

## Current major events

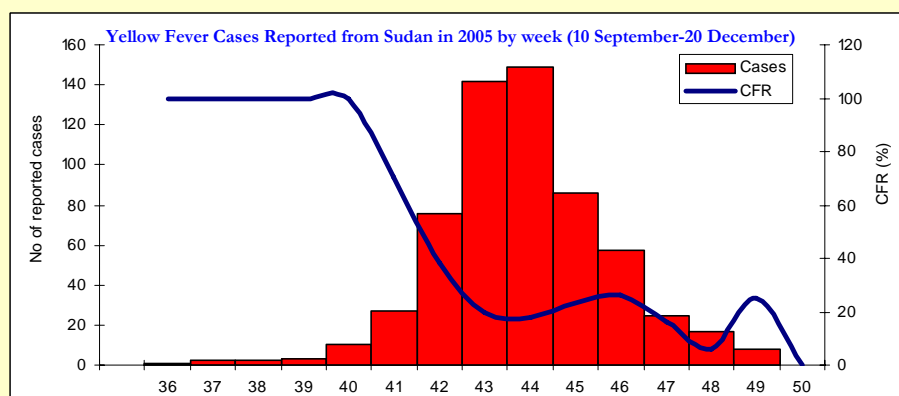
### Consultation held on Yellow Fever (YF) and International travel

A two-day WHO consultation on yellow fever and international travels was concluded at WHO headquarters in Geneva from 4–5 September 2008. The consultation was organized by WHO IHR Secretariat to review and advise WHO on practical criteria for defining areas for vaccines recommendation to visitors; areas/countries at risk of YF transmission; YF vaccination certificate requirements; and areas for vector control on conveyance with respect to YF.

The meeting was attended by over 40 participants representing YF affected countries, experts on YF, International Society of Travel Medicines, WHO collaborating centres for travel medicines, USA—CDC, International Civil Aviation Organization and WHO Regional Office and Headquarters. Sudan was the only country from EMRO represented in the meeting; having reported two outbreaks of YF in the recent past (2003 and 2005).

### Editorial note

Yellow fever re-emerged in the 1980's after it was successfully controlled at the beginning of the 20th Century. Many countries in Africa and South America contain regions that are either within or outside the YF endemic zones, so that it becomes important to differentiate areas of risk within the country. Increased YF activities occurred at irregular intervals, often involving widely separated areas. The disease affects an estimated 200,000 people annually, of which an estimated 30,000 are fatal. Between 1969 and 2005, increased and widespread YF virus activity have occurred every 4–10 years in Africa, involving countries in West and Central Africa. Sudan reported outbreaks of YF in 2003 and 2005 in the South and Nuba Mountains respectively. In 2005, a total number of 605 cases of Yellow Fever including 163 deaths (CFR: 26.9%) were reported from Sudan



### Risk factors for YF Transmission

- Periodicity of human or animal cases
- Presence of YF vectors and non-human primate hosts
- Ecological factors; Vegetation, rainfall, altitude, temperature
- Historical evidence of sero-surveillance human population

and the outbreak lasted for almost 14 weeks. A mass vaccination campaign targeting about 1.4 million people was organized in the affected area in order to contain this epidemic.

The following are some of the key conclusion and recommendations reached during at the end of these two day consultation meeting held on YF and International travel:

1. Surveillance in affected areas should focus on; sero-surveillance among non-human primates; zoonotic surveillance and fundamental studies on ecology and surveillance of disease in the wild; virus detection in mosquitoes.
2. Countries requiring the yellow fever vaccination certificates should be aware of practical difficulties in the implementation of this measure (e.g. identification of appropriate arriving passengers, fake certificates)
3. During public health events of international concern (PHEIC), WHO may make temporary recommendations

### Update on outbreaks

in the Eastern Mediterranean Region

**CCHF:** in Afghanistan, **Dengue:** in Saudi Arabia. **AWD/Cholera:** in Iraq and Somalia; **Hepatitis –E:** in Sudan

### Current public health events of international concern

[cumulative N° of cases (deaths), CFR %]

#### Avian influenza

Egypt	[50 (22), 44%]
Indonesia	[137 (112), 81.7%]

#### AWD/Cholera

Iran	[103 (4), 2.9%]
Afghanistan	[20 (0), 0.0%]
Iraq	[339 (5), 1.5%]
Somalia	[261 (0), 0.0%]

#### Dengue fever

Saudi Arabia	[533 (?), ?%]
Yemen	[1001 (?), ?%]

#### Hepatitis E

Uganda	[6530 (104), 1.6%]
Sudan	[224 (23), 10.2%]*

#### VHF

DRC Congo	[5 (4), 80%]
-----------	--------------

#### Yellow fever

Cote d' Ivoire	[2 (0), 0%]
----------------	-------------

#### Crimean Congo H. Fever

Afghanistan	[24 (4), 16.6%]
-------------	-----------------

(\* = Unofficial figures)  
CFR = Case-Fatality Rate  
? = No data