Caution: The stopper of the diluent vial contains dry natural latex rubber which may cause allergic reactions. The lyophilized vaccine vial contains no rubber of any kind.

DRUG INTERACTIONS When Sanofi Pasteur Inc. DTP is used to reconstitute ActiHB vaccine or Tripedia vaccine is used to reconstitute ActiHB vaccine (TriHiBit vaccine) and administered to immunosuppressed persons or persons receiving immunosuppressive therapy, the expected antibody response may not be obtained.

Immunosuppressive therapies, including irradiation, antimetabolites, alkylating agents, cytotoxic drugs, and corticosteroids (used in greater than physiologic doses), may reduce the immune response to vaccines. Short-term (<2 weeks) corticosteroid therapy or intra-articular, bursal, or tendon injections with corticosteroids should not be immunosuppressive. Although no specific studies with pertussis vaccine are available, if immunosuppressive therapy will be discontinued shortly, it is reasonable to defer vaccination until the patient has been off therapy for one month; otherwise, the patient should be vaccinated while still on therapy.³

If ActiHB vaccine reconstituted with Sanofi Pasteur Inc. DTP or ActiHB vaccine reconstituted with Tripedia vaccine (TriHiBit vaccine) has been administered to persons receiving immunosuppressive therapy, a recent injection of immunoglobulin or having an immunodeficiency disorder, an adequate immunologic response may not be obtained.

In clinical trials, ActiHB vaccine was administered, at separate sites, concomitantly with one or more of the following vaccines: DTP, DTPaP, Poliovirus Vaccine Live Oral (OPV), Measles, Mumps and Rubella vaccine (MMR), Hepatitis B vaccine and occasionally inactivated Poliovirus Vaccine (IPV). No impairment of the antibody response to the individual antigens, diphtheria, tetanus and pertussis, was demonstrated when ActiHB vaccine was given at the same time, at separate sites, with IPV or MMR.⁵ In addition, more than 47,000 infants in Finland have received a third dose of ActiHB vaccine concomitantly with MMR vaccine with no increase in serious or unexpected adverse events.⁵

No significant impairment of antibody response to Measles, Mumps and Rubella was noted in 15- to 20-month-old children who received TriHiBit vaccine, ActiHB vaccine reconstituted with Tripedia vaccine, concomitantly with MMR. No data are available to the manufacturer concerning the effects on immune response of OPV, IPV or Hepatitis B vaccine when given concurrently with ActiHB vaccine reconstituted with 0.4% Sodium Chloride or Sanofi Pasteur Inc. DTP or ActiHB vaccine reconstituted with Tripedia vaccine (TriHiBit vaccine).⁵

As with other intramuscular injections, use with caution in patients on anticoagulant therapy.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY ActiHB vaccine reconstituted with Sanofi Pasteur Inc. DTP or ActiHB vaccine reconstituted with Tripedia vaccine (TriHiBit vaccine) has not been evaluated for its carcinogenic, mutagenic potential or impairment of fertility.

PREGNANCY CATEGORY C

Animal reproduction studies have not been conducted with ActiHB vaccine reconstituted with Sanofi Pasteur Inc. DTP or ActiHB vaccine reconstituted with Tripedia vaccine (TriHiBit vaccine) or saline diluent (0.4% Sodium Chloride). It is also not known whether ActiHB vaccine reconstituted with Sanofi Pasteur Inc. DTP or ActiHB vaccine reconstituted with Tripedia vaccine (TriHiBit vaccine) or saline diluent (0.4% Sodium Chloride) can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. ActiHB vaccine reconstituted with Sanofi Pasteur Inc. DTP or ActiHB vaccine reconstituted with Tripedia vaccine (TriHiBit vaccine) or saline diluent (0.4% Sodium Chloride) is NOT recommended for use in a pregnant woman and is not approved for use in children 5 years of age or older.

PEDIATRIC USE

SAFETY AND EFFECTIVENESS OF TriHiBit VACCINE, ActiHB VACCINE RECONSTITUTED WITH Tripedia VACCINE, IN INFANTS BELOW THE AGE OF 15 MONTHS HAVE NOT BEEN ESTABLISHED. (See **INDICATIONS AND USAGE** section.)

SAFETY AND EFFECTIVENESS OF ActiHB VACCINE RECONSTITUTED WITH Sanofi Pasteur Inc. DTP OR SALINE DILUENT (0.4% SODIUM CHLORIDE) IN INFANTS BELOW THE AGE OF SIX WEEKS HAVE NOT BEEN ESTABLISHED. (See **INDICATIONS AND USAGE** section.)

ADVERSE REACTIONS More than 7,000 infants and young children (≤2 years of age) have received at least one dose of ActiHB vaccine during US clinical trials. Of these, 1,064 subjects 12 to 24 months of age who received ActiHB vaccine alone reported no serious or life threatening adverse reactions.

TABLE 15
PERCENTAGE OF INFANTS PRESENTING WITH LOCAL REACTIONS AT 6, 24, AND 48 HOURS OF IMMUNIZATION WITH ActiHB VACCINE ADMINISTERED SIMULTANEOUSLY, AT SEPARATE SITES, WITH Sanofi Pasteur Inc. DTP VACCINE

REACTION	AGE AT IMMUNIZATION					
	2 Months		4 Months		6 Months	
	Reaction % (N=365)		Reaction % (N=364)		Reaction % (N=365)	
	6 Hrs.	24 Hrs.	48 Hrs.	6 Hrs.	24 Hrs.	48 Hrs.
Local*						
Tenderness	46.3	11.5	2.2	23.4	7.4	1.1
Erythema	14.3	4.1	0.3	8.8	5.8	0.6
Induration	22.5	6.3	1.9	12.4	4.7	0.8
				19.2	6.0	1.1
				11.5	6.9	1.6
				9.6	3.8	1.1

*Local reactions were evaluated at the ActiHB vaccine injection site.

Adverse reactions commonly associated with a first ActiHB vaccine immunization of children 12 to 15 months of age who were previously unimmunized with any Haemophilus b conjugate vaccine, include local pain, redness and swelling at the injection site. Systemic reactions include fever, irritability and lethargy.^{5,8}

TABLE 25
PERCENTAGE OF 15 TO 20-MONTH-OLD CHILDREN PRESENTING WITH LOCAL OR SYSTEMIC REACTIONS AT 6, 24 AND 48 HOURS OF IMMUNIZATION WITH TriHiBit VACCINE COMPARED TO ActiHB VACCINE AND TRIPEDIA VACCINE GIVEN CONCOMITANTLY AT SEPARATE SITES

REACTION	6 Hrs. Post-dose		24 Hrs. Post-dose		48 Hrs. Post-dose	
	Separate Injections*	TriHiBit vaccine	Separate Injections*	TriHiBit vaccine	Separate Injections*	TriHiBit vaccine
Local						
Tenderness	N=110 17.3/20.0	N=110 19.1	N=110 8.2/8.2	N=110 10.0	N=110 1.8/0.9	N=110 1.8
Erythema <1"	0/9.0	3.6	2.7/0.9	3.6	0.9/0.0	1.8
Induration**	3.6/5.5	2.7	2.7/3.6	8.2	4.5/0.9	3.6
Swelling	3.6/3.6	3.6	2.7/1.8	5.5	0.9/0.0	4.5
Systemic	N=103-110	N=102-109	N=105-110	N=103-108	N=104-110	N=103-109
Fever >102.2°F	0	2.0	0	1.9	1.9	0
Irritability	27.3	22.9	20.9	17.6	12.7	10.1
Drowsiness	36.4	30.3	17.3	13.9	12.7	11.0
Anorexia	12.7	9.2	10.0	6.5	6.4	2.8
Vomiting	0.9	1.8	0.9	1.9	0.9	2.8
Persistent cry	0	0	0	0	0	0
Unusual cry	0	0	0	0	0	0.9

*Tripedia vaccine injection site/ActiHB vaccine injection site.

**Induration is defined as hardness with or without swelling.

TriHiBit vaccine, ActiHB vaccine combined with Tripedia vaccine by reconstitution, was administered to approximately 850 children, aged 15 to 20 months. All children received three doses of a Haemophilus b conjugate vaccine (ActiHB vaccine or HibTITER®) and three doses of whole-cell DTP at approximately 2, 4, and 6 months of age. Local reactions were typically mild and usually resolved within the 24 to 48 hour period after immunization. The most common local reactions were pain and tenderness at the injection site. Systemic reactions occurring were usually mild and resolved within 72 hours of immunization. The reaction rates were similar to those observed in Table 2 when TriHiBit vaccine, ActiHB vaccine reconstituted with Tripedia vaccine was administered and when Tripedia vaccine was administered alone as a booster.⁵

In a randomized, double-blind US clinical trial, ActiHB vaccine was given concomitantly with DTP to more than 5,000 infants and Hepatitis B vaccine was given with DTP to a similar number. In this large study, deaths due to sudden infant death syndrome (SIDS) and other causes were observed but were not different in the two groups. In the first 48 hours following immunization, two definite and three possible seizures were observed after ActiHB vaccine and DTP in comparison with none after Hepatitis B vaccine and DTP.³ This rate of seizures following ActiHB vaccine and DTP was not greater than previously reported in infants receiving DTP alone. (Refer to product insert for Sanofi Pasteur Inc. DTP.) Other adverse reactions reported with administration of other Haemophilus b conjugate vaccines include urticaria, seizures, hives, renal failure and Guillain-Barré syndrome (GBS).^{5,9} A cause and effect relationship among any of these events and the vaccination has not been established.

When ActiHB vaccine was given with DTP and inactivated poliovirus vaccine to more than 100,000 Finnish infants, the rate and extent of serious adverse reactions were not different from those seen when other Haemophilus b conjugate vaccines were evaluated in Finland (ie, HibTITER®, ProHibIT®).⁵

However, the number of subjects studied with TriHiBit vaccine, ActiHB vaccine combined with Tripedia vaccine by reconstitution, was inadequate to detect rare serious adverse events.

DOSAGE AND ADMINISTRATION Parenteral drug products should be inspected visually for particulate matter and/or discoloration prior to administration, whenever solution and container permit. If these conditions exist, the vaccine should not be administered.

RECONSTITUTION: Using Sanofi Pasteur Inc. DTP, cleanse both the DTP and ActiHB vaccine vial rubber stoppers with a suitable germicide prior to reconstitution. Thoroughly agitate the vial of Sanofi Pasteur Inc. DTP then withdraw a 0.6 mL dose and inject into the vial of lyophilized ActiHB vaccine. After reconstitution and thorough agitation, the combined vaccines will appear whitish in color. Withdraw and administer 0.5 mL dose of the combined vaccines intramuscularly. Vaccine should be used within 24 hours after reconstitution.

To prepare TriHiBit vaccine, cleanse both the Tripedia vaccine and ActiHB vaccine vial rubber stoppers with a suitable germicide prior to reconstitution. Thoroughly agitate the vial of Sanofi Pasteur Inc. Tripedia vaccine then withdraw a 0.6 mL dose and inject into the vial of lyophilized ActiHB vaccine. After reconstitution and thorough agitation, the combined vaccines will appear whitish in color. Withdraw and administer 0.5 mL dose of the combined vaccines intramuscularly. Vaccine should be used immediately (within 30 minutes) after reconstitution.

Using saline diluent (0.4% Sodium Chloride) cleanse the vaccine vial rubber stopper with a suitable germicide and inject the entire volume of diluent contained in the vial or syringe into the vial of lyophilized vaccine. Thorough agitation is advised to ensure complete reconstitution. The entire volume of reconstituted vaccine is then drawn back into the syringe before injecting one 0.5 mL dose intramuscularly. The vaccine will appear clear and colorless. Vaccine should be used within 24 hours after reconstitution.

Before injection, the skin over the site to be injected should be cleansed with a suitable germicide. After insertion of the needle, aspirate to ensure that the needle has not entered a blood vessel.

DO NOT INJECT INTRAVENOUSLY.

Each dose of ActiHB vaccine reconstituted with Sanofi Pasteur Inc. DTP or ActiHB vaccine reconstituted with Tripedia vaccine (TriHiBit vaccine) or saline diluent (0.4% Sodium Chloride) is administered intramuscularly in the outer aspect of the vastus lateralis (mid-thigh) or deltoid. The vaccine should not be injected into the gluteal area or areas where there may be a nerve trunk. During the course of primary immunizations, injections should not be made more than once at the same site.

When ActiHB vaccine is reconstituted with Sanofi Pasteur Inc. DTP, the combined vaccines are indicated for infants and children 2 through 18 months of age for intramuscular administration in accordance with the schedule indicated in Table 3.⁸ When ActiHB vaccine is reconstituted with Tripedia vaccine (TriHiBit vaccine), the combined vaccines are indicated for children 15 to 18 months of age for intramuscular administration in accordance with the schedule in Table 3.⁵

TABLE 35
RECOMMENDED IMMUNIZATION SCHEDULE FOR ActiHB VACCINE AND DTP OR TRIPEDIA VACCINE FOR PREVIOUSLY UNVACCINATED CHILDREN

DOSE	AGE	IMMUNIZATION
First, Second and Third	At 2, 4 and 6 months	ActiHB vaccine reconstituted with DTP or with saline diluent (0.4% Sodium Chloride)
Fourth	At 15 to 18 months	ActiHB vaccine reconstituted with DTP or with Tripedia vaccine (TriHiBit vaccine) or with saline diluent (0.4% Sodium Chloride)
Fifth	At 4 to 6 years	DTP or Tripedia vaccine

For Previously Unvaccinated Children

The number of doses of Haemophilus b Conjugate Vaccine indicated depends on the age at which immunization is begun. A child 7 to 11 months of age should receive 2 doses of Haemophilus b Conjugate Vaccine at 8-week intervals and a booster dose at 15 to 18 months of age. A child 12 to 14 months of age should receive 1 dose of Haemophilus b Conjugate Vaccine followed by a booster 2 months later.

Preterm infants should be vaccinated according to their chronological age from birth.¹⁰

Interruption of the recommended schedule with a delay between doses should not interfere with the final immunity achieved with ActiHB vaccine reconstituted with Sanofi Pasteur Inc. DTP or ActiHB vaccine reconstituted with Tripedia vaccine (TriHiBit vaccine) or saline diluent (0.4% Sodium Chloride). There is no need to start the series over again, regardless of the time elapsed between doses.

It is acceptable to administer a booster dose of TriHiBit vaccine, ActiHB vaccine reconstituted with Tripedia vaccine, following a primary series of Haemophilus b conjugate and whole-cell DTP vaccines, or a primary series of a combination vaccine containing whole-cell DTP.

STORAGE Store lyophilized vaccine packaged with saline diluent, Diphtheria and Tetanus Toxoids and Pertussis or Tripedia vaccine between 2° to 8°C (35° to 46°F). DO NOT FREEZE.

Journal Advertising References From Previous Page:

- Centers for Disease Control and Prevention. Notifiable diseases/deaths in selected cities weekly information. *MMWR*. 2006;55(40):1102-1114.
- Decker MD, Edwards KM, Bradley R, Palmer P. Comparative trial in infants of four conjugate *Haemophilus influenzae* type b vaccines. *J Pediatr*. 1992;120:184-189.
- Greenberg DP, Lieberman JW, Marcy M, et al. Enhanced antibody responses in infants given different sequences of heterogeneous *Haemophilus influenzae* type b conjugate vaccines. *J Pediatr*. 1995;126:206-211.
- Granoff DM, Anderson EL, Osterholm MT, et al. Differences in the immunogenicity of three *Haemophilus influenzae* type b conjugate vaccine in infants. *J Pediatr*. 1992;121:187-194.

Product Information as of December 2005 Printed in USA

Manufactured by:
Sanofi Pasteur SA
Lyon France
US Govt License #1724
MKT12646-1

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