



International Health  
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Department of Health  
Bureau of Quarantine  
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**Quarantine Services and International Health Surveillance System (QSIHSS)**  
**Health Information Update**

Source: WHO, Event Information Site for IHR National Focal

Event Updates: **22 November to 24 2018**

Event Updated	Country	Hazard	Disease	Event Description	IHR Assessment
2018-11-24	Netherlands (the)	Infectious	Yellow Fever	<p>On 22 Nov 2018, the Netherlands authorities shared with WHO information about a laboratory confirmed case of yellow fever. The patient is a 26 year-old male who visited Gambia for holidays between 3 and 17 November 2018, with a three day trip to Senegal between 12 and 14 November. The case did not receive yellow fever vaccination prior to the trip. He had symptom onset on 18 November with fever, nausea and vomiting. On 19 November, he was admitted to a hospital in The Netherlands. He developed acute liver failure and renal failure. As of 22 November, he is in critical condition. Epidemiological investigations are ongoing. The National IHR Focal Point (IHR NFP) for the Netherlands have informed their counterparts in Gambia and Senegal about the case, and about the exact locations visited by him.</p> <p>Yellow fever is an acute viral hemorrhagic disease that has the potential to spread rapidly and cause serious public health impact in unimmunized population. Vaccination is the most important means of preventing the infection. The risk of further local transmission of the yellow fever virus in the Netherlands related to this case is currently considered to be negligible, as no competent vector for yellow fever has been established in the country. Both Senegal and Gambia have sustained high levels of population immunity against yellow fever, which should prevent the risk of large amplification of transmission of the disease in humans locally.</p> <p>Advice to travellers planning to visit or residing in areas at risk for yellow fever transmission includes:</p> <ul style="list-style-type: none"> <li>• Vaccination against yellow fever at least 10 days prior to the travel. A single dose of yellow fever vaccine is sufficient to confer sustained immunity and life-long protection against yellow fever disease. A booster dose of the vaccine is not needed.</li> <li>• Observation of measures to avoid mosquito bites.</li> <li>• Awareness of symptoms and signs of yellow fever in the general population.</li> <li>• Promotion of health care seeking</li> </ul>	Public Health Risk (PHR)

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				<p>behaviour while travelling and upon return from an area at risk for yellow fever transmission, especially to a country where the establishment of a local cycle of transmission is possible (i.e., where the competent vector is present).</p> <p>This case report illustrates the importance of maintaining awareness of the need for yellow fever vaccination, especially in areas with favourable ecosystem for yellow fever transmission, including Gambia and Senegal. WHO encourages its Member States to take all actions necessary to keep travellers well informed of risks and preventive measures including vaccination. Travellers should also be made aware of yellow fever symptoms and signs and instructed to seek rapidly medical advice when presenting signs. Viraemic returning travellers may pose a risk for the establishment of local cycles of yellow fever transmission in areas where the competent vector is present.</p> <p><b><i>WHO does not recommend that any travel or trade restriction be applied on the affected countries based on the information available for this event.</i></b></p>	
2018-11-22	Ethiopia	Infectious	Yellow Fever	<p>From 21 August through 26 October 2018, a total of 35 cases (30 suspected and 5 confirmed cases) have been reported from the Wolayita Zone in the Southern Nation, Nationalities and Peoples (SNNP) region, Ethiopia. None of the cases had a history of travel nor history of yellow fever (YF) vaccination. In total, 10 deaths have been reported (CFR: 29%) of which three were siblings living in the same household. All YF cases were reported within 6 municipalities in rural, remote areas of the districts Offa Woreda (n=34) and Sodo Zuria (n=1) in Wolayita Zone. 21 samples were sent to the regional reference laboratory in Dakar (Institut Pasteur) for YF confirmatory testing. Results showed 5 samples tested positive by the plaque reduction neutralization test (PRNT). Potential breeding sites of the vector (<i>Aedes mosquitos</i>) are present around households in the affected areas, larvae of suspected <i>Aedes</i> mosquito and proximity of the households and farm lands to jungle area is one of the identified risk factors.</p> <p>The response to the outbreak is being coordinated by Ethiopian Public Health Institute (EPHI) of the Federal Ministry of Health (FMOH) supported by WHO, CDC, the Zonal and District Health Departments who had deployed teams to the affected areas. A coordination structure was established at the regional and sub-regional levels with the following sub-committees established:</p>	Public Health Risk (PHR)

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				<p>Surveillance, Environmental, Prevention and Control, Case Management, and Social Mobilization. House to house active case search is ongoing including awareness creation and prevention activity using local radio broadcast in all the kebeles of Offa woreda. The case management has been implemented and is ongoing at Gesuba health centre. Environmental vector management was also conducted. An initial vaccination response with 99% coverage in affected kebele was a proactive initial containment mechanism.</p> <p>Actions implemented by local public health authorities:</p> <ul style="list-style-type: none"> <li>• Case investigations and active case search in all woredas of Wolaita zone.</li> <li>• Entomological investigation in Offa, Wolaita Zuriya and Humbo woreda of Wolaita zone have been conducted.</li> <li>• Vector control measures strengthened around the risk zone (ITN bed nets distributed, indoor residual spraying IRS).</li> <li>• Reactive vaccination campaign covering 31,365 people in Offa Woreda, Wolaita zone in SNNP region was conducted in mid of October 2018 with a coverage of 99.15%.</li> <li>• The International Coordinating Group (ICG) request to access the YF global emergency vaccine stockpile is currently in process. Plan targets approximately 1.3 million persons (~1.45 million doses) of 9 months of age and above in 9 districts of 2 zones (Gamo Gofa and Wolaita).</li> <li>• Community awareness raised on risk factors and preventive measures (using local radio broadcasting) for Yellow fever.</li> <li>• WHO and partners will continue supporting local authorities in surveillance strengthening activities, including active case-search for suspected cases, vaccination of select woredas in Wolaita zone and neighboring Gamo Gofa zone.</li> <li>• WHO recommends the country to proceed with applications for YF vaccination introduction and preventive campaigns in the next Gavi application window (Jan 2019).</li> </ul> <p>The last yellow fever outbreak occurred in SNNP region in May 2013. The detection of yellow fever cases is concerning as Ethiopia</p>
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has low overall population immunity. Additionally, the country has not introduced yellow fever vaccine into routine immunization schedule and there have not been any large-scale preventive vaccination campaigns. There has been only one reactive mass vaccination campaign conducted in 2013 in the South Omo zone, SNNP region, targeting approx. 500,000 people in response to a large YF outbreak. The current outbreak affects rural areas with a known presence of competent mosquito vectors, including *Aedes aegypti*. There is ongoing population and livestock movement in the SNNP region, and across international borders into neighbouring South Sudan and Kenya, suggesting potential risk of spreading from the currently 5 affected municipalities to other zones and districts. The ongoing movement of the population may also have diluted past vaccination effort in South Omo. **The overall risk at national level is assessed as moderate** due to the confirmation of a cluster of cases in a small geographic area over a short period of time, the low population immunity and the recent history of outbreak in South Omo Zone. **The risk at the regional level is considered low** since no YF case was related to the SNNP outbreak has been reported outside the country. However, the risk of spread to neighbouring countries, especially Kenya and South Sudan with low population immunity cannot be completely excluded. Close monitoring of the situation is needed as SNNPR is one of the regions affected by the recent conflict which resulted in large population displacements along the border between Oromia and SNNP regions. **The risk at global level is currently considered low.**

Ethiopia is high priority country for Eliminate Yellow Fever Epidemic (EYE) strategy. Introduction of yellow fever vaccination into routine immunization is planned for 2020. Vaccination is the primary mean for prevention and control of yellow fever. In urban centres, targeted vector control measures are also helpful to interrupt transmission. WHO and partners will continue to support local authorities to implement these interventions to control the current outbreak. *WHO recommends vaccination against yellow fever for all international travellers 9 months of age going to Ethiopia, as there is evidence of persistent or periodic yellow fever virus transmission. Ethiopia also requires a yellow fever vaccination certificate for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission. WHO does not*

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				<p><i>generally recommend vaccination for travellers whose itineraries are limited to Afar and Somali provinces.</i></p> <p>Yellow fever vaccination is safe, highly effective and provides life-long protection. In accordance with the IHR (2005), Third edition, the validity of the international certificate of vaccination against yellow fever extends to the life of the person vaccinated. A booster dose of yellow fever vaccine cannot be required of international travellers as a condition of entry. WHO encourage its Member States to take all actions necessary to keep travellers well informed of risks and preventive measures including vaccination. Travellers should also be made aware of yellow fever symptoms and signs and instructed to seek rapidly medical advice when presenting signs. Viraemic returning travellers may pose a risk for the establishment of local cycles of yellow fever transmission in areas where the competent vector is present.</p> <p><b><i>WHO does not recommend any restrictions on travel and trade to Ethiopia on the basis of the information available on this outbreak.</i></b></p>
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\*A **public health risk** is something that is (or is likely to be) hazardous to human **health** or could contribute to a disease or an infectious condition in humans.