

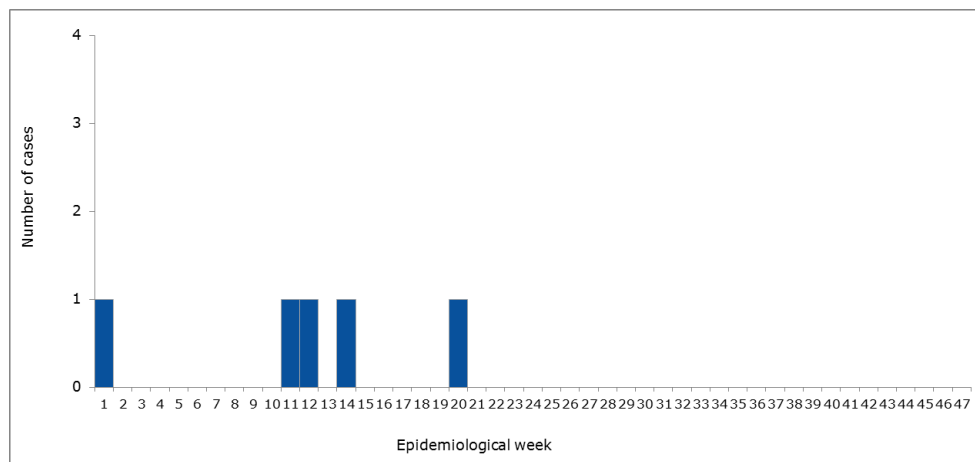
Situation summary in the Americas

- In 2016, up to epidemiological week (EW) 47, three countries reported cases of jungle yellow fever: Brazil, Colombia, and Peru.

Since the publication of the Pan American Health Organization / World Health Organization (PAHO/WHO) [Yellow Fever Epidemiological Update of 9 November 2016](#) up to EW 47 of 2016, **Brazil** confirmed two epizootics in nonhuman primates (NHP) in the state of Sao Paulo, one in the municipality of Severinia and another in Cajobi.

Between EW 1 and EW 47 five human cases of jungle yellow fever were confirmed in Brazil (**Figure 1**).

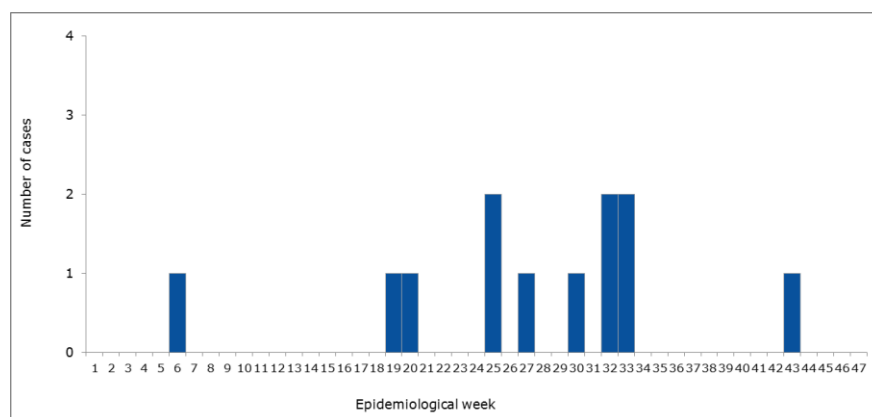
Figure 1. Number of confirmed jungle yellow fever. Brazil, EW 1 to EW 47 of 2016



Source: Data provided to PAHO/WHO by the Brazil Ministry of Health

In **Colombia**, from EW 1 to EW 47 of 2016, 12 cases of jungle yellow fever were reported, 7 laboratory confirmed and 5 probable (**Figure 2**).

Figure 2. Number of confirmed and probable jungle yellow fever cases. Colombia, EW 1 to EW 47 of 2016



Source: Data published in the Colombia National Institute of Health Epidemiological Bulletin, EW 47 of 2016, and reproduced by PAHO/WHO.

The confirmed cases were reported by the departments of Antioquia, Amazonas, Guainía, Meta, Vaupés, and Vichada.

The 7 confirmed cases are male, 57% of them are between 20 and 29 years of age. Out of the 7 confirmed cases, six died (case fatality rate of 85.7%).

The distribution of confirmed and probable cases by reporting territorial entity and territorial entity of origin is shown in **Table 1** and in **Figure 3**. Given the confirmation of cases in Vichada Department (border with Venezuela), in Chocó Department (border with Panama), and in Guainía Department (border with Venezuela and Brazil), this represents a risk of circulation of the virus to those bordering countries, especially in areas where they share the same ecosystem.

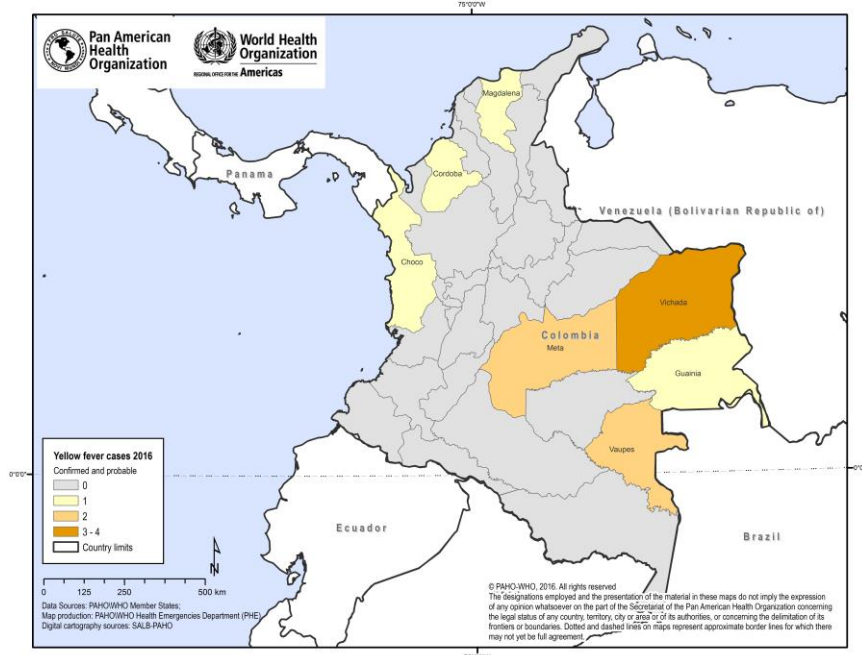
Table 1. Distribution of probable and confirmed yellow fever cases by department in Colombia. EW 1 to EW 47 of 2016

Reporting territorial entity	Territorial entity of origin	Probable cases	Confirmed cases	Total
Meta	Meta	0	2	2
Córdoba	Córdoba	1	0	1
Vichada	Vichada	2	1	3
Vaupés	Vaupés	1	1	2
Antioquia	Chocó	0	1	1
Amazonas	Imported*	0	1	1
Santa Marta	Santa Marta	1	0	1
Guainía	Inirida	0	1	1
Total		5	7	12

*Caballococha municipality, Peru

Source: Data published in the Colombia National Institute of Health Epidemiological Bulletin of EW 47 of 2016 and reproduced by PAHO/WHO.

Figure 3. Distribution of confirmed and probable jungle yellow fever cases by territorial entity, Colombia. EW 1 to 47 of 2016

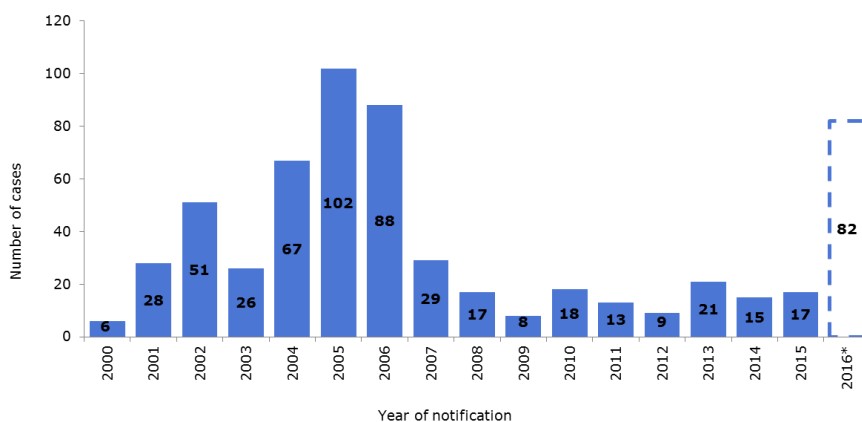


Source: Data published in the Colombia National Institute of Health Epidemiological Bulletin of EW 47 of 2016 and reproduced by PAHO/WHO.

In **Peru**, up to EW 46 of 2016, 82 cases of jungle yellow fever were reported, of which 66 were confirmed, and 16 classified as probable. Of the 25 departments in Peru, cases were reported in 9, with Junín the department reporting the highest number of confirmed and probable cases (54 cases).

The number of confirmed and probable cases reported in Peru between EW 1 to EW 46 of 2016 (82), exceeds the number of cases (confirmed and probable) reported in the previous 9 years (**Figure 4**). Likewise, the deaths reported in 2016 (26) exceed the deaths reported in the previous 5 years.

Figure 4. Confirmed and probable jungle yellow fever cases by year. Peru. 2000 - 2016 (up to EW 46)



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

Situation in other Regions

As indicated in the PAHO/WHO [Yellow Fever Epidemiological Update of 26 July 2016](#), the countries outside the Region of the Americas who reported yellow fever outbreaks in 2016 are: Angola, the Democratic Republic of Congo (DRC), and Uganda.

In Angola, the last confirmed case of yellow fever had symptom onset on 23 June 2016. Since then, no new cases have been confirmed.

In the DRC, the last confirmed case of urban yellow fever had onset of symptoms on 12 July; with the last case of jungle yellow fever confirmed on 26 October 2016.

In Uganda, the end of their yellow fever outbreak was declared on 6 September 2016; this outbreak was not related to the outbreak in Angola.

In addition, as a result of the exposure of unvaccinated persons to the yellow fever virus in Angola, cases of yellow fever were exported to China (11 confirmed cases) and Kenya (2 confirmed cases).

The situation generated by unvaccinated travelers to areas where there are active outbreaks of yellow fever constitutes a potential risk of introduction of the virus into areas where risk factors for yellow fever (human susceptibility, prevalence of the competent vector, and animal reservoirs) they are present.

Recommendations

The recommendations indicated in the PAHO/WHO [Yellow Fever Epidemiological Update of 26 July 2016](#) remain in effect.

References

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