

NOTIFIABLE MEDICAL CONDITIONS (NMC) CASE DEFINITIONS FLIPCHART

Category 1: Immediate reporting telephonically followed by written or electronic notification within 24hrs of diagnosing a case

YELLOW FEVER

Why is surveillance necessary?	Who must notify and when?	Suspected case definition	Probable case definition	Confirmed case definition
<p>Yellow fever is an acute viral haemorrhagic disease transmitted by infected mosquitoes (<i>Aedes aegypti</i>). Humans can be fully protected if administered vaccination at least a month prior to travel to an endemic area in parts of Africa and South America. Vaccination at least ten days prior to travel provides 80-100% protection.</p> <p>Yellow fever is not known to occur in South Africa, and no imported cases have been documented.</p> <p>Notification of cases is essential as it will allow public health officials to investigate cases and conduct entomological investigations to prevent further cases.</p>	<p>The health care practitioner who suspects CCHF and requests laboratory testing should notify the case.</p> <p>The laboratory that diagnoses the condition should also notify the case</p>	<p>A person with sudden onset of fever >38.5°C and with</p> <ul style="list-style-type: none"> chills, headache, back and muscle pain, nausea and vomiting, followed by a 24-hour remission and a recurrence of signs and symptoms with subsequent jaundice, hepatitis, albuminuria, renal failure within two weeks, or haemorrhagic signs, shock or death within three weeks of onset of illness <p>AND a travel to a yellow fever endemic area in the week preceding the onset of illness, in the absence of vaccination against yellow fever (https://www.who.int/emergencies/yellow-fever/maps/en/).</p>	<p>Any deceased suspected case (where it has not been possible to collect specimens for laboratory confirmation) having an epidemiological link.</p>	<p>A confirmed case is a yellow fever unvaccinated person with laboratory evidence of yellow fever virus infection by</p> <ul style="list-style-type: none"> PCR positive and virus isolation from the patient's first (single) specimen, or PCR positive and IgM positive result on patient's first (single) specimen, or PCR positive on two separate specimens from the same patient collected at least one day apart, or PCR positive but IgM/IgG negative result in patient's first specimen and PCR negative but IgM/IgG positive result in patient's second specimen collected at least one day apart, or An increase in IgM/IgG titres between acute and convalescent specimens.
<p>Additional notes Clinicians suspecting yellow fever should contact the NICD 24-hour hotline (082-883-9920) for assistance with the diagnosis. Clinicians who submit specimens for yellow fever testing should also complete the case investigation form that is found at https://www.nicd.ac.za/diseases-a-z-index/yellow-fever/</p>				
<p>Additional resources A frequently asked question (FAQ) document and a case investigation form are available at https://www.nicd.ac.za/diseases-a-z-index/yellow-fever/</p>				