



YELLOW FEVER

1. **Agent:** Yellow fever virus.
2. **Identification:**
 - a. **Symptoms:** Acute onset with fever, backache, bradycardia, nausea, vomiting, jaundice, and hemorrhaging. Leukopenia, albuminuria, and anuria can also occur. Duration is short; severity varies.
 - b. **Differential Diagnosis:** Any viral hepatitis, leptospirosis, typhoid fever, dengue, bacterial sepsis, any hemorrhagic fever virus.
 - c. **Diagnosis:** Serologic tests. EIA or FA for viral antigen in blood or liver tissue; isolation of virus from blood; complement fixation (CF). Characteristic changes in the liver are also seen.
3. **Incubation:** 3-6 days.
4. **Reservoir:** In urban areas, humans and mosquitoes; in sylvan areas, primates and forest mosquitoes.
5. **Source:** Infected mosquitoes.
6. **Transmission:** Bite of infective mosquitoes.
7. **Communicability:** Not person-to-person. Human blood can infect feeding mosquitoes during first 3-5 days of illness. Mosquito is infected for life, and can transmit virus 9-12 days after feeding.
8. **Specific Treatment:** Supportive measures only.
9. **Immunity:** Permanent.

REPORTING PROCEDURES

1. **Reportable.** *California Code of Regulations* Section 2500 and 2640. **Immediate telephone report of case or suspect case is required.**
 - a. Call Morbidity Unit during working hours.

- b. Call the Acute Communicable Disease Control Unit. After hours call County Operator and ask for the Administrative Officer of the Day.
2. **Report Form:** **YELLOW FEVER CASE REPORT (CDPH 8584).**
3. **Epidemiologic Data:**
 - a. Recent travel to endemic areas. The fatality rate in indigenous populations of endemic areas is <5%, but may reach 50% among non-indigenous groups and in epidemics.
 - b. Exposure to mosquitoes.
 - c. Reports of febrile illness or unexplained deaths in the area.

CONTROL OF CASE, CONTACTS & CARRIERS

Immediate investigation required.

CASE:

Isolation: Blood and body fluid precautions.

Precautions: Patient should be kept in a screened room for at least five days after onset.

CONTACTS:

Recommend yellow fever vaccine if indicated.

PREVENTION-EDUCATION

1. Vaccine is available for travelers to endemic areas.
2. Minimize contact with mosquitoes in endemic areas by using nets and repellents.

DIAGNOSTIC PROCEDURES

Clinical and epidemiologic history is required to aid the laboratory in test selections.

1. **Serology:** Paired acute and convalescent venous or capillary sera recommended.



Container:

Red top or serum separator tube (SST, a red/gray top Vacutainer tube).

collection. If samples cannot be transported immediately, they may be held at 4-8°C for up to 72 hours before shipping. Otherwise, specimens should be frozen at -70°C and shipped on dry ice. |

Laboratory Form: CDPH VRDL Specimen Submittal Form

Exam Requested: Yellow fever serology.

Material: Whole clotted blood or serum. Allow whole blood to clot at room temperature for a minimum of 30 minutes and centrifuge.

Amount: 5-7 mL blood.

Storage: Samples should be transported on cold packs as soon as possible following collection. If samples cannot be transported immediately, they may be held at 4-8°C for up to 72 hours before shipping. Otherwise, specimens should be frozen at -70°C and shipped on dry ice.

Remarks: Collect first (acute) blood as early as possible, preferably within 5 days after onset. Collect second (convalescent) blood 10-14 days after first blood is drawn. Label all specimens with name of patient.

2. **PCR:** Blood samples collected within the first 5 days of illness must be transported immediately under refrigeration to the Public Health Laboratory for shipment to the State

Container:

Red top or serum separator tube (SST, a red/gray top Vacutainer tube).

Laboratory Form: CDPH VRDL Specimen Submittal Form

Exam Requested: Yellow Fever PCR.

Material: Whole clotted blood or serum. Allow whole blood to clot at room temperature for a minimum of 30 minutes and centrifuge.

Amount: 5-7 mL blood.

Storage: Samples should be transported on cold packs as soon as possible following