

Current major event

Global strategy to Eliminate Yellow fever Epidemics (EYE)

On 10 April 2018, WHO and partners launched the Global Strategy to Eliminate Yellow fever Epidemics (EYE). At a meeting in Abuja Nigeria, WHO, UNICEF, Gavi and health officials across the African continent re-affirmed their commitment to eliminate Yellow fever.

Editorial note

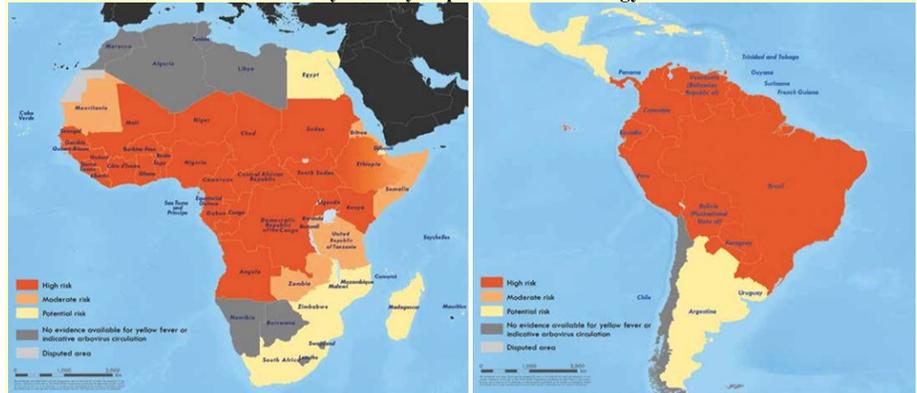
Despite availability of safe, effective and affordable vaccine for decades, large outbreak of yellow fever have continued to occur in different parts of the world. These outbreaks have had substantial public health, social and economic consequences in the high risk countries in the African continent and South America (*see Map*).

Changes in outbreak drivers, including rapid urbanization, globalization and international air travel, changes environment and climate, and resurgent of mosquitoes, have made yellow fever a serious global threat. In response to this threat, the EYE Strategy was developed to support countries and regions that are considered most vulnerable to yellow fever outbreaks. Steered by WHO, UNICEF, and Gavi, the Vaccine Alliance, EYE supports 40 countries and involves more than 50 partners.

With a vision of the world without yellow fever epidemics by 2026, the EYE strategy is comprehensive and multi-component outlining three strategic objectives and five enabling factors. The strategy urges the countries in the implementation and sustainability of vaccination campaigns and routine immunization programmes to protect at risk population. It recommends building resilient urban centers and strengthening the application of the International Health Regulations (IHR) to prevent international spread. In addition, it calls for strengthening the surveillance and laboratory capacity to respond to yellow fever cases and outbreaks.

Since 2017, Brazil has been fighting to bring under control one of its worst epidemics of yellow fever, with more than 3500 cases and hundreds of deaths. Unlike the previous yellow fever outbreaks occurring mainly in rural areas, the current epi-

Yellow Fever risk classification by country as per the EYE Strategy: Africa and Latin America.



dem in Brazil has been characterized by more cases reported in areas near large cities. Patterns of urban transmission, where yellow fever quickly amplifies and spreads, were also seen in Africa, during the devastating epidemics in Angola and the Democratic Republic of the Congo (DRC) in 2016.

In WHO Eastern Mediterranean Region, Sudan is the only country considered as having high risk of yellow fever. During the past decades, large epidemics of yellow fever has been reported in Sudan in 2003, 2005 and the latest in 2012-2013 resulting in nearly 1000 cases and hundreds of deaths. Following the national risk assessment in 2013, confirming the circulation of yellow fever virus in all parts of the country, Sudan has conducted preventive mass vaccination campaigns in phased manner since 2014. Another two countries in the Region, Somalia and Djibouti, are considered as having moderate risk. However limited surveillance, prevention and control activities exist in these countries due to inadequate public health infrastructure.

Building upon the momentum of the Abuja meeting, WHO/EMRO is supporting the preventive mass campaigns in 2018-2019 and introduction of routine immunization for YF in 2019 in Sudan. Somalia and Djibouti, will receive support to undertake risk assessment and strengthen their national capacity for prevention and control of yellow fever. Even though most countries in the region are at low risk of occurrence of yellow fever outbreaks, a number of countries are at risk of importation of the disease. The countries at risk of importation of the disease will receive guidance on prevention of international spread in line with the EYE strategy.

Update on outbreaks in the Eastern Mediterranean Region

MERS in Saudi Arabia; **cholera** in Somalia; **cholera** in Yemen; **Diphtheria** in Yemen.

Current public health events of international concern [cumulative N° of cases (deaths), CFR %]

Avian influenza: 2006-2017

| | |
|----------------|------------------|
| Egypt (A/H5N1) | [359 (122), 34%] |
| Egypt (A/H9N2) | [4 (0)] |

Ebola virus disease (EVD): 2018

| | |
|------------------------------------|-------------------|
| Democratic Republic of Congo (DRC) | [107 (70), 65.4%] |
|------------------------------------|-------------------|

Rift Valley fever : 2018

| | |
|--------|------------------|
| Kenya | [95 (11), 11.6%] |
| Uganda | [23 (8), 34.8%] |

Cholera: 2017-2018

| | |
|----------|---------------------------|
| Somalia | [6 169 (41), 0.7%] |
| Yemen | [1 125 189 (2 326), 0.2%] |
| Tanzania | [3 422 (66), 1.9%] |

Diphtheria: 2018

| | |
|------------|--------------------|
| Yemen | [1 904 (98), 5.1%] |
| Bangladesh | [8 102 (44), 0.5%] |

MERS: 2012-2018

| | |
|--------------|----------------------|
| Saudi Arabia | [1 864 (719), 38.6%] |
|--------------|----------------------|

Yellow Fever: 2017-2018

| | |
|--------|----------------------|
| Brazil | [1 266 (415), 32.7%] |
|--------|----------------------|