

PRIMARY RISK ASSESSMENT

Yellow fever in Angola and RDC

Date of the signal	Date of the RA	Signal provider	Experts consultation	Method
20/06/2016	24/06/2016	UN	Permanent experts: Dr S. Quoilin, Dr D. Reynders, Dr. V. Laisnez, Dr	Email consultation
Date of update	Closing date		C. Schirvel, M. J-M Trémérie, Dr P. Demol, Dr L. Nick, Dr. C. Theugels, Mme M. Thomas, P. Guilmin	
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PRIMARY RISK ASSESSMENT OF POTENTIAL PUBLIC		RAG Risk Assessment Group
HEALTH EVENT		
Signal		Since December 2015 a yellow fever (YF) outbreak is spreading in Angola. To date, 10 of the 18 provinces have confirmed local transmission. Confirmed cases of yellow fever have been exported from Angola to the Democratic Republic of the Congo (DRC), China and Kenya.
		From January to 20 June, the Democratic Republic of Congo (DRC) identified 1.106 suspected cases (CFR: 14%) in several provinces and Kinshasa.
Description	Score	Description / arguments
1 Cause known?	Yes	Yellow fever is an acute viral haemorrhagic disease transmitted by infected mosquitoes (Aedes).
		DRC is located in a geographical area known to be YF endemic and autochthonous cases are regularly reported but the epidemic evolution is unusual.
2 Unexpected/unusual	Unusual	The outbreak in the DRC was officially declared (in Kinshasa, Kongo Central and Kwango) on 20 June (presence of the competent vector, high proportion of individuals susceptible to the infection, intensity of population movements from and to Angola).
3 Severity		For unvaccinated people. Majority of infected persons are asymptomatic. Clinical disease varies from mild febrile illness to severe disease. Case fatality rate in severe cases ranges from 15 to 50%.
4 Dissemination (Low/Medium/High)	No	No risk of establishment of a local cycle of transmission in Belgium as no competent vector up to now.
5 Risk of (inter)national spread	Yes	Possible by travellers from countries where the transmission is active to zones where the vectors do exist.
Preparedness and response		
6 Preparedness		International obligation to be vaccinated before travelling to endemic area.
7 Specific control measures (surveillance, control,		Mandatory notification in Flanders and Brussels, for autochthonous case in Wallonia.



	communication)		
	communication		Advice for travellers is given by travel clinics (personal protective measures, vaccination).
			Vaccine does exist. No vaccine shortage in Belgium for the moment.
			Diagnostic capacity does exist (NRC at ITG-IMT).
			This new threat highlights again the need for vector surveillance in Belgium and in particular for mosquitoes.
Pu	blic health impact		
A Pu	Public health impact in Belgium	Low	Regarding the privileged link between Belgium and DRC, possibility to welcome unvaccinated people coming from epidemic zone.
A	(Low/Medium/high)		Rare disease which could not be directly identified by GP among patients presenting with fever.
B (surveillance,	Recommendations (surveillance, control,		Provide information to health professionals about the outbreak in DRC inviting them to think about yellow fever among unvaccinated people arriving from the affected zones.
	communication)		YF vaccination certificate for entry into Belgium is not required as there are no competent vectors for the moment.
C Actions			As the risk remains actually low, passive information about the risk on the web pages of health authorities and WIV-ISP.
			= information sheet to be done by WIV-ISP.
	Actions		Generic information on yellow fever is available on ITM web.
			Launch of mosquitoes surveillance asap.
			= on-going by NEHAP

REFERENCES

WHO: http://www.who.int/csr/don/11-april-2016-yellow-fever-drc/en/

CDTR/ECDC: <u>http://ecdc.europa.eu/en/publications/Publications/Communicable-disease-threats-report-25-Jun-2016.pdf</u>

UN: http://www.undispatch.com/drc-declares-yellow-fever-outbreak/

Outbreaks of yellow fever in Angola, Democratic Republic of Congo and Uganda First update, 27 May 2016: <u>http://ecdc.europa.eu/en/publications/publications/rra-yellow%20fever-first-update-angola-china-drc-uganda-may-2016.pdf</u>

