WHO Statement - 19 May 2016 - An Emergency Committee (EC) regarding **yellow fever** was convened by the Director-General under the International Health Regulations (2005) (IHR 2005) by teleconference on 19 May 2016, from 13:00 to 17:15 Central European Time [1]
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The following affected States Parties participated in the information session of the meeting: Angola and the Democratic Republic of Congo.
The WHO Secretariat briefed the Committee on the history and impact of the Yellow Fever Initiative, the urban outbreak of yellow fever in Luanda, Angola and its national and international spread to the Democratic Republic of Congo, China and Kenya. Â The Committee was provided with additional information on the evolving risk of urban yellow fever in Africa and the status of the global stockpile of yellow fever vaccine.

After discussion and deliberation on the information provided, it was the decision of the Committee that the urban yellow fever outbreaks in Angola and the Democratic Republic of the Congo is a serious public health event which warrants intensified national action and enhanced international support.

The Committee decided that based on the information provided the event does not at this time constitute a Public Health Emergency of International Concern (PHEIC).

While not considering the event currently to constitute a PHEIC, Members of the Committee strongly emphasized the serious national and international risks posed by urban yellow fever outbreaks and offered technical advice on immediate actions for the consideration of WHO and Member States in the following areas:

- the acceleration of surveillance, mass vaccination, risk communications, community mobilization, vector control and case management measures in Angola and the Democratic Republic of Congo;
- the assurance of yellow fever vaccination of all travellers, and especially migrant workers, to and from Angola and Democratic Republic of Congo;
- the intensification of surveillance and preparedness activities, including verification of yellow fever vaccination in travellers and risk communications, in at-risk countries and countries having land borders with the affected countries.

The Committee also emphasized the need to manage rapidly any new yellow fever importations, thoroughly evaluate ongoing response activities, and quickly expand yellow fever

diagnostic and confirmatory capacity.Â Recognizing the limited international supply of yellow fever vaccines, the Committee also advised the immediate application of the policy of 1 lifetime dose of yellow fever vaccine [2] and the rapid evaluation of yellow fever vaccine dose-sparing strategies by the WHO Strategic Advisory Group of Experts on Immunization (SAGE).Â

Going forward, the Committee agreed with the planned review and revision of the global strategy for preventing urban yellow fever outbreaks in keeping with WHO's assessment that the risk of such events is increasing.

Based on these views and the currently available information, the Director-General accepted the Committee's assessment that the current yellow fever situation is serious and of great concern and requires intensified control measures, but does not constitute a PHEIC at this time.

The Director-General urges Member States to enforce the yellow fever vaccination requirement for travellers to and from Angola and the Democratic Republic of the Congo in accordance with the IHR (2005) [3] .

The Director-General thanked the Committee for its thorough advice on priority actions for affected and at-risk countries, and on further yellow fever risk management work for WHO.Â The Director-General appreciated the concurrence of the Committee to be reconvened if needed.