

EDİTÖRE MEKTUP / LETTER TO THE EDITOR

Declaring the end of 2015-2016 yellow fever outbreak in Angola and the Democratic Republic of the Congo

Angola ve Demokratik Kongo Cumhuriyeti'nde 2015-2016 yılı sarı humma salgınının sona erişinin deklarasyonu

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Dear Editor,

The 2015 outbreak of yellow fever, which initially came into notice in the December month in Angola and subsequently in the Democratic Republic of the Congo in March 2016, was an eye opener for the public health authorities¹. Further, the viral infection from Angola got exported internationally to three nations¹. In-fact, more than 960 confirmed cases and 7200 suspects were reported from Angola and DRC^{1,2}. In addition, 147 disease specific deaths were reported in the outbreak in two of the worst affected nations².

The outbreak was unique in terms of being urban in origin, present in a highly dense population, limited supplies (medicines, logistics, vaccines, etc.), infrastructure constraints, and presence of a susceptible population^{1,2}. However, due to the constant and streamlined efforts of international welfare agencies & local public health authorities, mass scale immunization of people, and stringent implementation of international health regulations, end of the outbreak was declared³. In-fact, the last case of the disease was reported during the month of June and July 2016 in Angola and DRC respectively, and thus an end to the outbreak was declared in Angola in Dec 2016 and in the DRC in February 2017 after no new confirmed cases was reported for more than 6 months¹⁻³.

The adopted approach to the outbreak was unparalleled and it included immunization of close to 30 million individuals in the two nations². These immunization activities were carried out with the

support of more than 40000 volunteers and many non-governmental organizations². However, due to the enormous demands of the vaccine, an emergency stockpile of the vaccine became deficient and a strategy of fractional dosing was adopted. In addition, efforts were taken for the strengthening of the surveillance system, reinforcement of the laboratory capacity, specific case management guidelines were formulated, training of the health personnel & volunteers were organized, and integrated vector control measures were implemented¹⁻³.

Even though, the yellow fever outbreak has come to an end, there is a great need to continue the support to the affected nations1. This is essentially because of the climate changes, increased migration of people within and across borders from rural to urban regions, and due to the resurgence of the vector mosquito, which increases the risk of future epidemics as well^{1,2}. Thus, there is an extensive need for the collaboration among all the stakeholders to ensure that all people are vaccinated before an outbreak strikes, and to improve the international vaccine stocks for initiating a timely outbreak response, especially in high risk nations^{2,3}.

To conclude, the 2015 outbreak of yellow fever has come to an end, but it has taught us immensely about the prevailing loopholes in the public health system, lack of planning of urban cities from the environmental sanitation perspective, and inadequate preparedness. Thus, it is high time that the policy makers learn from this outbreak and work

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together to bring about necessary reforms to be better prepared for any future outbreaks of the disease.

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