



Emerging and Reemerging Infectious Diseases, Region of the Americas

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Update on Yellow Fever in Colombia

Following the two epidemic peaks occurring on the Colombian-Venezuelan border in 2003 during January and July—which affected the states of Zulia, Norte de Santander and César—authorities began to detect in December 2003 some new cases of yellow fever originating the region of Sierra Nevada de Santa Marta, departments of Cesar, Magdalena y La Guajira. This new outbreak brought a total number of cases of 28 with 11 deaths, bringing the fatality rate to 39%. The first cases of this new outbreak were reported during EW 51. The highest incidence for this outbreak was during EW 1 (2004), with the last case reported during EW 2. The municipalities most affected were Santa Marta (with 14 cases), Valledupar (7), and Dibulla (5).

By 16 February 2004, the Virology and Pathology Laboratories of the National Institute of Health (*Instituto Nacional de Salud/INS*) had received a total of 850 samples from suspected human cases, of which 28 were positive for the yellow fever virus; 5, for immunohistochemistry; and the rest, for IgM antibodies.

During this same period, 3 more cases unrelated to the outbreak were detected in the departments of Meta (2 cases) and Amazonas in Peru (1).

The broad dissemination and high density of *Aedes aegypti*, linked to the increase of human traffic back and forth within the region, brings with it the risk of yellow fever being reintroduced into the urban centers of the Americas. The prevention of jungle yellow fever is only possible by means of vaccination. In the urban form of the disease, prevention is also possible through the implementation of vector-control measures in addition to vaccine use.

Following the outbreaks in Colombia in 2003 and early 2004, there has been a strengthening of epidemiological surveillance and laboratory diagnosis, with diagnostic training workshops being held and new sentinel centers opened. As a preventive measure to avoid reemergence of the urban form of the disease, there has been a strengthening of vector-control measures in the affected municipalities.

There is a need to maintain these actions and their sustainability and to continue to incorporate PAHO recommendations into activities to prevent and control JYF and to deter its possible reurbanization.

Source: [*Fiebre Amarilla en Colombia*](#) (*Yellow Fever in Colombia*). Bogotá: Ministerio de la Protección Social de Colombia, Instituto Nacional de Salud (INS) (Ministry of Social Protection of Colombia, National Institute of Health). (in Spanish)