



REPUBLIC OF ZAMBIA

MINISTRY OF HEALTH

MINISTERIAL STATEMENT BY HON. DR.  
JOSEPH KASONDE MP, MINISTER OF  
HEALTH TO UPDATE PARLIAMENT ON  
THE REVISED GLOBAL YELLOW FEVER  
RISK MAP AND RECOMMENDATIONS  
FOR VACCINATION.

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Mr Speaker,

I wish to thank you for giving me this opportunity to address this House and the nation at large on the revised global yellow fever risk map and recommendations for vaccination.

My statement is aimed at highlighting the new criteria for classification of countries for risk according to the prevalence of yellow fever cases, the disease pattern of yellow fever and some of the measures that may be put in place to control yellow fever.

Mr. Speaker,

May I start my statement by briefing the House and the nation at large that the revised global yellow fever risk map and recommendations for vaccination came about as a result of deliberations of a meeting of the World Health Organisation (WHO) in 2010 at which WHO reviewed its global yellow fever risk map and recommendations for Yellow Fever vaccination. This followed consensus of the WHO working group on geographic Risk for Yellow Fever.

Mr. Speaker,

Yellow Fever (YF) is an acute and often fatal infectious disease caused by the Yellow Fever virus, a flavivirus transmitted in tropical and subtropical regions, mainly through the bite of infected *Aedes* species mosquitoes in Africa, and by *Haemagogus* species mosquitoes in South America.

Mr Speaker,

Countries are classified for risk according to the extent or prevalence of yellow fever cases identified. The classification is broken into Endemic, Transitional, Low Potential for Exposure and No Risk.

With the new criteria, ***Zambia's status has been re-classified from No Risk to Low Risk.*** This means that the risk for infection in Zambia is low and vaccination is generally not recommended for **all** travellers coming to Zambia but may be requested from those travelling from countries that are endemic, transitional or low potential for exposure by classification. Because Zambia has a low potential for exposure, travellers from Zambia into other countries may be requested to prove vaccination status. Low potential for exposure means that Zambia has areas within its boundaries that are either:-

1. Bordering countries where yellow fever is endemic or transitional; or
2. Have yellow fever vectors and non-human hosts present; or
3. Have reports of yellow fever infections have been detected in either human beings or non-human primates, or
4. May have shown blood tests or other evidence of low levels of yellow fever viral transmission in their population in the past.

Mr Speaker,

South Africa and Tanzania have recently announced that all Zambians travelling to their countries will need to produce evidence of Yellow Fever vaccination as a result of the revised classification of Zambia into a low risk country.

Mr Speaker,

Allow me to brief the House and the public on the disease pattern of Yellow Fever. The disease is characterised by sudden onset of fever, a relatively slow pulse, and headache. The temperatures can be as high as 39 to 40°C. The skin becomes flushed and eyes red. Additional symptoms may be those of nausea, vomiting, constipation, and muscle pains especially of the neck, back and legs, restlessness and irritability. After a few days (3 -9 days), the fever returns and jaundice (the skin and eyes become yellow) and the patient begins vomiting black vomit (hematemesis).

Yellow Fever is diagnosed or confirmed by laboratory tests which are easily available in Zambia and even if some infections are mild and sometimes not apparent, only about 10% of clinically diagnosed cases may end into death.

Mr Speaker,

Prevention of yellow fever can be achieved through vaccination. The vaccine is available in our public health institutions to the travelling public and because it is not a part of routine immunisations, the vaccine is provided at a minimal fee. This vaccination offers immunity to the

vaccinated client for a period of 10 years and sometimes more. The vaccination must be given at least 10 days before the travel date.

Mr Speaker,

I am happy to inform this august House that thirty four (34) vaccination centres have been commissioned countrywide in the past. However, due to the cost of these vaccines some centres have not been able to sustain the service. The Ministry of Health is currently reviewing its implementation policy to ensure continuous access to yellow fever vaccination designated public health facilities.

Mr Speaker,

One must remember that when one acquires yellow fever, ***there is no definitive treatment.*** However supportive treatment which is aimed at alleviating symptoms is available and there is need for the patient to be confined to complete bed rest.

Mr Speaker,

In conclusion, allow me to state that because Zambia has been classified as having a low potential for exposure, travellers from Zambia into other countries may be requested to prove vaccination status. It is therefore imperative that ***Zambians travelling outside the country know their yellow fever vaccination status and carry an approved yellow fever vaccination booklet provided on vaccination at designated centres.***

In addition, Zambians travelling abroad must take interest in learning about the risk status of the particular countries they are travelling to so that necessary measures are taken before departure.

**Mr. Speaker, I thank you.**