

Tifa Machines Are Used More Than Any Other Machines Worldwide By Ministries Of Health For Insect And Disease Suppression Programs

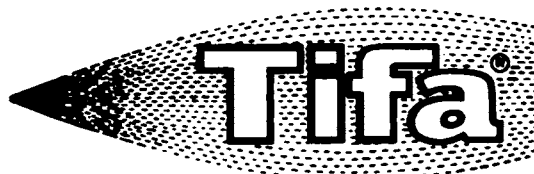


TIFA MODEL 100E FOGGING MACHINE

Tifa regularly provides training programs to the end users of Tifa equipment for the control of vector diseases such as malaria, Rift Valley fever, encephalitis, leishmaniases, Dengue fever and other epidemic diseases which attack animals and humans. There are more than 25,000 Tifa machines in more than 80 countries which are used by Ministries of Health, hospitals and other medical or health facilities. Tifa literature is available in 12 different languages. Contact Tifa for additional information.

WESTERN HEMISPHERE:

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FOR PROTECTION AGAINST HEPATITIS A...

TRAVEL INSURANCE.



Call your vaccine distributor today to order *Havrix*, or for additional information about hepatitis A, *Havrix* or the SmithKline Beecham Safe Travel Kit, call 1-800-437-2344

NOW AVAILABLE

HELP ENSURE MANY HAPPY RETURNS.

ONLY ONE HEPATITIS A VACCINE
HAS PROTECTED MILLIONS WORLDWIDE



Havrix
Hepatitis A Vaccine,
Inactivated

The world's first vaccine for hepatitis A

Many patients who travel may be at risk

▲ Each year, more than 26 million Americans travel to areas where hepatitis A risk is high¹

The Centers For Disease Control and Prevention (CDC)
recommends hepatitis A immunization for travelers at risk²

Havrix has unsurpassed worldwide clinical experience

▲ New pediatric dose (720 EL.U.) has same two-dose schedule as adult (1440 EL.U.)

▲ Available in timesaving prefilled syringes or single-dose vials

▲ The most common solicited adverse effects in clinical trials were injection-site soreness (56% of adults and 21% of children) and headache (14% of adults and less than 9% of children). As with all vaccines, expanded commercial use could reveal rare adverse effects not observed in clinical trials³

Please see brief summary of prescribing information on adjacent page.

References:

1. Department of Commerce. US Travel and Tourism Administration. Office of Research. *Abstract of International Travel to and from the United States 1994*. November 1995.21-23. 2. Centers for Disease Control and Prevention. Licensure of inactivated hepatitis A vaccine and recommendations for use among international travelers. *MMWR*. 1995;44:559-560. 3. Havrix® (Hepatitis A Vaccine, Inactivated) Prescribing Information.

Manufactured by
SmithKline Beecham Biologicals
Rixensart, Belgium

Distributed by
SmithKline Beecham Pharmaceuticals
Philadelphia, PA 19101

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HA9993

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Hepatitis A Vaccine, Inactivated Havrix®

See complete prescribing information in SmithKline Beecham Pharmaceuticals literature. The following is a brief summary.

INDICATIONS AND USAGE: Havrix is indicated for active immunization of persons ≥ 2 years of age against disease caused by hepatitis A virus (HAV).

CONTRAINDICATIONS: Havrix is contraindicated in people with known hypersensitivity to any component of the vaccine.

WARNINGS: Do not give additional injections to patients experiencing hypersensitivity reactions after a Havrix injection. (See CONTRAINDICATIONS.)

Hepatitis A has a relatively long incubation period. Hepatitis A vaccine may not prevent hepatitis A infection in those who have an unrecognized hepatitis A infection at the time of vaccination. Additionally, it may not prevent infection in those who do not achieve protective antibody titers (although the lowest titer needed to confer protection has not been determined).

PRECAUTIONS: As with any parenteral vaccine (1) keep epinephrine available for use in case of anaphylaxis or anaphylactoid reaction; (2) delay administration, if possible, in people with any febrile illness or active infection, except when the physician believes withholding vaccine entails the greater risk; (3) take all known precautions to prevent adverse reactions, including reviewing patients' history for hypersensitivity to this or similar vaccines.

Administer with caution to people with thrombocytopenia or a bleeding disorder, or people taking anticoagulants. Do not inject into a blood vessel. Use a separate, sterile needle or prefilled syringe for every patient. When giving concomitantly with other vaccines or IG, use separate needles and different injection sites.

As with any vaccine, if administered to immunosuppressed persons or persons receiving immunosuppressive therapy, the expected immune response may not be obtained.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Havrix has not been evaluated for its carcinogenic potential, mutagenic potential or potential for impairment of fertility.

Pregnancy Category C: Animal reproduction studies have not been conducted with Havrix. It is also not known whether Havrix can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Give Havrix to a pregnant woman only if clearly needed. It is not known whether Havrix is excreted in human milk. Because many drugs are excreted in human milk, use caution when administering Havrix to a nursing woman.

Havrix is well tolerated and highly immunogenic and effective in children. Fully inform patients, parents or guardians of the benefits and risks of immunization with Havrix. For persons traveling to endemic or epidemic areas, consult current CDC advisories regarding specific locales. Travelers should take all necessary precautions to avoid contact with, or ingestion of, contaminated food or water. Duration of immunity following a complete vaccination schedule has not been established.

ADVERSE REACTIONS: Havrix has been generally well tolerated. As with all pharmaceuticals, however, it is possible that expanded commercial use of the vaccine could reveal rare adverse events.

The most frequently reported by volunteers in clinical trials was injection-site soreness (56% of adults; 21% of children); headache (14% of adults; less than 9% of children). Other solicited and unsolicited events are listed below:

Incidence 1% to 10% of injections: Induration, redness, swelling, fatigue, fever ($>37.5^{\circ}\text{C}$), malaise, anorexia, nausea.

Incidence <1% of injections: Hematoma; pruritus, rash, urticaria; pharyngitis, other upper respiratory tract infections; abdominal pain, diarrhea, dysgeusia, vomiting; arthralgia, elevation of creatine phosphokinase, myalgia; lymphadenopathy, hypertonic episode, insomnia, photophobia, vertigo.

Additional safety data

Safety data were obtained from two additional sources in which large populations were vaccinated. In an outbreak setting in which 4,930 individuals were immunized with a single dose of either 720 EL.U. or 1440 EL.U. of Havrix, the vaccine was well-tolerated and no serious adverse events due to vaccination were reported. Overall, less than 10% of vaccinees reported solicited general adverse events following the vaccine. The most common solicited local adverse event was pain at the injection site, reported in 22.3% of subjects at 24 hours and decreasing to 2.4% by 72 hours.

In a field efficacy trial, 19,037 children received the 360 EL.U. dose of Havrix. The most commonly reported adverse events were injection-site pain (9.5%) and tenderness (8.1%), reported following first doses of Havrix. Other adverse events were infrequent and comparable to the control vaccine Engerix-B® (Hepatitis B Vaccine, Recombinant).

Postmarketing Reports: Rare voluntary reports of adverse events in people receiving Havrix since market introduction include the following: localized edema; anaphylaxis/anaphylactoid reactions, somnolence; syncope; jaundice, hepatitis; erythema multiforme, hyperhidrosis, angioedema; dyspnea; lymphadenopathy, convulsions, encephalopathy, dizziness, neuropathy, myelitis, paresthesia, Guillain-Barré syndrome, multiple sclerosis; congenital abnormality.

The U.S. Department of Health and Human Services has established the Vaccine Adverse Events Reporting System (VAERS) to accept reports of suspected adverse events after the administration of any vaccine, including, but not limited to, the reporting of events required by the National Childhood Vaccine Injury Act of 1986. The toll-free number for VAERS forms and information is 1-800-822-7967.

HOW SUPPLIED: 360 EL.U./0.5 mL: NDC 58160-836-01 Package of 1 single-dose vial.

720 EL.U./0.5 mL: NDC 58160-837-01 Package of 1 single-dose vial; NDC 58160-837-02 Package of 1 prefilled syringe.

1440 EL.U./mL: NDC 58160-835-01 Package of 1 single-dose vial; NDC 58160-835-02 Package of 1 prefilled syringe.

Manufactured by **SmithKline Beecham Biologicals**
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Philadelphia, PA 19101

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TULANE UNIVERSITY DEPARTMENT OF TROPICAL MEDICINE

Applications are requested for a tenure-track position in the Department of Tropical Medicine. Areas of particular interest include, but are not restricted to: basic science studies of microbial pathogens in the tropics, clinical and basic aspects of helminthology and protozoology, immunology and cell biology of infection and the host-response, and molecular strategies for the study of host and parasite populations. The successful candidate must have the ability to contribute to the departmental teaching program in areas of his/her expertise. Anticipated starting date is July 1, 1997. Please submit curriculum vitae and the names and addresses of three references to **Dr. Mark A. James, Chair, Search Committee, Department of Tropical Medicine, SL 29, 1501 Canal Street, New Orleans, LA 70112.** Deadline for submission of material is January 3, 1996. Tulane University is an Affirmative Action/Equal Opportunity Employer. Applications are sought and encouraged from women and members of minority groups.