Situation summary in the Americas

In 2016, Brazil, Colombia, and Peru reported confirmed cases of yellow fever (Figure 1). In 2017, Brazil reported the occurrence of an outbreak in the state of Minas Gerais and epizootics in the neighboring state of Espírito Santo.

Figure 1. Geographic location of probable and confirmed cases of yellow fever reported in the Americas during 2016 and 2017

In Brazil in 2015, 9 cases of jungle yellow fever were confirmed in three states: Goiás (6), Pará (2), and Mato Grosso del Sur (1), with a case fatality rate of 55.5%. In 2016, six cases were confirmed in the states of Goiás (3), São Paulo (2), and Amazonas (1).


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From epidemiological week (EW) 1 of 2017 until 18 January 2017 in the state of Minas Gerais in Brazil, 206 suspected and probable cases of yellow fever were reported, including 53 deaths. Twenty-two of the 53 probable cases died (case fatality rate of 41.5%). Human cases were reported in 29 municipalities, 22 of which also reported the occurrence of epizootics in non-human primates (NHP). In 37 probable cases for which information is available, 35 (94.5%) are male and the average age is 46 years.

Additionally, in the neighboring state of Espírito Santo, considered outside the risk area for yellow fever, four suspected cases of yellow fever have been reported. Likewise, the occurrence of epizootics in NHP have been reported in 14 municipalities of this state.

Figure 2. Geographic location of suspected and probable cases of yellow fever reported in Minas Gerais and Espíritu Santo, 2016 – 2017

In Colombia, in EW 1 of 2017, there were no suspected or confirmed yellow fever cases reported. In 2016, up to EW 52, a total of 12 cases of jungle yellow fever were reported, 7 laboratory confirmed and 5 probable. The majority of the cases occurred in the departments of Vichada (3), Meta (2), and Vaupés (2).

In Peru, up to EW 52 of 2016, 79 cases of jungle yellow fever were reported, of which 62 were confirmed, and 17 classified as probable, including 24 deaths. In 2016, the department of Junín reported the highest number of cases (51 cases), followed by Ayacucho (7) and San Martín (5).
Recommendations

In the light of the increase in confirmed cases of yellow fever in countries of the Americas Region as well as the increase of epizootic due to yellow fever, PAHO / WHO recommends that Member States continue their efforts to detect, confirm and manage cases of yellow fever in a context of circulation of several arboviruses. To this end, health personnel should be kept up-to-date and trained to detect and treat cases especially in known areas of virus circulation.

PAHO/WHO urges Member States to implement necessary actions to properly inform and vaccinate travelers heading to areas where certification of yellow fever vaccine is mandatory.

PAHO/WHO does not recommend any restrictions on travel or trade to countries with ongoing outbreaks of yellow fever.

The recommendations issued in the *Yellow Fever Epidemiological Alert of 9 January 2017*, previously published in December 2015, remain in effect.
References


