
Situation summary in the Americas

- In 2015, three countries in the Americas have confirmed yellow fever virus circulation: Bolivia (epizootic), Brazil, and Peru (human cases).
- In 2016, as of epidemiological week (EW) 24, three countries have reported jungle yellow fever: Brazil, Colombia, and Peru.

Epidemiological Situation

Since May 2016, no new cases of yellow fever in humans have been reported in **Brazil**, nor have there been any new epizootics. In 2016, there has been one fatal case of jungle yellow fever in a 38 year old unvaccinated male resident of Bady Bassit, São Paulo with a history of travel to a rural area endemic for yellow fever. In addition, in 2016, epizootics in non-human primates were reported in the state of Minas Gerais.

In June 2016, the **Colombia** International Health Regulations (IHR) National Focal Point (NFP) reported to PAHO/WHO a fatal case of jungle yellow fever in the municipality of La Macarena in the department of Meta. In addition, a field epidemiological investigation was carried out following the reported human case identified epizootics in nonhuman primates in three municipalities of Meta Department: La Macarena, Puerto Concordia, and Puerto Rico.

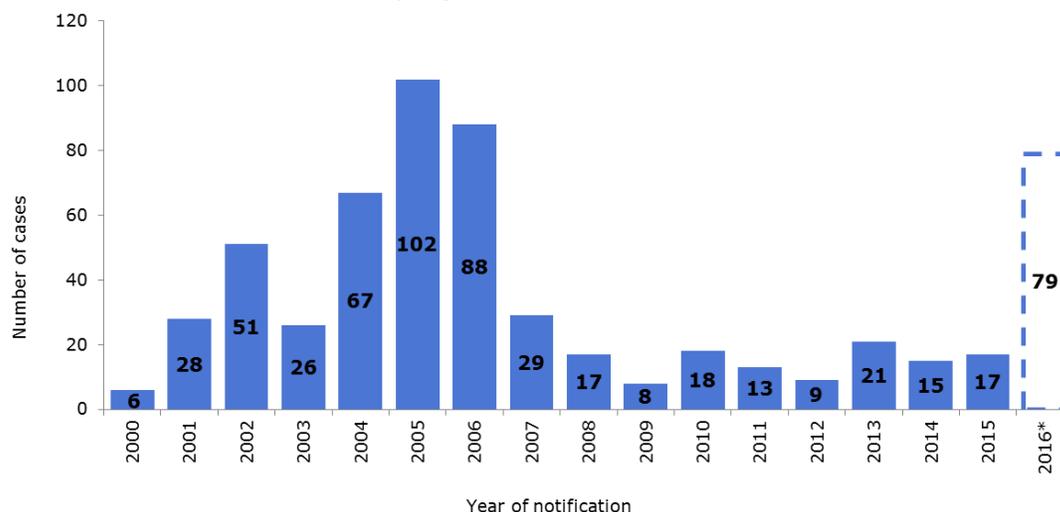
The Colombia health authorities implemented the following public health actions in response to this situation: strengthening surveillance of yellow fever cases through active case search and intensified surveillance of febrile cases; increase vaccination coverage in the three municipalities where the epizootics were identified; intensified surveillance of epizootics and vector control; and intensified risk communication.

The department of Meta, is an endemic area for yellow fever and the occurrence of human cases in unvaccinated individuals is within the expected.

In **Peru**, up to epidemiological week (EW) 24 of 2016, there were 106 suspected cases of yellow fever reported, including 9 deaths. Of the reported cases, 37 were confirmed, 42 were classified as probable, and 27 were discarded. Out of the 25 departments in Peru, cases have been reported in 7 departments, with the department of Junin reporting the most confirmed and probable cases (58 cases).

The number of confirmed and probable cases (79) reported in Peru up to EW 24 of 2016, exceeds the number of cases (confirmed and probable) reported in the previous nine years. (Figure 1).

Figure 1. Confirmed and probable jungle yellow fever cases by year. Peru. 2000 - 2016*



*Up to EW 24 of 2016

Source: Published by the National Center for Epidemiology, Disease Control and Prevention in Peru and reproduced by PAHO/WHO.

Situation in other Regions

Since the PAHO/WHO [Yellow Fever Epidemiological Update of 25 May 2016](#) was published, Angola, the Democratic Republic of Congo, and Uganda have continued to report yellow fever outbreaks.

Angola continues to be the country experiencing the largest outbreak, with a total of 3,464 suspected cases reported from December 2015 to 24 June 2016. Of the total cases, 868 were laboratory confirmed and the fatality rate among these cases was 13.4% (116 deaths were laboratory confirmed).

As of 23 June 2016, the Democratic Republic of Congo has reported 1,307 suspected yellow fever cases of which 68 were confirmed (59 imported from Angola).

In addition, cases of yellow fever were exported to China (11 cases) and Kenya (2 cases) due to the exposure of unvaccinated individuals to the yellow fever virus in Angola. Separately, Chad, Ghana, Guinea, and Uganda have reported sporadic outbreaks or cases not related to the outbreak in Angola.¹

¹ Information available at: <http://www.who.int/emergencies/yellow-fever/en/>

Recommendations

PAHO/WHO recommends Member States continue their efforts to maintain high vaccination coverage in the populations at risk. Member States are encouraged to maintain the capacity to detect and confirm yellow fever cases, and at the same time provide updated information and training to health professionals so that they can detect and adequately manage cases, especially in areas where the virus circulation is known to occur.

The recommendations issued in the PAHO/WHO [Yellow Fever Epidemiological Alert of 22 April 2016](#) remain in effect and are available online at: <http://bit.ly/215HUuK>.

References

1. Yellow fever epidemiological situation and recommendations to enhance surveillance in Brazil. Brazil Ministry of Health site. Available at: <http://portalsaude.saude.gov.br/index.php/o-ministerio/principal/leia-mais-o-ministerio/426-secretaria-svs/vigilancia-de-a-a-z/febre-amarela/20139-situacao-epidemiologica-da-febre-amarela-e-as-recomendacoes-para-intensificar-a-vigilancia-no-brasil>
2. Peru Ministry of Health, Department of Epidemiology; Situation Update, Epidemiological Week 24 of 2015. Available at: http://www.dge.gob.pe/portal/index.php?option=com_content&view=article&id=14&Itemid=154
3. Yellow fever control. Practical Guide. 2005. Pan American Health Organization. Scientific and Technical Publication No. 603.
4. WHO. Disease Outbreak News (DON). Available at: <http://www.who.int/csr/don/en/>