



Emerging and Reemerging Infectious Diseases, Region of the Americas

Vol. 2, No. 3—22 January 2004

Jungle Yellow Fever (JYF) Outbreak in Colombia

During 2003, Colombia reported to PAHO 106 ¹ cases of Jungle Yellow Fever (JYF), all of which occurred in the Departments of Caquetá (1 case), Casanare (2 cases), Cesar (6), Guaviare (1), Meta (2), Guajira (2) y Norte de Santander (92). Most of these cases were identified in the outbreak in Norte de Santander, which later spread north to the departments of Cesar and Guajira. The last cases occurred during Epidemiological Weeks (EW) 52 and 53.

During the first Epidemiological Week of 2004, some new cases of yellow fever were reported, occurring in the Departments of Cesar (3 cases) and Magdalena (2). These cases arose in places very close to densely populated cities like Santa Marta and Valledupar, which are also important tourist centers with a high index of *Aedes aegypti* infestation.

Few cases were reported among tourists who visited the Tayrona Park during the peak end-of-year tourist season. During this period, Tayrona Park registered approximately 25,000 visitors, most of them nationals, and about 2% of them foreign tourists.

The Ministry of Health has declared a state of emergency and is in the process of massive vaccination efforts aimed at the population over one year of age in the affected areas. Faced with this emergency, Colombia is purchasing vaccines through the PAHO Rotary Fund so that the country can deal with the demand generated by the crisis.

The outbreak of yellow fever in Colombia is following its same historical path, given that it is located in traditionally enzootic areas.

There exists a series of factors favoring the urbanization of yellow fever, such as not vaccinating the entire population in enzootic areas; the occurrence of cases near big cities with a high index of *A. aegypti* infestation; and travelers entering enzootic areas without previous vaccination. These factors, along with social problems and armed conflict in the area where the outbreak occurs, constitute a high risk of yellow fever becoming urbanized in the Region of the Americas.

In order to avoid situations like these and the reurbanization of yellow fever, PAHO—through its Technical Advisory Group (TAG)—recommends vaccination in the areas where yellow fever is enzootic, as well as in areas with an index of household *A. aegypti* infestation of over 5%, with the goal of vaccinating 100% of the area residents. This would include incorporating yellow-fever vaccination into routine child vaccination schemes and vaccinating all travelers who visit enzootic areas. The countries should keep on hand an adequate supply of vaccine both for routine programs and for dealing with outbreak situations.

Implementing an integrated program of vector surveillance and control should keep down the density of *A. aegypti* in urban centers. This measure will in turn help prevent dengue outbreaks.

Source: Reports submitted to PAHO by the Instituto Nacional de Salud (National Institute of Health) of Colombia.

¹ This figure includes 9 cases reported by Venezuela.