



Yellow Fever Policy

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1. Purpose

The purpose of this policy is to outline the measures in place to prevent the introduction and spread of yellow fever in Australia.

2. Objectives

- Meet Australia's high level policy objective of minimising the entry of listed human diseases (LHD) to Australia.
- Meet Australia's obligations under the <u>International Heath Regulations 2005</u> (<u>IHR</u>) in relation to yellow fever vaccination.
- Outline roles and responsibilities of Commonwealth and state and territory departments in relation to yellow fever.
- Improve patient safety and clinical decision making about yellow fever vaccination.
- Implement requirements of the *Biosecurity Act 2015* (the Act).

3. Scope

This policy relates to all travellers entering Australia from, or intending to travel to, yellow fever risk countries or areas.

Key stakeholders of this policy include:

- health practitioners providing information to travellers about yellow fever risk countries and vaccination requirements.
- health practitioners and yellow fever vaccination centres administering the yellow fever vaccine, and
- Commonwealth and state and territory departments with roles and responsibilities for yellow fever.

This policy covers the accreditation procedures and certification requirements for yellow fever vaccination in general terms. For detailed information, see the <u>National Guidelines for Yellow Fever Vaccination Centres and Providers</u> and the online Yellow Fever Vaccination Learning and Accreditation Course.

Vector monitoring and control activities at the Australian border which minimise the introduction of *Aedes aegypti* (the mosquito vector that transmits yellow fever) are not within the scope of this policy. Information on these measures can be found in the *Response guide for exotic mosquito* detections at Australian first points of entry.

4. Definitions

For the purpose of interpretation and implementation of this policy:

Act refers to the Biosecurity Act 2015.

Action card refers to the Yellow Fever Action Card.

Entry Requirements Determination refers to the *Biosecurity (Entry Requirements) Determination 2016* (the Entry Requirements Determination).

IHR is the International Heath Regulations 2005

LHD is a human disease that may be communicable, may cause significant harm to human health, and is listed in the <u>Biosecurity (Listed Human Diseases) Determination 2016</u> for the purposes of the <u>Biosecurity Act 2015</u>.

Nationally Notifiable Disease is a disease listed in the *National Health Security (National Notifiable Disease List) Instrument 2018.*

Relevant Official means any of the following:

- (a) a biosecurity officer as defined in the Act;
- (b) a chief human biosecurity officer as defined in the Act;
- (c) a human biosecurity officer as defined in the Act;
- (d) an Australian Public Service (APS) employee in the Agriculture department
- (e) an APS employee in the Home Affairs department

Yellow fever risk country or area refers to a country or area specified in Schedule 1 of the Entry Requirements Determination.

5. Yellow fever

Yellow fever is an acute viral haemorrhagic disease that is endemic in Sub-Saharan Africa and tropical South America. Yellow fever virus is a positive-single-stranded RNA arbovirus that is transmitted to humans by the bite of infected mosquitoes, primarily the *Aedes aegypti* mosquito species. The disease occurs in three transmission cycles: sylvatic (jungle), intermediate (savannah), and urban. All three forms are caused by the same virus.

Yellow fever has an incubation period of 3–6 days. While many cases are asymptomatic, when symptoms do appear, they present in two stages. The first stage includes fever, muscle pain, headache, nausea and vomiting. Approximately 12% of infected patients progress to the second, toxic stage which includes bleeding, jaundice and renal failure. The case-fatality rate for the second stage can vary widely but typically ranges from 30%–60%.¹

More details on the clinical features of yellow fever can be found in the <u>National Guidelines for</u> Yellow Fever Vaccination Centres and Providers.

The World Health Organization (WHO) describes yellow fever as a 'high-impact high-threat disease, with risk of international spread, which represents a potential threat to global health security'. The WHO closely monitors reports of yellow fever infection. Yellow fever is considered to be endemic in around 30 countries in Africa and 13 countries in South America/the Caribbean.

No cases of yellow fever have been recorded within Australia. However, the primary vector of the disease, *Aedes aegypti*, is present in parts of north, south and central Queensland. Its prevalence and distribution may be affected by climate change in future. Transmission of the yellow fever virus from an infected traveller to a local mosquito population could potentially cause an outbreak of yellow fever within Australia in areas where *Aedes aegypti* is present.

The World Organisation for Animal Health (WOAH) lists yellow fever as a zoonosis, with a range of non-human primates and a small number of neotropical mammal species acting as reservoirs for the virus in areas where it is endemic. It is primarily spread between animals and to humans through biting insects, especially *Aedes* species of mosquitoes.

Strict biosecurity measures ensure it is unlikely yellow fever will enter Australia through the importation of infected animals. Australia lacks appropriate populations of reservoir species to

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¹ CDC (Centers for Disease Control and Prevention) (2024) , <u>Yellow Fever</u>, CDC Yellow Book 2024, CDC, accessed 8 April 2024.

² WHO (2024) Yellow fever, WHO, accessed 4 April 2024.

sustain yellow fever if introduced through animal or human routes. Due to its narrow spectrum of susceptible species, WOAH does not consider yellow fever poses a direct risk to agricultural industries.

Yellow fever is a Listed Human Disease for the purposes of the *Biosecurity Act 2015* under the *Biosecurity (Listed Human Diseases) Determination 2016* and is designated as a <u>nationally notifiable disease</u> and security sensitive biological agent (SSBA) under the <u>National Health</u> Security Act 2007.

6. Yellow fever vaccine

Yellow fever is preventable by a safe and effective vaccine. A single dose of the yellow fever vaccine is sufficient to grant life-long protection for most people beginning 10 days after the date of vaccination.

The only yellow fever vaccine approved by the Therapeutic Goods Administration for use in Australia is Stamaril (sponsored by Sanofi-Aventis Australia). The vaccine is registered for use in people aged nine months or older. Internationally, Sanofi Pasteur's YF-VAX is an alternative to Stamaril. Both Stamaril and YF-VAX comply with WHO yellow fever vaccine standards.

7. International Health Regulations

Annex 7 of the <u>IHR</u> states yellow fever is a disease for which "proof of vaccination or prophylaxis may be required for travellers as a condition of entry to a State Party".

The IHR:

- allow vaccination to be a requirement of any person leaving a <u>yellow fever risk area or country</u>.
- outline the requirements for a valid international vaccination certificate.
- allow countries which possess the mosquito vector to quarantine travellers arriving from a yellow fever risk area without a valid certificate of vaccination for a period of up to six days.
- · require countries to report cases of yellow fever in humans, and
- require countries to report the presence of the virus in mosquitoes or non-human vertebrates, in cases where the public health impact is considered serious, unusual or unexpected.

Australia is a State Party to the <u>IHR</u>. This policy is informed by the <u>IHR</u> requirements.

8. Legislation

The <u>Biosecurity Act 2015</u> is the legislation that enacts the yellow fever international travel and vaccination requirements outlined in the IHR.

The Entry Requirements Determination is an instrument made under subsection 44(2) of the <u>Act</u>. It provides that individuals entering at Australia's international border must declare in writing whether they have:

 been in Africa, South America, Central America or the Caribbean at any time in the six days before arrival

If the individual answers yes, they will be asked to declare whether they have:

 stayed overnight or longer in a yellow fever risk country or area at any time in the six days before arrival

The Entry Requirements Determination states that individuals must produce an international yellow fever vaccination certificate to a <u>relevant official</u> if asked.

Requirements for travellers who have not been vaccinated against yellow fever, or who claim to be vaccinated but cannot produce a valid certificate, are detailed in Section 12.

9. International Yellow Fever Vaccination Certificate

After receiving the yellow fever vaccine, the vaccinated individual is provided with an international vaccination certificate consistent with the model certificate provided in Annex 6 of the IHR (Attachment A).

To be valid at international borders, an international vaccination certificate for an individual must:

- a) be in the name of the individual; and
- b) be issued by a designated yellow fever vaccination centre; and
- c) display the official stamp of the designated yellow fever vaccination centre that issued the certificate; and
- d) be signed by a medical practitioner or other person authorised by the health administration authority of the country in which the vaccination took place; and
- e) state the office or professional status of the medical practitioner or other person who signed the certificate; and
- f) state the date when the vaccination took place; and
- g) state that the vaccine used to vaccinate the individual is a vaccine approved by the WHO for the vaccination of persons against yellow fever.

Following changes to Annex 7 of the <u>IHR</u> on 11 July 2016, the yellow fever vaccination certificate is valid for the life of the person vaccinated, even if a previously documented "valid until" date has passed (see Figure 1). The certificate becomes valid ten days after the date of vaccination, as a person is considered adequately protected after this time.

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS Certificat international de vaccination ou de prophylaxie This is to certify that United States 22 March 1960 Jane Mary Doe Nous certifions que (name - nom) (date of birth - néle) le) [passport number]
[national identification document, if applicable – document whose signature follows Jane Mary Doe dont la signature suit - document d'identification nationae, le cas échéant) has on the date indicated been vaccinated or received prophylaxis against in accordance with the International Health Regulations Yellow Fever a été vaccinéle ou a reçu une prophylaxie à la date indiquée conformément au Règlement sanitaire international Vaccine or prophylaxis Signature and professional Manufacturer and batch no. of vaccine or prophylaxis Certificate valid Official stamp of the administering center from: until: Cachet officiel du centre habilité prophylactique ignature et titre du Certificat valable l'agent prophylactique et numéro du lot professionel de santé responsable jusqu'au This yellow fever vaccine 25 June Yellow John M. 15 Batch certificate remains valid 2013; (or lot) FEVER June Smith, MD despite the "expiry date" 25 June 2013 # having passed. 2023

Figure 1: Example of a yellow fever vaccination certificate

Vaccination clinics can order yellow fever certificate booklets from WHO online.

10. List of Yellow Fever Risk Countries

The Department of Health and Aged Care (the department) is guided by the WHO list of yellow fever endemic countries and recent international surveillance data when determining its list of countries with yellow fever risk. These countries are listed in Schedule 1 of the Entry Requirements
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<u>Determination</u>. The WHO publishes on its <u>website</u> the list of countries with risk of yellow fever transmission and countries requiring yellow fever vaccination.

11. Roles and Responsibilities

The department works in close partnership with multiple Commonwealth departments and states and territories to prevent the introduction and spread of yellow fever in Australia.

11.1 Department of Health and Aged Care

The department has responsibility for the development of policies to protect Australia from LHDs, nationally notifiable diseases and SSBAs, including yellow fever. Specifically, the role of the department in preventing the introduction and spread of yellow fever in Australia is to:

- Develop and coordinate the implementation of policy to protect Australia from yellow fever, based on WHO recommendations and current international conditions.
- Update Schedule 1 of the Entry Requirements Determination as required to ensure alignment with WHO recommendations of yellow fever risk countries and areas.
- Provide information to the Australian public about yellow fever entry and vaccination requirements.
- Develop and disseminate information for the general public on the symptoms, occurrence and transmission of yellow fever through the department's website, social media and targeted communications for travellers such as airport signage.
- Develop and distribute Yellow Fever Action Cards (Action Cards) to DAFF offices located at Australia's international borders.
- Advise the Department of Foreign Affairs and Trade (DFAT) on updates to the Smartraveller website.
- Provide updates for the yellow fever chapter of the *Australian Immunisation Handbook* to the National Health and Medical Research Council.
- Coordinate the reporting and dissemination of information in the event of a confirmed case of yellow fever in Australia via the National Focal Point under <u>IHR</u> obligations.
- When necessary, use the powers available under the <u>Act</u> in the situation of a traveller entering Australia with suspected yellow fever.
- Liaise with the WHO on issues related to yellow fever, including reporting obligations.
- Develop and review the Traveller with Illness Checklist (TIC) as required in consultation with DAFF.
- Review DAFF and Department of Home Affairs Decision Support Material to ensure consistency with the department's policies.
- Develop, implement and manage the online Yellow Fever Vaccination Course for training and accrediting health professionals to administer the vaccine.
- Regulate the handling of yellow fever virus (non-vaccine strains) within facilities with a legitimate need to work with the virus.

11.2 Department of Home Affairs

The Department of Home Affairs agency, Australian Border Force (ABF), has responsibility for ensuring that people entering and leaving Australia adhere to border controls. When entering Australia, travellers must declare if they have been in Africa, South/Central America, or the Caribbean in the past six days. The role of the ABF is to:

Assess incoming traveller declarations at the immigration point in airports and seaports.
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- Ask travellers who have declared they have been in Africa, South/Central America, or the Caribbean in the past six days which countries they have visited. If the countries visited are yellow fever risk countries, request to see a valid international yellow fever vaccination certificate.
- Refer travellers without a valid yellow fever vaccination certificate to a biosecurity officer who will issue the traveller with an Action Card (refer to section 12).
- Review DAFF Decision Support Material.

11.3 Department of Agriculture, Fisheries and Forestry

DAFF has operational responsibility to implement human health biosecurity measures, including the Department of Health and Aged Care's yellow fever policy, at Australia's international borders. The role of DAFF is to:

- Screen incoming ill travellers for potential LHDs through the use of the TIC.
- Issue Action Cards to travellers over nine months of age (or their parent/guardian) who have been referred by an ABF officer because the traveller could not produce a valid vaccination certificate.
- Manage Action Cards and order stock through the department.
- Develop and maintain Decision Support Material for biosecurity officers distributing action cards to travellers who cannot produce a valid vaccination certificate.
- Monitor compliance with aircraft disinsection requirements.

11.4 Department of Foreign Affairs and Trade

DFAT provides the public with general information on safe international travel through the <u>Smartraveller</u> website. Individual country pages state whether yellow fever is endemic, where to find information on border entry requirements and whether vaccination is recommended.

The department advises DFAT on this content as required.

11.5 State and Territory Health Authorities

If there is a suspected case of yellow fever, the relevant health authorities will be notified through the TIC process or state and territory hospital systems. Jurisdictional health authorities must inform the department of any confirmed cases of yellow fever.

State and territory health authorities provide approval for yellow fever vaccination centres (YFVC). For medical practices to be approved as YFVCs, the state/territory health authority will:

- Assess and approve centres in accordance with the <u>National Guidelines for Yellow Fever</u>
 <u>Vaccination Centres and Providers</u>, which provides guidance on minimum requirements.
- Confirm individual health practitioners have met accreditation requirements.
- Issue YFVCs with a unique provider/identification number.
- Advise Sanofi Pasteur Pty Ltd of the approval for the YFVC to purchase the yellow fever vaccine.
- Maintain a publicly available list of approved YFVCs within the jurisdiction.

11.6 Yellow Fever Vaccination Centres and Accredited Practitioners

The yellow fever vaccine can only be prescribed by accredited health practitioners at approved YFVCs.

YFVCs must meet a set of minimum requirements to obtain accreditation for administering the yellow fever vaccine. The <u>National Guidelines for Yellow Fever Vaccination Centres and Providers</u> outline these requirements.

Health practitioners at YFVCs (including nurse practitioners, if approved by the state or territory health authority) are accredited to prescribe the yellow fever vaccine through successful completion of the online <u>Yellow Fever Vaccination Course</u>. The accreditation is <u>valid for three</u> years.

YFVCs are required to supply the yellow fever course completion certificate of each accredited health professional to the relevant state/territory health department. The YFVCs are also required to inform the relevant state/territory health authority of any change in the status of accredited health professionals at the YFVC.

Accredited health practitioners at YFVCs advise travellers on the need for vaccination considering factors such as medical history and travel itinerary and administer the yellow fever vaccine to appropriate patients.

If the accredited practitioner is of the opinion that vaccination is contraindicated, they should inform the patient of the reasons for exemption and the risks of non-vaccination. Contraindications to the vaccination are outlined in the <u>National Guidelines for Yellow Fever Vaccination Centres and Providers</u>. If a patient with a contraindication to vaccination intends to travel to a <u>yellow fever risk area</u>, the accredited practitioner should provide a medical exemption in the form prescribed by the <u>National Guidelines for Yellow Fever Vaccination Centres and Providers</u>.

Attachment B summarises the administrative responsibilities for the health practitioner, YFVC and state/territory health authorities for accreditation of individuals.

12. Travellers Entering Australia from Yellow Fever Risk Countries or Areas Without a Valid Vaccine Certificate

Where a traveller has entered Australia and has visited a yellow fever risk country in the last six days and does not hold a valid yellow fever vaccination certificate, ABF officers will refer the traveller to a DAFF biosecurity officer. The biosecurity officer will issue the traveller with an Action Card (including travellers with a medical exemption letter or certificate).

Once the Action Card has been issued to the traveller, the traveller will be allowed to exit the airport/seaport (if also cleared for biosecurity and customs purposes). Entry into Australia will not be refused on the basis of non-compliance with yellow fever monitoring and control requirements.

The same process applies for travellers who claim they have been vaccinated but are unable to provide a valid vaccination certificate when requested.

A flowchart of the screening process is available at **Attachment C**.

13. Yellow Fever Action Card

The Action Card (**Attachment D**) is developed by the department and outlines the signs and symptoms of yellow fever and what to do if symptoms develop. Unvaccinated travellers issued with an Action Card are advised to keep the card for six days after leaving a <u>yellow fever risk area</u>. The Action Card is available in English, Spanish, Portuguese, French and Arabic.

Attachment A: Example of Yellow Fever Vaccination Certificate

MODEL INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that [name], date of birth, sex,									
nationality, national identification document, if applicable									
whose signature follows									
has on the date indicated been vaccinated or received prophylaxis against:									
(name of disease or condition)									
in accordance with the International Health Regulations.									
Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician	Manufacturer and batch No. of vaccine or prophylaxis	Certificate valid from	Official stamp of administering centre				
1.									
2.									

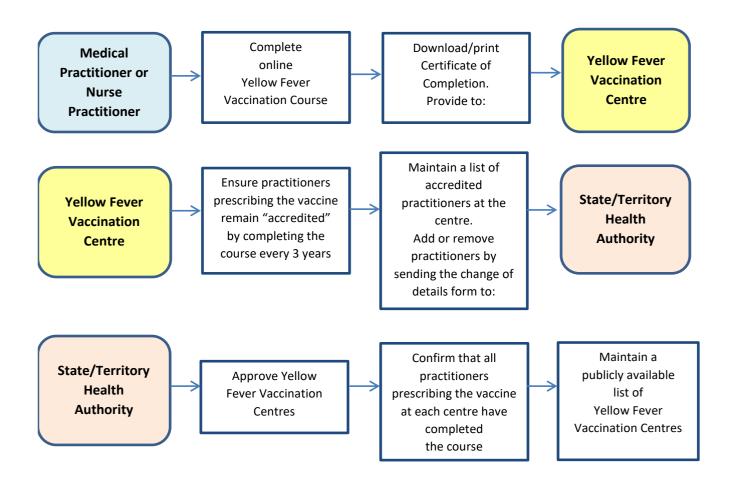
This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

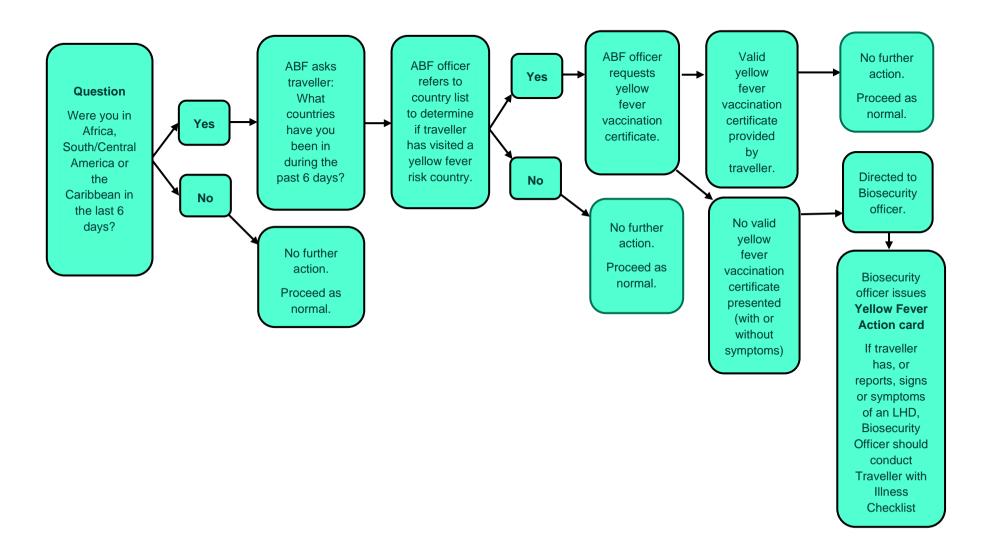
Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

Attachment B: Administrative Responsibilities for Individual Accreditation: Roles of Practitioners, Yellow Fever Vaccination Centres and State/Territory Health Authorities



Attachment C: Flowchart of the yellow fever screening process



Attachment D: Yellow Fever Action Card

