

Oneida County Health Department

PUBLIC HEALTH UPDATE

July/August 2017

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August is National Immunization Awareness Month



national
IMMUNIZATION
awareness month

National Immunization Awareness Month (NIAM) is an annual observance to highlight the importance of vaccination for people of all ages. This is a good time to make sure that people are up-to-date on important vaccines. Even healthy people can become sick and pass illnesses on to others.

All shot records for children under 18 must be put into the New York State Immunization Information System (NYSIIS). Adults can also request that shot records be entered into NYSIIS. This system helps to make sure that people get vaccines on time and to prevent over vaccination.

Some messages to emphasize with patients:

- **Vaccines protect against serious diseases**

Vaccines are among the most successful and cost-effective public health tools available for preventing disease and death. In the United States, vaccines have greatly reduced infectious diseases that once routinely killed or harmed many infants, children, and adults.

However, the viruses and bacteria that cause vaccine-preventable disease and death still exist and can be passed on to people who are not protected by vaccines. For example, measles is brought into the United States by unvaccinated travelers who are infected while in other countries. When measles gets into communities of unvaccinated people in the U.S., outbreaks are more likely to occur.

Among children born between 1994 and 2013, vaccination will prevent an estimated 322 million illnesses, 21 million hospitalizations, and 732,000 deaths over the course of their lifetimes.

- **Vaccines are recommended throughout our lives**

Vaccines aren't just for children.

Vaccines are recommended throughout our lives based on age, lifestyle, occupation, travel destinations, medical conditions, and vaccines received in the past.

Certain factors (such as health conditions) may put you at higher risk for getting some diseases or having more serious illness if you were to get sick.

- **Vaccines are very safe**

Vaccines are thoroughly tested before licensing and carefully monitored to ensure that they are safe.

Side effects from vaccines are usually mild and temporary. Some people may have allergic reactions to certain vaccines, but serious and long-term side effects are rare.

For more information go to: <https://www.cdc.gov/vaccines/events/niam.html>

World Breastfeeding Week (August 1st -7th)

The purpose of this week is to encourage breastfeeding and improve the health of babies around the world. The week also encourages organizations, businesses, and providers to protect, promote, and support breastfeeding.

Breastfeeding is the best way to provide infants with the nutrients they need. WHO recommends exclusive breastfeeding starting within one hour after birth until a baby is 6 months old. Nutritious complementary foods should then be added while continuing to breastfeed for up to 2 years or beyond.

This year, WHO is encouraging people to “Support mums to breastfeed anytime, anywhere,” as all of society has a role to play in making our communities more breastfeeding-friendly.

Check out the latest Breastfeeding Campaign-Mohawk Valley Breastfeeds:

<https://www.facebook.com/MohawkValleyBreastfeeds>



Tdap/Influenza Vaccine Reminder

- Make sure patients are up-to-date on tetanus shots.
- Children’s immunization records must be put into the New York State Immunization Information System (NYSIIS. It is strongly recommended to also put adult records into this as well.
- A Tdap (tetanus and pertussis) should be given once in a lifetime, followed by a TD (tetanus) shot every 10 years.
- It’s getting close to flu season.
- Remind patients that one of the best defenses against the flu is getting the flu vaccine, which is generally first available for the year starting in August.
- The Advisory Committee on Immunization recently voted that live, attenuated influenza vaccine (Flu Mist) not be used during the 2017-18 influenza season due to low effectiveness studies.



Please see attached NYSDOH **POWASSAN VIRUS** health advisory

Oneida County Communicable Disease Surveillance—June 2017

DISEASE	May 2017	June 2017	Total YTD (June 2017)	YTD 2016	DISEASE	May 2017	June 2017	Total YTD (June 2017)	YTD 2016
Tuberculosis	2	0	5	4	Influenza A	2	0	1,379	1,502
Giardia	1	2	15	13	Influenza B	27	0	1,270	187
Rabies Exposure	5	4	18	17	Pertussis	1	1	3	6
Salmonella	2	1	9	12	Cryptosporidiosis	21	0	4	5
Campylobacter	1	2	10	11	Syphilis	1	2	1	1
Hepatitis C	16	7	66	73	Gonorrhea	23	16	86	29
Hepatitis C (acute)	1	0	2	3	Chlamydia	101	86	334	346

Oneida County Health Department Response-Flooding 2017



The Oneida County Health Department is urging residents impacted by recent flooding conditions to take precautions when dealing with flood waters resulting from the heavy rains and overflow conditions.

"Flood waters can pose many health risks, whether it's running across a roadway or standing in your basement," Phyllis D. Ellis, Director of Health, said. Ellis continued, "For some residents contact with the flood waters are unavoidable, but precautions should be taken to avoid possible injury or illness that could result."

- **Waters that pool** on streets and properties carry their own risks. Electricity from streetlights and power poles may be active through standing water causing a deadly electric shock to anyone in contact with it. Children playing in contaminated standing water may become sick or bitten by floating insects. Anyone who comes into contact with flood waters should wash any exposed body parts with soap and disinfected or sanitized water.
- **Mosquitoes lay eggs near water.** Please follow this link to YouTube videos created by the health department.
https://www.youtube.com/watch?v=mJsqve1e_PY&feature=youtu.be
- **Drinking contaminated water** could cause serious illness. You cannot assume that the drinking water supply in an area affected by flooding is safe to drink. Listen to local announcements regarding possible boil water notices in your area. Persons with private wells in flooded areas need to be aware of possible contamination by disease-causing organisms making the water unsafe to drink. Do not drink flood water, or use it to wash dishes, brush teeth, or wash/prepare food. **Drink clean, safe water.**
- **Do not eat any food that may have come into contact with flood waters.** Discard any foods without a waterproof container if there's a chance it has come into contact with flood waters. Food containers with screw caps, snap lids and home canned foods should be discarded after coming into contact with flood waters, since they cannot be properly disinfected. **When in doubt, throw it out!** Throw away any food and bottled water that comes/may have come into contact with flood water.
- **Basic hygiene is of particular concern after a flood.** Always wash your hands with soap and water that has been boiled and cooled. Hands should be washed before preparing or consuming food, after using the bathroom or changing a diaper, playing with a pet, after handling uncooked food, handling garbage, after tending to someone who is sick or injured, after coughing or sneezing, and after handling articles that may have been contaminated by flood waters.
- **Wound Care is important.** Keeping wounds clean and covered is crucial during an emergency. If you have open cuts or sores, keep them as clean as possible by washing well with soap and clean, safe water to control infection. If a wound develops redness, swelling, or drainage, seek immediate medical attention.

The Health Department's Healthy Neighborhood Program staff is available to provide educational information and materials on how to address important health and safety concerns after major flooding. Residents may contact them for these tips at 315-798-5064.

Yellow Fever– Trip Advisory



The CDC has issued a Level 2 Travel Alert because of an ongoing yellow fever outbreak in Brazil. Brazilian health authorities have recently expanded the list of areas in which yellow fever vaccination is recommended and are recommending enhanced precautions when traveling to Brazil. Additional information is available at <https://wwwnc.cdc.gov/travel/notices/alert/yellow-fever-brazil>.

Health care providers should consider yellow fever in the differential diagnosis of any adult or pediatric patient with clinical evidence of fever, nausea, vomiting, epigastric pain, jaundice, renal insufficiency, and cardiovascular instability along with recent travel to Brazil or an area with risk of yellow fever virus transmission. A map of these areas is available at <https://www.cdc.gov/yellowfever/maps/index.html>

Yellow fever virus is an RNA virus that is transmitted to people primarily through the bite of infected mosquitoes. Mosquitoes acquire the virus by feeding on infected primates (human or non-human) and then can transmit the virus to other primates (human or non-human). People infected with yellow fever virus are infectious to mosquitoes shortly before the onset of fever through several days after onset.

In its mildest form, yellow fever is a self-limited infection characterized by sudden onset of fever and headache without other symptoms. Other patients experience an abrupt onset of a high fever, chills, severe headache, generalized tiredness, lumbosacral pain, anorexia, nausea, vomiting, and dizziness.

Yellow fever vaccine is recommended for anyone nine months or older who travels to high-risk areas. Yellow fever vaccine may be required for entry into certain countries. For most travelers, a single dose of yellow fever vaccine provides long-lasting protection and booster doses are no longer recommended by the CDC.

Providers whose patients are planning travel to areas with risk of yellow fever virus transmission and to whom vaccination is recommended need to be aware of the yellow fever vaccine shortage in the U.S.

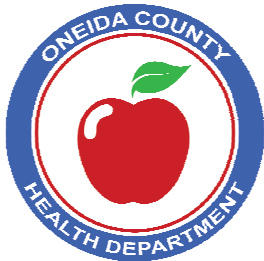
Please see attached NYSDOH Informational Message for more information

Legionellosis Health Advisory

- The incidence of legionellosis usually increases during the summer and early fall. Investigations into potential clusters of cases are currently ongoing in Niagara and Onondaga Counties.
- Providers should consider Legionnaires' Disease when evaluating patients presenting with signs of pneumonia and maintain a high index of suspicion for Legionella when evaluating patients with respiratory illness who live in, work in, or recently visited Niagara County, Onondaga County, or Lenox Hill.
 - ◇ In patients with suspected pneumonia, test for Legionella infection. Legionnaires' cannot be distinguished from other cases of pneumonia on clinical or radiologic grounds. **Testing should be ordered on both culture of sputum or other respiratory secretions and urine antigen.**
 - ◇ When ordering culture, specify the intent to identify Legionella, as laboratory procedures for identifying this organism are different from standard respiratory specimen cultures.
- Report cases promptly to the local health department where the patient resides. Public health staff may request that Legionella isolates be sent to the Department's Wadsworth Center for serogrouping and molecular typing.
- **Please see attached NYSDOH Legionellosis Health Advisory for additional info on testing.**



ANTHONY J. PICENTE, JR.
ONEIDA COUNTY EXECUTIVE



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Clinic Hours:

8:30 am - 4 pm

Monday through Friday

STD GYT GET YOURSELF TESTED	Maternal Child Health
	 TUBERCULOSIS
 HIV	 Communicable Disease

All previous Public Health Updates/Newsletters are posted at
<http://www.ocgov.net>
Go to "Health Department" then click on "For Providers"

Etc., Etc.

Upcoming Webinar:

Adult Immunizations– Get Yours Now!, How Providers Can Improve Immunization Rates

Monday, July 24, 2017 11:30 am - 12:30 pm

Registration is free, but pre-registration is required.

Teleconference Number: 888-221-6261

For questions contact: Veronica Pryor at 516-209-5631 or email: vpryor@ipro.org



A Parent's Guide to Playing it Safe with Kids and Cars

This downloadable brochure is designed to equip you with easy-to-understand information about today's vehicle safety features, car seats, and how to keep your kids safe in and around vehicles. <https://www.safercar.gov/parents/index.htm>



Smoking Cessation classes available at area hospitals:

September 20th, 27th, Oct. 4th-St. Elizabeth's

Smoking Prevention Series at Rome Hospital:

Each meeting will address a different health topic as it relates to smoking. The class will also provide people with an opportunity to talk with others experiencing similar challenges and share in each others' accomplishments. Classes will be held the 2nd Tuesday of every month, starting August 8th, 4:30-5:45 pm.

For more information, call: 315-798-5486 or email: revans@ocgov.net



Heatstroke is one of the leading causes of death among children. Unfortunately, even great parents can forget a child in the back seat. Other risk factors include caregivers who aren't used to driving kids or whose routine suddenly changes.

<https://www.safercar.gov/parents/InandAroundtheCar/heatstroke.htm>



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

July 19, 2017

TO: Healthcare Providers, Hospitals, and Local Health Departments (LHDs)

**FROM: New York State Department of Health (NYSDOH)
Bureau of Communicable Disease Control (BCDC)**

HEALTH ADVISORY: POWASSAN VIRUS

Please distribute to the Infection Control Department, Emergency Department, Infectious Disease Department, Obstetrics/Gynecology (including Nurse Practitioners and Midwives), Family Medicine, Travel Medicine Service, Pediatrics, Director of Nursing, Medical Director, Laboratory Service, Pharmacy, and all patient care areas.

NYSDOH is advising healthcare providers on the procedures to test and report suspected cases of Powassan virus (POW). There have been 26 reported cases in the state since 2004. In 2017, to date, three cases of POW have been reported among residents of Saratoga County.

SUMMARY

- Health care providers should consider POW in the differential diagnosis of any adult or pediatric patient with encephalitis, meningitis, or meningoencephalitis. Other symptoms may include fever, headache, vomiting, generalized weakness, and seizures.
- Public health testing is available for POW; however, specimens should not be sent to NYSDOH without first consulting the LHD of the patient's county of residence or BCDC. Commercial testing is not available.
- Providers should immediately report any patient with suspected viral encephalitis to the LHD of the patient's county of residence. Viral meningitis is also reportable but immediate notification is not required.
- Clinicians are encouraged to review "Tickborne Diseases of the U.S.: A Reference Manual for Providers", published by the Centers for Disease Control and Prevention (CDC) and available at <http://www.cdc.gov/lyme/resources/TickborneDiseases.pdf>. The manual is also available as an app for select mobile devices at <http://www.cdc.gov/mobile/applications/MobileFramework/tickborne-diseases.html>.

BACKGROUND

Powassan (POW) virus is a flavivirus that is related to some mosquito-borne viruses such as West Nile virus and dengue virus. Two types of POW virus have been found in North America, lineage 1 and lineage 2 (deer tick virus). POW can be transmitted to people via the bite of an infected tick. Lineage 2 POW virus is transmitted by the blacklegged tick (deer tick) while lineage 1 is transmitted by the woodchuck tick. Cases of POW are reported in New York State each year; there have been 26 reported cases since 2004. In 2017, to date, three cases of POW have been reported among residents of Saratoga County. In previous years, cases have been identified in Dutchess, Putnam, and Westchester counties in the Hudson Valley, and in Cortland, Lewis, and Madison counties in Central New York. There was also a case in a prior year in Saratoga County.

Initial symptoms of POW disease include fever, headache, vomiting, and generalized weakness. The disease usually progresses to meningoencephalitis, which may include meningeal signs, altered mental status, seizures, aphasia, paresis, movement disorders, or cranial nerve palsies.

Cerebrospinal fluid (CSF) findings include lymphocytic pleocytosis of less than 500 white blood cells/mm³ in most POW virus encephalitis cases; granulocytes can predominate early in the disease. CSF protein is generally normal or mildly elevated, while glucose concentration is normal. Electroencephalography (EEG) in patients with POW virus encephalitis reveals generalized slow wave activity and results can resemble those seen in herpes simplex virus encephalitis. MRI of the brain in patients with POW virus encephalitis shows changes consistent with microvascular ischemia or demyelinating disease in the parietal or temporal lobes; results of brain CT scans have not been particularly useful.

There is no specific antiviral treatment for POW. Patients diagnosed with POW should receive supportive care as appropriate.

DIAGNOSIS AND LABORATORY TESTING

Preliminary diagnosis is often based on the patient's clinical features, activities, and epidemiologic history of the location where infection occurred.

The NYSDOH's Wadsworth Center (WC) laboratories offer testing for POW; commercial laboratory testing is not available. However, specimens should not be sent to WC without first consulting the LHD of the patient's county of residence or BCDC.

CSF testing by polymerase chain reaction (PCR) is more sensitive early in infection, while serology testing (for antibody) will better detect cases that are beyond the early acute phase. Ideally, both CSF and acute/convalescent serum specimens should be submitted for testing when neuroinvasive disease is suspected. Otherwise, acute and convalescent serum specimens can be used for diagnosis. Convalescent specimens should be drawn at least 3 weeks after acute specimens.

Instructions on the collection and submission of clinical specimens is available at <https://www.wadsworth.org/programs/id/virology/services/encephalitis> and <http://www.wadsworth.org/programs/id/virology/services/arbovirus-testing>.

Further information on accessing public health testing for POW can be obtained by calling your LHD. LHD contact information is available at https://www.health.ny.gov/contact/contact_information/.

If you are unable to reach the LHD where the patient resides, please contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or 866-881-2809 evenings, weekends, and holidays.

REPORTING CASES OF ARBOVIRAL AND TICK-BORNE ILLNESS

Under NYS Public Health Law 2012 and 10NYCRR 2.10, health care providers must ***immediately report*** by telephone any patient with suspected viral encephalitis. The report

should be made to the LHD of the patient's county of residence. Viral meningitis is also reportable under public health law but immediate notification is not required.

Provider reporting requirements also apply to patients who are diagnosed and treated based solely or in part on clinical presentation and history.

ADDITIONAL INFORMATION

Additional information on POW can be found at:

<https://www.cdc.gov/powassan/>



Department of Health

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SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

June 26, 2017

TO: Healthcare Providers, Hospitals, and Local Health Departments (LHDs)

**FROM: New York State Department of Health (NYSDOH)
Bureau of Communicable Disease Control (BCDC)**

**INFORMATIONAL MESSAGE: TESTING AND REPORTING OF
MOSQUITO-BORNE ILLNESS - YELLOW FEVER**

Please distribute to the Infection Control Department, Emergency Department, Infectious Disease Department, Family Medicine, Travel Medicine Service, Pediatrics, Director of Nursing, Medical Director, Laboratory Service, Pharmacy, and all patient care areas.

NYSDOH is advising health care providers on the procedures to test and report suspected cases of yellow fever virus. There is an ongoing outbreak of yellow fever in Brazil and a shortage of yellow fever vaccine (YF-Vax) licensed for use in the U.S.

SUMMARY

- The CDC has issued a Level 2 Travel Alert because of an ongoing yellow fever outbreak in Brazil¹. The first cases were reported in the State of Minas Gerais in December 2016, but confirmed cases have since been reported in the neighboring states of Espirito Santo, São Paulo, and Rio de Janeiro (not Rio de Janeiro City). In response, Brazilian health authorities have recently expanded the list of areas in which yellow fever vaccination is recommended and are recommending enhanced precautions when traveling to Brazil. Additional information is available at <https://wwwnc.cdc.gov/travel/notices/alert/yellow-fever-brazil>.
- Health care providers should consider yellow fever in the differential diagnosis of any adult or pediatric patient with clinical evidence of fever, nausea, vomiting, epigastric pain, jaundice, renal insufficiency, and cardiovascular instability along with recent travel to Brazil or an area with risk of yellow fever virus transmission. A map of these areas is available at <https://www.cdc.gov/yellowfever/maps/index.html>
- All cases of suspected yellow fever should be reported immediately to the Local Health Department (LHD) where the patient resides. Upon approval, NYSDOH can provide testing for yellow fever, which is only available at the Department's Wadsworth Center and a limited number of specialized laboratories nationally.
- Providers whose patients are planning travel to areas with risk of yellow fever virus transmission and to whom vaccination is recommended need to be aware of the yellow fever vaccine shortage in the U.S. Updates regarding yellow fever vaccine supply are available on CDC's Travelers' Health website at <https://www.cdc.gov/yellowfever/vaccine/>.

EPIDEMIOLOGY AND CLINICAL FEATURES

Yellow fever virus is an RNA virus that belongs to the genus *Flavivirus* and is transmitted to people primarily through the bite of infected mosquitoes. Mosquitoes acquire the virus by feeding on infected primates (human or non-human) and then can transmit the virus to other primates (human or non-human). People infected with yellow fever virus are infectious to mosquitoes shortly before the onset of fever through several days after onset.

In its mildest form, yellow fever is a self-limited infection characterized by sudden onset of fever and headache without other symptoms. Other patients experience an abrupt onset of a high fever (up to 104°F [40°C]), chills, severe headache, generalized myalgias, lumbosacral pain, anorexia, nausea, vomiting, and dizziness. The patient is usually viremic during this period, which lasts for several days. Many patients have an uneventful recovery, but in approximately 15% of infected persons, the illness recurs in more severe form within 48 hours following the viremic period. Symptoms include fever, nausea, vomiting, epigastric pain, jaundice, renal insufficiency, and cardiovascular instability. Viremia generally is absent during this phase of symptom recrudescence. A bleeding diathesis can occur, with hematemesis, melena, metrorrhagia, hematuria, petechiae, ecchymoses, epistaxis, and oozing blood from the gingiva and needle-puncture sites. Physical findings include scleral and dermal icterus, hemorrhages (e.g., hematemesis, melena, petechiae, ecchymoses), and epigastric tenderness without hepatic enlargement.

Multiple laboratory abnormalities can be observed in patients with yellow fever; these can vary depending on the severity and stage of illness. In the first week of the illness, leukopenia might occur; however, leukocytosis also can occur during the second week of the disease. Bleeding dyscrasias also can occur, together with elevated prothrombin and partial thromboplastin times, decreased platelet count, and presence of fibrin-split products. Hyperbilirubinemia might be present as early as the third day but usually peaks toward the end of the first week of illness. Elevations of serum transaminase levels occur in severe hepatorenal disease and might remain elevated for up to 2 months after onset.

DIAGNOSIS AND TESTING

Preliminary diagnosis is based on the patient's clinical features, vaccination status, and travel history. Diagnosing yellow fever based on signs and symptoms can be difficult because early in its course, the infection can be easily confused with malaria, typhoid, dengue fever and other viral hemorrhagic fevers.

Laboratory diagnosis generally is accomplished by testing serum to detect virus-specific immunoglobulin M (IgM) and immunoglobulin G (IgG) antibodies by serologic assays. It is important to obtain a yellow fever vaccination history, as IgM antibodies to yellow fever vaccine virus can persist for several years following vaccination. Serologic cross-reactions occur with other flaviviruses, so positive results should be confirmed with a more specific test (e.g., plaque-reduction neutralization test). Early in the illness (during the first several days), yellow fever virus or yellow fever virus RNA often can be detected in the serum by virus isolation or nucleic acid amplification testing (e.g., reverse transcription-polymerase chain reaction [RT-PCR]). However, by the time overt symptoms are recognized, the virus or viral RNA usually is undetectable. Therefore, negative virus isolation and RT-PCR results cannot rule-out the diagnosis of yellow fever. Immunohistochemical staining of formalin-fixed material can also detect yellow fever virus antigen in histopathologic specimens.

RT-PCR and serological testing for yellow fever is available through NYSDOH's Wadsworth Center. Specimens should not be sent to NYSDOH for yellow fever virus testing without first obtaining approval from the LHD of the patient's county of residence or the NYSDOH BCDC. LHD contact information is available at: https://www.health.ny.gov/contact/contact_information/. If you are unable to reach the LHD, please contact the NYSDOH BCDC at 518-473-4439 during business hours or 866-881-2809 evenings, weekends, and holidays.

REPORTING CASES OF YELLOW FEVER

Under NYS Public Health Law 2012 and 10NYCRR 2.10, health care providers must ***immediately report*** by telephone any patient with suspected yellow fever virus. The report should be made to the LHD of the patient's county of residence. LHD contact information is available at: https://www.health.ny.gov/contact/contact_information/.

YELLOW FEVER VACCINE INFORMATION—CURRENT SHORTAGE

Yellow fever vaccine is recommended for anyone nine months or older who travels to high-risk areas. Yellow fever vaccine may be required for entry into certain countries. For most travelers, a single dose of yellow fever vaccine provides long-lasting protection and booster doses are no longer recommended by the CDC. However, a booster dose may be given to travelers who received their last dose of yellow fever vaccine at least 10 years ago and who are planning travel to areas with ongoing outbreaks or to highly endemic areas such as West Africa during peak transmission season or who plan to spend a prolonged period in high-risk areas. In addition, booster doses of yellow fever vaccine are recommended for certain populations (i.e., women who were pregnant when first vaccinated, hematopoietic stem cell transplant recipients, and HIV-infected persons) who might not have a robust or sustained immune response to the vaccine. Additional information on the yellow fever vaccine can be found at <https://www.cdc.gov/yellowfever/healthcareproviders/vaccine-info.html>

Recent manufacturing problems have resulted in a shortage of the only U.S.-licensed yellow fever vaccine (YF-VAX). This shortage is expected to lead to a complete depletion of yellow fever vaccine available for the immunization of U.S. travelers by mid-2017. CDC, the Food and Drug Administration (FDA) and Sanofi Pasteur are collaborating to ensure a continuous yellow fever vaccine supply in the U.S. As part of this collaboration, Sanofi Pasteur submitted an expanded access investigational new drug (eIND) application to FDA in September 2016 to allow for the importation and use of an alternative yellow fever vaccine manufactured by Sanofi Pasteur France, with safety and efficacy comparable to the U.S.-licensed vaccine; the eIND was accepted by FDA in October 2016. CDC and Sanofi Pasteur will continue to communicate information to the public and other stakeholders. A list of locations that will be administering the replacement vaccine (Stamaril) can be found at: <https://wwwnc.cdc.gov/travel/yellow-fever-vaccination-clinics/search>
Additional information on the shortage can be found at https://www.cdc.gov/mmwr/volumes/66/wr/mm6617e2.htm?s_cid=mm6617e2_e.

ADDITIONAL INFORMATION

Related links and additional information on mosquito-borne disease, yellow fever can be found at:

- http://www.health.ny.gov/diseases/communicable/yellow_fever/fact_sheet.htm
- <https://www.cdc.gov/yellowfever/index.html>
- <https://wwwnc.cdc.gov/travel/yellowbook/2016/infectious-diseases-related-to-travel/yellow-fever>
- <https://wwwnc.cdc.gov/travel/notices>
- <https://www.cdc.gov/yellowfever/healthcareproviders/vaccine-info.html>
- <https://wwwnc.cdc.gov/travel/yellow-fever-vaccination-clinics/search>
- <https://www.cdc.gov/yellowfever/maps/index.html>

If you have any questions regarding this information, please contact your LHD or the NYSDOH BCDC at (518) 473-4439 or via email at bcdc@health.ny.gov

¹ Travel notices are designed to inform travelers and clinicians about current health issues related to specific destinations.