

d Yellow fever outbreaks in the Democratic Republic of Congo (DRC)

On 24 April 2014 the WHO confirmed that two events of yellow fever (in the north and south DRC) had been reported in March 2014, and that six cases had been laboratory confirmed. A total of 139 suspected, probable and laboratory-confirmed cases (including six deaths) have been recorded to date. Cases have been reported from Orientale Province and Katanga Province. A mass vaccination campaign has been instituted in response to the outbreak.

Vaccination is the most important preventive measure against yellow fever, and the 17D vaccine (a live, attenuated viral vaccine) is the only commercially-available vaccine. This vaccine is highly effective, and a single dose is sufficient to confer sustained immunity and life-long protection; a booster dose of yellow fever vaccine is not needed. The vaccine provides effective immunity against yellow fever within 10 days for 80–100% of people and 99% immunity within 30 days.

The vaccine is generally safe, except for rare cases of vaccine-associated neurotropic and viscerotropic

disease. Contraindications include severe egg allergy, severe immunodeficiency, and age <6 months. A risk-benefit assessment should be done in the case of pregnant or lactating women, and persons aged ≥60 years.

Travellers arriving from yellow fever endemic countries must have a valid certificate of yellow fever vaccination. If there are medical grounds for not being vaccinated, the traveller must have a valid yellow fever vaccination waiver as stipulated by International Health Regulations.

Source: Division of Public Health Surveillance and Response, NICD-NHLS