[SCIENTIFIC AND TECHNICAL ADVISORY GROUP ON YELLOW FEVER RISK MAPPING (GRYF)]

Third teleconference
18 January 2017
2:30–3:45 Central European Time
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Opening and selection of a new Chair

The third teleconference of the World Health Organization (WHO) Scientific and Technical Advisory Group on Yellow Fever Risk Mapping (GRYF) was held on 18 January 2017 at 2:30 Central European Time. Annex 1 contains the agenda of the meeting, while the list of participants in the teleconference is included in Annex 2.

In opening the teleconference, the Secretariat announced that the current Chair, Dr Pedro Fernando da Costa Vasconcelos, Head of the Department of Arbovirology and Hemorrhagic Fevers and Director of the National Reference Laboratory for Arboviruses and the National Institute for Viral Hemorrhagic Fevers of Brazil, who had been Chair of the advisory group since its inception, had requested to be replaced in this position due to his exceptionally busy schedule resulting from recent outbreaks of Zika virus and yellow fever in Brazil. It was proposed that Dr Lucille Hellen Blumberg, Deputy Director of the National Institute for Communicable Disease, National Health Laboratory Service of South Africa, should take over as Chair.

Dr Blumberg was duly appointed Chair of the GRYF and formally welcomed all participants to the discussion. She expressed thanks to Dr Vasconcelos for his efficient leadership of the GRYF to date. The new Chair called the roll of participants, noting that apologies for non-participation had been received from Dr Amr Mohamed Kandeel of Egypt; Dr Jennifer Erin Staples of the United States Centers for Disease Control and Prevention (CDC); Dr Oyewale Tomori of Redeemer’s University, Nigeria.

Introduction

Agenda

The Chair summarized the agenda and objectives of the teleconference, noting that an update on the current outbreak in Brazil should be included, as should the issue of potentially updating the yellow fever recommendations for travellers. The agenda was duly accepted.

Report of the second teleconference

All members of the GRYF had received the report of the second teleconference of the GRYF, which had taken place on 28 April 2016. The report was accepted without discussion.
Review of country requests for revision of risk classification

Panama: review of updates and questions for clarification

In November 2013 the Ministry of Health of Panama wrote to WHO urging that the provinces of Colon and Panama should be designated as areas with no risk for yellow fever. Members of the GRYF were informed at their first teleconference in December 2015 that WHO’s previous Informal Working Group on Geographic Risk of Yellow Fever had judged parts of these provinces to be transitional areas where yellow fever infection was still possible and had therefore recommended continuation of the requirement for vaccination of travellers.

Subsequently the GRYF established a working group (Jennifer Erin Staples, Daniel Salomon and Hervé Zeller) to assess the issue and gather further information on the situation in collaboration with the Pan American Health Organization (PAHO).

It was reported at the third teleconference that there had been some limited progress. The working group had discussed the situation in Panama but felt that data were insufficient to allow for an informed judgement to be made. A set of questions had been drafted to elicit further information from Panama but there was a lack of clarity on the procedure to be followed (with Panama or with other countries expressing similar concerns). Countries state their positions on their classification when they respond to the annual questionnaire from WHO. The working group’s questions focused on issues that included human and animal surveillance, laboratory investigative capacity, the capacity and awareness of medical personnel, medical facilities, the location and insecticide-resistance of *Aedes aegypti* mosquitos. It was noted that recent scientific publications with survey data on yellow fever in Panama would also be helpful.

In discussion with the working group and PAHO, GRYF members agreed that initial contact with Panama should be through PAHO with a telephone call to the Ministry of Health to explain the process to be followed. The ministry would then be sent the questions and a working group teleconference with ministry representatives would be held to clarify concerns. The outcome of the working group’s teleconference and the ministry’s response to the questions would then be presented to the full GRYF membership. GRYF members urged that the ministry participants in the teleconference should be persons who are able to answer the specific questions. The members of the Panama working group were asked to supply PAHO within the next few weeks with options for dates on which they would be available to take part in the teleconference with the ministry.
Argentina: risk assessment and request for change

In December 2016, in response to WHO’s questionnaire on yellow fever status for the 2017 update of *International travel and health* (ITH), Argentina formally requested that the text on that country should be changed to state that yellow fever vaccination is recommended only for travellers to the provinces of Corrientes and Misiones. This concern had been communicated earlier and the first GRYF teleconference had established a working group (Adelle-Lisa Chang On, Susan Henry, Kalpana Baruah, Pedro Vasconcelos and Emily Jentes) to assess the situation but this had been unable to make much progress.

PAHO reported that yellow fever risk is limited to Corrientes and Misiones provinces and that the rest of the country is not at risk. In Argentina, yellow fever vaccination is recommended for national and foreign tourists travelling to Misiones and Corrientes provinces. For persons living in those provinces vaccine is administered at the age of 18 months in accordance with the national immunization schedule.

Argentina had expressed some concern at the risk–benefit balance of unnecessary vaccinations at exit since most of the country is free from risk. Additionally, members of the GRYF were informed that Argentina has been affected by some vaccine shortages. GRYF members stressed the need for yellow fever risk mapping. One proposal to avoid unnecessary immunizations was to provide Argentinian travellers with a certificate stating that their yellow fever vaccination is not required. This would require the two affected provinces to be included in WHO’s recommendations.

It was agreed that the working group should be reconstituted and that it should proceed with its assessment with input from PAHO and from Dr Oscar Daniel Salomón, Director of Argentina’s National Institute of Tropical Medicine and a member of the GRYF. As the call was of relatively poor quality, PAHO was asked to summarize its suggestions in an email to the GRYF.

PAHO followed up by email to HQ and the GRYF Chair with the following proposal:

Argentina wishes to receive the questions from the GRYF by end of March 2017. Argentina intends to provide its feedback in writing within 30 days, which would be the result of the consensus reached by a multi-disciplinary and intersectoral group that would be convened by the Ministry of Health (MoH). Should the feedback provided by Argentina not be satisfactory for the GRYF, national experts, convened by the MoH, would be available to hold a video conference with the GRYF/relevant GRYF sub-group.

There are two issues that officials from Argentina anticipate as being under GRYF's scope of work:
1. Definition of area at risk for YF transmission and their communication in WHO documents/publications. Should there be, in the light of the information provided by Argentina so far, any discrepancy between the GRYF and Argentina’s respective risk assessment, the authorities of Argentina would expect the GRYF substantiating its questions with evidence;

2. Proof of YF vaccination as entry requirement by a number of countries for travelers preceding from Argentina as a whole. Well-defined areas at risk of YF transmission are present on the Argentinian territory and risk-benefit considerations do not warrant the vaccination of travelers proceeding from non at risk areas.

Addressing the second issue requires further discussion within the GRYF and with Argentinian authorities, given that the possibility under the IHR(2005) to issue an exemption vaccination certificate can only be done on medical and individual grounds, not on epidemiological ones.

**Kenya: update**

During its second teleconference in April 2016 the GRYF was informed of two infected travellers who arrived in Kenya from Angola. The possibility of sustained local transmission in Kenya and further international disease spread from Kenya were considered to be low.

Several documents on yellow fever risk and Kenya were made available to GRYF members. However, Professor Oyewale Tomori of Nigeria, who had been due to report on Kenya, was unable to join the teleconference. Consequently it was agreed that the current recommendations on Kenya should not be changed but that Kenya would be further considered at the next teleconference.

**Risk classification and country requirements**

**Country responses to WHO questionnaire**

The Secretariat summarized the International Travel and Health (ITH) country list and Annex 1, noting that all WHO Member States receive a questionnaire each year and that their responses enable WHO to keep the Member States’ requirements listed in the country list up to date. The most recent questionnaire was sent out in September 2016 and, as of 18 January 2017, 92 responses had been received. Requests for change had been received from Peru and Argentina but were not yet implemented in the ITH, pending GRYF review.
So far, 83 countries have reported implementing the lifelong validity of yellow fever vaccination, although three territories of the United Kingdom (UK) reported not implementing it and five UK territories did not respond. The response from China was unclear and the country has been asked for clarification via the WHO Regional Office for the Western Pacific. Since the teleconference, Secretariat received further clarifications from China, and measures are being taken to implement the life-long validity of vaccination certificate. In addition, the Secretariat contacted the National International Health Regulations Focal Point (NFP) of three countries following rumours of noncompliance with the lifelong validity certificate of yellow fever vaccination.

Country requests for changes to the ITH

Argentina requested that the text on at-risk areas in the country list should be revised and additionally that the names of two specific provinces (Corrientes and Misiones) should be inserted after the name of Argentina in Annex 1 (Table summarizing the countries/territories with risk of yellow fever transmission as determined by WHO as well as State requirements for yellow fever vaccination). This has never been done for any country since the control of borders for international traveler is based on the country of origin and not a specific area of that country. Argentina’s request also stated that the yellow fever vaccination requirement contradicts the wording of the WHO Executive Board Resolution EB136 which states that a formal scientific and technical advisory group on geographical yellow fever risk mapping should “provide guidance on yellow fever vaccination for travellers in ways that facilitate international travel”.

Peru’s proposals to change the WHO recommendations for international travellers were reported to the GRYF. The changes were considered minor and related to the list of specific areas for which vaccination is recommended by WHO. After discussion it was agreed that these proposed changes will not be incorporated without further clarification and discussion by the GRYF.

The role of the GRYF in relation to the ITH

GRYF members underlined the fact that the ITH country list reports not only State requirements for international travellers at point of entry but also WHO’s yellow fever vaccination recommendations for international travellers. WHO updates the State entry requirements on the basis of the questionnaire and State requirements received. However, proposal from countries regarding WHO recommendations for international travellers as well as risk mapping should be duly reviewed by the GRYF. GRYF members stressed that the recommendations about vaccination must be based on expert judgment. GRYF members reminded that one of the objective of the GRYF was to promote the international harmonization of the Yellow Fever risk mapping
The Secretariat underlined that the changes proposed by Peru and Argentina would not be incorporated without further clarification. It was pointed out that the GRYF is an advisory group to WHO’s Director-General. The recommendations made in the ITH are WHO recommendations and therefore the Director-General makes the final decision as to their inclusion.

The Chair asked the Secretariat to circulate the questionnaire so that GRYF members could review it and submit their comments.

Update on Brazil

Dr Vasconcelos reported that Brazil was experiencing outbreaks of yellow fever in the state of Minas Gerais which is defined as an area at risk for yellow fever transmission. In 2016, 144 suspected cases were reported in 29 municipalities, with 37 probable cases and 22 fatalities. A public health emergency has been announced in Minas Gerais and samples are under investigation. Especially worrying is the fact that some of the suspected cases are from areas where no yellow fever has been found for six decades. Vaccination coverage in the state was reported to be low and the Ministry of Health has made 1.5 million doses of vaccine available.

Follow-up

• Members of the Panama working group to inform PAHO by 10 April of dates when they would be available to take part in the teleconference with the Ministry of Health of Panama.
• The Argentina working group to be revived and, with input from PAHO and Dr Salomón, to go ahead with an assessment of Argentina’s request.
• In order to ensure consistency of international advice, the Secretariat to seek clarification from both countries and GRYF regarding proposed changes to the ITH text.
• Copies of WHO’s ITH questionnaire to be circulated to all GRYF members for their comments.

Closure

The Chair announced that the next teleconference of the GRYF would be held in three months’ time, the exact date and time to be communicated by the Secretariat. The Chair closed the meeting at 3:45 Central European Time.
Annex 1 - Agenda

1. Opening Session
   - Chair transition
   - Introduction from new Chair
   - Objectives of the meeting

2. Review of country requests for revisions of risk classification:
   - Kenya – finalize recommendations
     - Kenya Background risk assessment 2010: http://ezcollab.who.int/?1hv51430
     - Country official request to WHO/GRYF: http://ezcollab.who.int/?x9fwgrgf
     - Summary of risk assessment report: http://ezcollab.who.int/?f4m9lc5v
     - Comprehensive 2013 risk assessment report: http://ezcollab.who.int/?6p0j94zl
     - Report Prof Tomori: http://ezcollab.who.int/?fkrgym0a
   - Panama – review updates on questions for clarification
     - Panama risk assessment background 2010 http://ezcollab.who.int/?y0hyffrq
     - Panama request 2013: http://ezcollab.who.int/?vq2mzn8v (SP), http://ezcollab.who.int/?yf9pkry5 (EN)
     - GRYF subgroup questions for the country 2016: http://ezcollab.who.int/?5879w3f7
   - Argentina
     - Argentina risk assessment background 2010: http://ezcollab.who.int/?51ffvt7 (EN)
     - Argentina request 2016: http://ezcollab.who.int/?acxvq12f (SP), http://ezcollab.who.int/?yns85mj (EN)

3. Updates on risk classification and vaccination requirements
   - Country list (draft not to be shared): http://ezcollab.who.int/?np0n7v0a
   - Annex 1 of the ITH publication (draft not to be shared): http://ezcollab.who.int/?0g998rdj
   - Use of fractionate dose of YF vaccine for travellers

4. Closure
   - Summary and next steps
Annex 2 - List of participants

MEMBERS
Professor Lucille Hellen Blumberg, Chair
Deputy Director, National Institute for Communicable Disease (NICD), National Health Laboratory Service (NHLS), South Africa

Professor Oyewale Tomori, Vice Chair (absent)
Professor of virology, Redeemer's University, Nigeria

Dr Kalpana Baruah (rapporteur)
Joint Director, National Vector Borne Disease Control Programme, Ministry of Health & Family Welfare, India

Mark Gershman, MD
Medical Epidemiologist, Travelers' Health Branch, Division of Global Migration and Quarantine, Centers for Disease Control and Prevention, Atlanta, Georgia, USA

Ms Susan Henry (absent)
Principal Consultant, Third Element Consulting, and Risk & Governance Discipline Program Leader, Emergency Management Australia, Attorney General’s Department, Australia

Dr Amr Mohamed Kandeel (excused)
Chief, Preventive and Endemic Diseases Sector, Ministry of Health and Population, Egypt

Professor Mapatano Mala Ali
Department of Epidemiology and Nutrition, Ecole de Santé Publique, Democratic Republic of Congo

Dr Chang On
County Medical Officer of Health, Ministry of Health, Trinidad and Tobago

Dr Amadou Sall (absent)
Director of the WHO collaborating Center for arboviruses and viral hemorrhagic fevers, Institut Pasteur de Dakar, Senegal

Dr Néstor Sosa (excused)
Director General, Instituto Conmemorativo Gorgas de Estudios para la Salud (ICGES), Panama
Dr Pedro Fernando da Costa Vasconcelos
Head, Department of Arbovirology and Hemorrhagic Fevers, Director, National Reference Laboratory for Arboviruses, Director, National Institute for Viral Hemorrhagic Fevers, Brazil

Dr Herve Zeller
Senior expert and Head Emerging and Vector borne Disease Programme European Center for Disease Prevention and Control (ECDC), Sweden

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Dr Jennifer Erin Staples (excused)
Medical Epidemiologist, Arboviral Disease Branch, Division of Vector-borne Diseases, Centers for Disease Control and Prevention, USA

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