



Yellow fever is an acute viral haemorrhagic disease that is endemic in tropical areas of Africa and Latin America. Cases can be difficult to distinguish from other viral hemorrhagic fevers such as arenavirus, hantavirus or dengue. Symptoms of yellow fever usually appear 3 to 6 days after the bite of an infected mosquito. In the initial phase, they include fever, muscle pain, headache, shivers, loss of appetite, and nausea or vomiting. For most patients, these symptoms disappear after 3 to 4 days. However, 15% of patients enter a second, more toxic phase within 24 hours of the initial remission. High fever returns, and several body systems are affected, including the kidneys. Half of patients who enter this toxic phase die within 10 to 14 days, while the rest recover without significant organ damage. Treatment is symptomatic, aimed at reducing symptoms for the comfort of the patient. Vaccination is the most important preventive measure against yellow fever. The vaccine is safe, affordable and highly effective, providing effective immunity within 30 days for 99% of those vaccinated. A single dose is sufficient to confer sustained immunity and life-long protection, with no need for a booster.

Key facts

- Globally, there are an estimated 200,000 cases of yellow fever yearly, causing 30,000 deaths.
- In the Americas, from 1985 to 2012, 95% of all yellow fever cases were reported by four countries: Peru (54% of all cases), Bolivia (18%), Brazil (16%), and Colombia (7%).
- The other countries with conditions for yellow fever transmission are Argentina, Ecuador, French Guiana, Guyana, Panama, Paraguay, Suriname, Trinidad and Tobago and Venezuela.
- From 2000 to 2013, more than 1,100 laboratory-confirmed cases were reported in the Americas, with the largest numbers reported from Brazil and Peru.
- In urban areas, *Aedes aegypti* is the mosquito vector of yellow fever.
- So-called jungle yellow fever is transmitted by *Haemagogus* and *Sabethes* mosquitoes.
- Transmission is primarily between monkeys, from monkeys to humans, and from person to person.
- In urban areas, risk can be reduced by eliminating potential mosquito breeding sites and reducing people's exposure to mosquito bites.

PAHO/WHO response

- PAHO/WHO has prepared guidelines for use at district and national levels including case definitions, instructions for specimen collection and laboratory referrals, and for managing control efforts.
- PAHO/WHO has developed a detailed map of yellow fever risk areas in South America and Panama, based on associated environmental conditions.
- Yellow fever has unique status in the International Health Regulations (2005), which outline requirements for proof of vaccination for people who travel to specific countries or enter some countries from an area where yellow fever is endemic.
- PAHO/WHO promotes mass preventive vaccination campaigns during interepidemic periods.



www.paho.org/WorldHealthDay2014

For more information, visit: www.who.int/mediacentre/factsheets/fs100/en/

