

Whiteparish Surgery Yellow Fever Information and Consent

Yellow Fever is an acute flavivirus infection spread by the bite of an infected mosquito and occurring in tropical Africa and South America. Illness ranges from non-specific symptoms to an illness of sudden onset with fever, vomiting and prostration which may progress to haemorrhage and jaundice. In endemic areas fatality is about 5%, in non-indigenous individuals and during endemics the case fatality rate for un-immunised adults can exceed 50%.

The incubation period is generally 3-6 days but may be longer. Death usually occurs 7-10 days after onset of illness. There is no specific treatment for Yellow Fever.

Two epidemiological forms of yellow fever are recognised, although they are clinically and aetiologically identical. In urban yellow fever the host is man and disease is spread by the mosquito. Jungle yellow fever is transmitted among non human hosts (mainly monkeys) by forest mosquitoes which may also bite and infect humans.

Prevention measures against urban yellow fever include protection from mosquito bites and immunisation. Jungle yellow fever can be prevented by immunisation.

Immunisation against yellow fever must be documented by a valid international certificate of vaccination which is compulsory for entry into some countries either for all travellers or from those arriving from infected areas. **Vaccination must occur no less than 10 days before entry requirements or exposure in infected areas.**

Yellow Fever vaccine is a live attenuated freeze dried preparation of the 17D strain of yellow fever virus, grown in leucosis-free chick embryos. Each 0.5ml dose contains less than 1000 mouse LD50 units. The vaccine contains no more than 2iu of neomycin and 5iu of polymyxin per dose. Dose is 0.5ml subcutaneous irrespective of age. A single dose correctly given confers immunity in nearly 100% of recipients; immunity persists for at least 10 years and probably for life, although re immunisation is currently recommended after 10 years.

Recommendations are that the following should be immunised:

Persons aged 9 months and over travelling through or living in infected areas and those travelling outside urban areas of countries in the yellow fever endemic zones.

Immunisation is not recommended for those under 9 months, however if the risk of exposure cannot be avoided it may be performed.

Possible Adverse Reactions

- ⌘ Mild headache, myalgia, low grade fever or soreness at site of injection 5-10 days after immunisation.

- ⌘ Immediate allergic reaction such as urticaria and rarely anaphylaxis have also been reported
- ⌘ Rarely encephalitis has been described following the 17D tissue culture vaccine in young children, all but one of who have recovered without sequelae.

Contraindications

Yellow Fever should not be given to

- ⌘ Persons suffering febrile illness
- ⌘ Person receiving high dose corticosteroid or immunosuppressive treatment including radiation therapy
- ⌘ Person suffering from malignant conditions such as Leukaemia or Hodgkins Disease
- ⌘ Pregnant women
- ⌘ Persons known to be hypersensitive to neomycin or polymyxin or to have had an anaphylaxis reaction to eggs
- ⌘ HIV patients

Consent

I have read and understood this information regarding Yellow Fever

I am travelling to an at-risk country and am aware of the contraindications and these do not apply to me

I am aware of possible adverse reactions to the vaccine and give my consent to immunisation

Patient signature Date

Name (PRINT)

Parent/Guardian..... (under 16yrs)