



YELLOW FEVER INFECTION & VACCINATION **PATIENT INFORMATION SHEET**

WHAT IS YELLOW FEVER?

Yellow fever is a potentially fatal viral illness transmitted to humans through the bite of infected mosquitoes. Only certain species of mosquitos can transmit the virus. A patient infected with yellow fever virus may be asymptomatic (show no features of the illness) or experience a non-specific flu-like illness which might include;

- Fever
- Chills
- Malaise
- Headache
- Low Back Pain
- Weakness
- Nausea/Vomiting
- Dizziness

The illness can progress giving rise to jaundice (yellow skin), bleeding or both and can lead to death. Death typically occurs 7-10 days after disease onset. There is no specific treatment for yellow fever, however supportive treatment can save lives.

WHICH COUNTRIES ARE AFFECTED?

Travellers to the following countries should strongly consider Yellow Fever vaccination.

Angola, Argentina (Misiones Province), Benin, Bolivia, Brazil, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Colombia, Congo, Cote d'Ivoire, Ecuador (excluding Galapagos Islands), Equatorial Guinea, Ethiopia, French Guiana, Gabon, The Gambia, Ghana, Guinea, Guinea Bissau, Guyana, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Panama, Paraguay, Peru, Senegal, Sierra Leone, South Sudan, Sudan, Suriname, Togo, Trinidad, Uganda, Venezuela. This list is current as of August 2018.

Under Australian legislation, travellers who have spent overnight or longer in a yellow fever risk country within 6 days of returning to Australia may be required to provide an international vaccination certificate upon re-entry (to Australia). Travellers from these countries **are not** prevented from entering Australia if they fail to produce a valid yellow fever certificate however, they will be required to have an interview with a biosecurity officer prior to being permitted to enter. They will be given information on yellow fever and how to seek assistance if symptoms develop.

However, it is strongly recommended that travellers check the yellow fever entry requirements for all the countries they intend to enter, including those in which they will transit as biosecurity laws may differ to Australia.

HOW DO I AVOID GETTING YELLOW FEVER?

Yellow fever may be prevented by **avoiding mosquito bites**.



The mosquitoes that transmit yellow fever are usually active during the day, including at dawn and dusk. It is important for **ALL** travellers to yellow fever endemic areas to practise strict mosquito-bite prevention measures. Such measures include:

- Wearing a mosquito repellent containing DEET, picaridin, IR-3535 or oil of lemon eucalyptus (always follow product directions)
- Applying permethrin-containing repellents to clothing
- Minimising skin exposure by wearing light coloured, long-sleeved shirts and long pants
- Avoiding areas where mosquitoes breed
- Preventing mosquitoes entering your accommodation
- Staying in air-conditioned or well-screened quarters. If not available, sleep under a mosquito net. Insecticide treated nets provide better protection.

VACCINATION

Yellow fever is preventable with **vaccination**. It is a live vaccine, and one dose gives long-lasting immunity.

Yellow fever vaccination serves two separate purposes. Firstly, vaccination protects the individual who may be exposed to yellow fever infection. Secondly, it helps prevent spread of yellow fever within a country & across international borders.

Vaccination safety

Adverse events following yellow fever vaccine are generally mild and may include:

- Low-grade fever
- Myalgia
- Mild headache
- Malaise
- Injection site tenderness

These symptoms can appear in the first 5 days after vaccination and may last up to 2 weeks.

Severe adverse events are rarer but can occur especially in certain groups. These include;

- Immediate hypersensitivity reactions (including anaphylaxis)
- Vaccine associated neurotropic disease (YF-AND)
- Vaccine-associated viscerotropic disease (YF-AVD)

Your health professional will discuss these in further detail with you. The serious side effects are thought to occur in less than 1/100,000 cases but may be common in older people or immunosuppressed people.

For this reason, vaccination is not suitable for people who have;

- Known anaphylaxis to any component of the vaccine (including eggs and egg products).
- Hypersensitivity/anaphylaxis to a previous dose of the vaccine.
- Immunocompromise due to disease or medical treatment.
- History of a thymus disorder.
- Age less than nine (9) months of age



Others might consider delaying vaccination if they are pregnant or breastfeeding. If vaccination is not possible you should reconsider your need to travel to an endemic region.

REVACCINATION

Individuals vaccinated prior to 2016 will have been advised that booster doses are required every 10 years or may have a vaccine certificate that has past the expiry date. However, a single dose of the yellow fever vaccine is now considered to give life-long protection and a certificate with an expiry date will remain valid.

People with certain medical conditions are more likely to have a suboptimal response to vaccination and it is still recommended that they receive a booster after 10 years.

People who may require yellow fever vaccination 10 years after first receiving the vaccine include;

- Individuals who were pregnant at the time of their initial dose of yellow fever vaccine.
- Individuals who were infected with HIV at the time of their initial dose of yellow fever vaccine.
- Laboratory workers with ongoing exposure to yellow fever.
- Individuals who have had a haematopoietic stem cell transplant since their last dose of yellow fever vaccine.
- Individuals with a high ongoing risk of contracting yellow fever.

Your GP will discuss the risk and benefit of Yellow Fever vaccination with you. If deemed suitable, they will arrange vaccination and appropriate documentation, which should be kept with your passport at all times. If you lose your vaccination book, please contact us (other clinics will not be able to replace the yellow book).