

Department of Defense
Armed Forces Health Surveillance Branch
Yellow Fever in Africa Surveillance Summary
(14 JUL 2016)



Approved for Public Release

For questions or comments, please contact:

dha.ncr.health-surv.list.afhs-ib-alert-response@mail.mil



DEPARTMENT OF DEFENSE (AFHSB)

Yellow Fever in Africa Surveillance Summary #2

14 JUL 2016 (next report 28 JUL 2016)



CASE REPORT: On 21 JAN, WHO was notified by the National Directorate of Public Health (NDPH) Angola of a [yellow fever](#) outbreak that began on 5 DEC 2015 in Luanda province. As of 1 JUL, 3,552 (+88) suspected yellow fever cases with 355 (+2) deaths have been reported since the beginning of the outbreak, of which 875 (+7) have been laboratory confirmed. According to an Angolan official, as of 5 JUL, 369 deaths have been reported among the suspected cases, and “Angola has not recorded a case of yellow fever for more than five weeks.” Local transmission of yellow fever has been confirmed in 12 provinces. Luanda has been the most affected with 487 confirmed cases. The percentage of suspected cases testing negative is up to 90%, compared to 70% earlier in the outbreak. Confirmed imported cases of yellow fever from Angola have been reported from the Democratic Republic of the Congo (DRC) (at least 59), China (11), and Kenya (2).

On 23 APR, the Ministry of Health (MOH) of DRC officially declared a yellow fever outbreak, and on 20 JUN, the DRC Health Minister declared “a localized epidemic of yellow fever” in Kinshasa, Kongo Central, and Kwango provinces. As of 24 JUN, 87 yellow fever cases have been laboratory confirmed. Of these, nine were autochthonous cases linked to the current outbreak, and at least 59 cases were imported from Angola with a majority reported from Kinshasa, Kongo Central, and Kwango provinces. Two of the confirmed cases were sylvatic cases reported from Bas-Uele and Tshuapa. According to WHO, between 1 JAN and 29 JUN 2016 a total of 1,582 (+293) suspected cases of yellow fever, including at least 75 deaths, were reported by the DRC’s national surveillance system.

As of 8 JUN, the Uganda MOH has reported 91 (+23) yellow fever cases, including three deaths, from seven districts, including seven confirmed cases in Masaka (5 confirmed cases, including 2 deaths), Rukungiri (1 confirmed case), and Kalangala (1 confirmed case). According to WHO, these cases are not linked to the ongoing outbreak in Angola; sequencing indicates the virus currently circulating is very similar to the virus that caused the 2010 outbreak in Uganda, which resulted in 226 cases including 53 deaths. On 30 JUN, authorities in Masaka district “declared that they have successfully contained the spread of yellow fever.”

According to the [WHO Situation Report on 8 JUL](#), suspected yellow fever cases in Africa have also been reported from the Republic of Congo (2 suspected cases), Guinea (39 suspected cases), and Ghana (4 suspected cases). Investigations are ongoing concerning the vaccination status and any potential links to the current outbreak in Angola for the suspected cases in Guinea and the Republic of Congo. The suspected cases in Ghana are not linked to Angola. In the Western Hemisphere, confirmed and suspected cases have been reported by Peru (37 confirmed, 42 probable), Brazil (1 sylvatic case), and Colombia (1 sylvatic case); none of these cases are linked to Angola, DRC, or Uganda.

On 19 MAY, WHO convened an [Emergency Committee](#) and determined that although the urban yellow fever outbreaks in Angola and DRC are serious public health events, they do not constitute a Public Health Emergency of International Concern (PHEIC). On 13 JUN, CDC updated its [Alert Level 2, Practice Enhanced Precautions](#) travel notice for Angola and its Watch Level 1, Practice Usual Precautions travel notices for [DRC](#) and [Uganda](#).

VACCINATION EFFORTS: On 22 JUN, WHO announced that pre-emptive vaccination campaigns will be launched beginning in JUL along the Angola-DRC border, particularly in areas of intense trade traffic and high movement of people, targeting 15.5 million people. As of 5 JUL, vaccination campaigns have reached 15 million people in Angola, 3 million in DRC, and 1.3 million in Uganda.

In Angola, 17 mass vaccination campaigns are ongoing, including 11 reactive and pre-emptive mass vaccination campaigns and six others that are nearing completion. On 12 JUL, health officials announced that the final stage of vaccinations in Luanda province will begin on 15 JUL and target over 400,000 people who were not vaccinated during previous campaigns. Officials have expressed concern regarding the lack of verification of yellow fever immunization cards upon exiting the country.

On 5 JUL, media reported that a shortage of syringes in DRC has been impeding the vaccination efforts. WHO clarified these reports, explaining that the shortage referenced only applied to the smaller syringes needed to administer the fractional dosage, which is given subcutaneously as opposed to intramuscularly. A sufficient supply of smaller syringes is expected to arrive by AUG. Provinces in both DRC and Angola have cited a shortage of vaccination syringes.

Text updated from the previous report will be printed in red; items in (+xx) represent the change in number from the previous AFHSB summary (30 JUN 2016).

All information has been verified unless noted otherwise. Sources include: Government of Angola, GIDEON, Reuters, All Africa, and Voice of America.

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VACCINATION EFFORTS cont'd: DRC's Minister of Health announced that vaccination campaigns targeting 11.6 million people, specifically all individuals greater than nine months old in Kinshasa as well as populations in Kwango, Lualaba, and Kasai provinces, will begin on 20 JUL. Additionally, DRC has decided to fraction 3.6 million doses of vaccine it will receive from WHO, using one-fifth of the current dosage, in order to vaccinate approximately 10.5 million people in its affected areas. Approximately 1.4 million people will receive a full dose, and the remaining individuals will receive fractional dosages.

In Uganda, vaccination campaigns were conducted in the affected areas of Masaka, Rukunguri, and Kalangala, resulting in 91%, 97%, and 94% vaccination coverage, respectively. **Planning is underway to incorporate the yellow fever vaccine into routine immunization programs in Uganda.**

On 17 JUN, WHO's Strategic Advisory Group of Experts (SAGE) on Immunization stated that fractional dosing is under consideration as a short term measure in instances of vaccine supply shortage, and that evidence supports the use of one-fifth of the current dosage, which will provide immunity for at least 12 months. It is unknown if this smaller dose would provide sufficient protection to children. Receiving a fractional dose will not qualify for a yellow fever immunization certificate under International Health Regulations (IHR) requirements.

On 17 JUN, Brazil's MOH announced all travelers to and from Angola and DRC, including delegations entering Brazil for the 2016 Olympics and Paralympics, will be required to present a yellow fever immunization certificate.

Effective 11 JUL 2016, an amendment to Annex 7 of IHR (2005) extends the validity of the certificate of vaccination against yellow fever from ten years, beginning ten days after vaccination, to the life of the vaccinated person. This applies to existing and new certificates; revaccination or boosters cannot be required as a condition of entry, regardless of issue date of the certificate.

WHO Yellow Fever Vaccination Recommendations in Africa, 2015

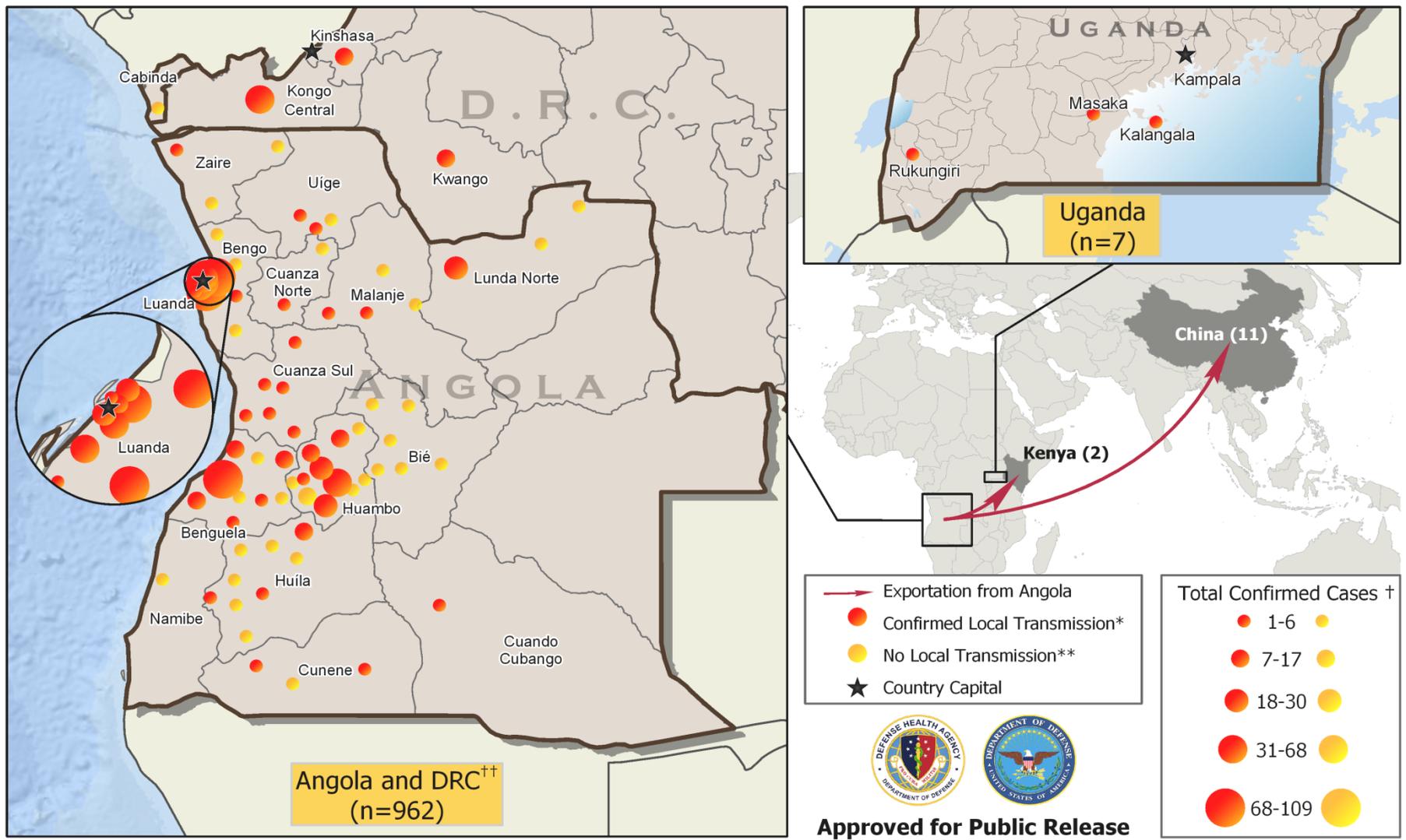


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Confirmed Yellow Fever Cases Associated with the Outbreaks in Angola, Democratic Republic of the Congo (DRC), and Uganda, as of 01 JUL 2016



* Red circles denote areas with confirmed autochthonous transmission of yellow fever. These case counts include both autochthonous and imported cases.

** Yellow circles denote areas with no confirmed autochthonous transmission of yellow fever. These case counts include only imported cases.

† The map reflects confirmed cases in Angola at the district level as of 01 JUL, DRC at the province level as of 23 JUN, and Uganda at the district level as of 08 JUN.

†† As of 24 JUN, DRC has reported 87 confirmed cases, which are included in the total confirmed case count for Angola and DRC. The map depicts 66 of the confirmed cases in DRC related to this outbreak; the distribution of the remaining cases is currently unavailable.

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