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