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Assignment 1 Unit 4

Evaluation of an Urban Response

Yellow Fever

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When evaluating of a Yellow fever is endemic in ten south and Central American countries and also several Caribbean islands. According to density and habitats of Aedes and aegypi have expanded both in urban and rural areas. However when referring to Egypt as corollary and the circulation of the virus at mosquito All the border areas, as well as other parts of the South where the mosquitoes are expected to be abundant, have a high percentage of households living below as the poverty line, also according to 2014 U.S. Census data analyzed by the research team.

Most of the lower-income residents can be more exposed to mosquito bites if they live in non-air conditioned houses or have torn or missing screens, enabling mosquitoes to enter homes more easily. However, *Aedes aegypti* populations tend to thrive in densely populated urban areas, and some of the most impoverished areas are rural.

 **Health impact and prospect**

Having the impact of a clinical spectrum of YF varies from a very mild, nonspecific, febrile illness to a fulminating, sometimes fatal disease with path gnomonic features. However severe cases jaundice and bleeding diathesis with hepatorenal involvement are common. According to the fatality rate of severe YF is 50% or higher. Despite landmark achievements in the understanding of the epidemiology of YF and the availability of a safe, efficacious vaccine, YF remains a major public health problem in both Africa and South America, where annually the disease affects an estimated 200,000 persons, causing an estimated 30,000 deaths. Since the 1980s epidemics of YF in Africa have affected predominantly children under the age of 15 years

**Economic response**

According to Africa contributes more than 90% of global yellow fever morbidity and mortality. Apart from the severity in morbidity and mortality, which are grossly under reported, successive outbreaks of yellow fever and control measures have disrupted existing health care delivery services, overstretched scarce internal resources, fatigued donor assistance and resulted in gross wastage of vaccines. Recent epidemics of yellow fever in Africa have affected predominantly children under the age of fifteen years. Yellow fever disease can be easily controlled.

**Political response and Response**

In addition to the ground level work currently being carried out by the World Health Organization, UNICEF and other partners, the IFRC is further deploying a Field Assessment Coordination Team to Angola to conduct an in-depth assessment of needs and gaps, primarily focused on improved community surveillance, vector control, and addressing rumors that are spreading about the disease and vaccinations. The expanded emergency operation will focus on newly-affected districts and in border areas.

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**Strategy**

The control strategy for yellow fever should include sound epidemiologic surveillance, and delivery of yellow fever vaccine through a complementary and optimized combination of routine immunization and mass preventive campaigns," the group writes. SAGE stressed that all at-risk countries should set time-defined objectives for introducing the vaccine and establishing regional plans for controlling the disease.

**Weaknesses**

Progress with introducing new or underused vaccines in Africa has been slow, the experts wrote. So far only seven countries have introduced the rotavirus and/or pneumococcal conjugate vaccines, which are often costly and unaffordable for most. Additional countries are expected to introduce the vaccines this year with global health funding.

**Opportunities**

Having opportunities as outbreaks continue to occur; the world is faced with a limited availability of a life saving vaccine. Urban epidemics could overwhelm emergency response capacity and jeopardize global health security. Without funding for preventive campaigns, countries face the loss of life and social and economic disruption that outbreaks inevitably cause.

**Current threat**

A current threat is vast majority of cases and deaths take place in sub-Saharan Africa, where yellow fever is a major public health problem occurring in epidemic patterns. Africa also experiences periodic yet unpredictable outbreaks of urban yellow fever. Thirty-two African countries are now considered at risk of yellow fever, with a total population of 610 million people, among which more than 219 million live in urban settings.

**Conclusion**

Moving forward over a ten-year period, of stage-by-stage mass yellow fever vaccination campaigns, integrated with successful routine immunization, Africa can bring yellow fever under control. Subsequently, for yellow fever to cease being a public health problem, Africa must maintain at least an annual 80% yellow fever vaccine coverage of children under the age of 1 year, and sustain a reliable disease surveillance system with a responsive disease control programmed. This can be achieved at an affordable annual expenditure of less than US$1.00 per person per year, with a reordering of priorities (2009 H1N1).

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