

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



Approved for Public Release

For questions or comments, please contact:

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DEPARTMENT OF DEFENSE (AFHSB)

Yellow Fever in Africa Surveillance Summary #1

30 JUN 2016 (next report 14 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 26 JUN, 3,464 suspected yellow fever cases with 353 deaths have been reported since the beginning of the outbreak, of which 868 have been laboratory confirmed. Local transmission of yellow fever has been confirmed in 12 provinces. Luanda has been the most affected with 1,896 of the reported cases (487 confirmed). 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 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. Between 1 JAN and 24 JUN 2016, a total of 1,289 suspected cases of yellow fever, including at least 75 deaths, were reported by the DRC’s national surveillance system.

As of 1 JUN, the Uganda MOH has reported 68 yellow fever cases from seven districts, including seven confirmed cases in Masaka (5 confirmed cases, including 2 deaths), Rukunguri (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 30 JUN](#), suspected yellow fever cases in Africa have also been reported from 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 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.

In Angola, nine provinces have begun or will begin mass vaccination campaigns. On 29 JUN, a new wave of vaccinations began in ten districts of six provinces in Angola, including six districts with local transmission and four districts bordering DRC. As of 26 JUN, 11.2 million of the targeted 13.3 million people have been vaccinated. Officials have expressed concern regarding the lack of checking yellow fever immunization cards upon exit from the country.

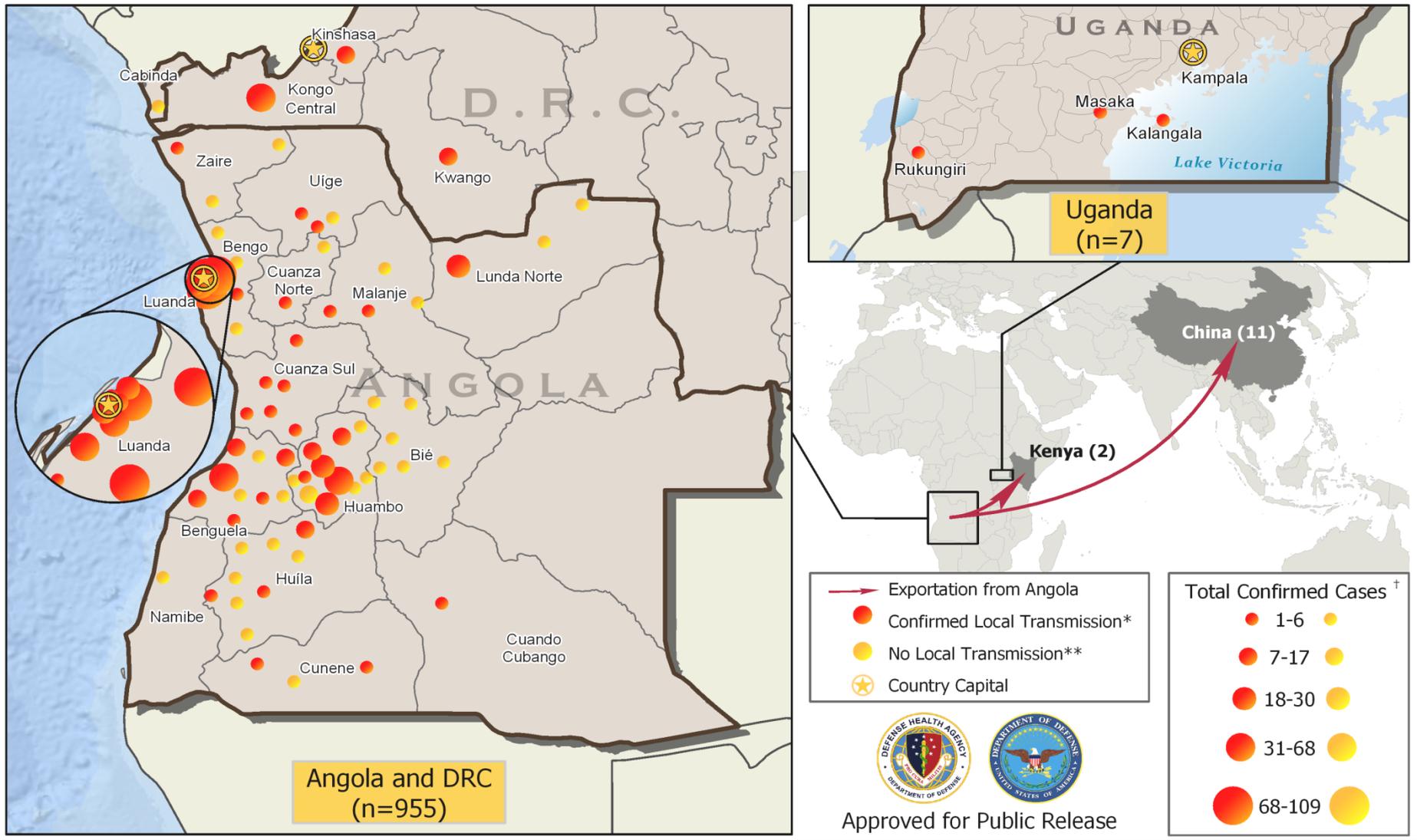
DRC’s Minister of Health announced that vaccination campaigns targeting 11.6 million people, specifically all individuals greater than nine months old in Kinshasa as well as populations in Kwango, Lualaba, and Kasai provinces, will begin on 20 JUL. Additionally, DRC has decided to fraction 3.6 million 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 88%, 97%, and 94% vaccination coverage, respectively.

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

All information has been verified unless noted otherwise. Sources include: WHO, NCMI, CDC, Brazil, MOH, GIDEON, Reuters, All Africa, and Voice of America.

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Confirmed Yellow Fever Cases Associated with the Outbreaks in Angola, Democratic Republic of the Congo (DRC), and Uganda, as of 24 JUN 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 24 JUN, DRC at the province level as of 23 JUN, and Uganda at the district level as of 1 JUN.

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