

## NaTHNaC (National Travel Health Network and Centre)

### Yellow fever vaccination in persons aged 60 years and older

**Yellow fever vaccination can be given to persons aged 60 years and older as long as certain precautions are observed.**

In general, all persons who are travelling to yellow fever endemic regions should be offered yellow fever vaccination unless there are medical contraindications. Yellow fever endemic regions are where yellow fever cases in humans are occurring or where there is the potential for human infection because of the presence of the mosquito vector and of the virus in non-human primates. Please refer to the NaTHNaC [Yellow Fever Information Sheet](#) for maps of the yellow fever endemic regions. Larger format maps may be found at the U.S. Centers for Disease Control, Travelers' Health site:

<http://www2.ncid.cdc.gov/travel/yb/utills/ybGet.asp?section=dis&obj=yellowfever.htm>

Serious yellow fever vaccine related adverse events are rare. Nevertheless, vaccine-associated viscerotropic disease or neurologic disease are described. These are rare adverse events that have occurred at a rate of about 5 cases for every million doses of yellow fever vaccine administered. Individuals who are aged 60 years and older appear to be at increased risk for these vaccine associated adverse events. They occur in this age group at a rate of about one case per 40,000 doses of yellow fever vaccine administered. To date, these reactions have only occurred in persons receiving yellow fever vaccine for the first time.

When considering vaccination of travellers who are aged 60 years and older, it is essential to determine whether they will be **at risk** for yellow fever at their destination, and whether vaccination is **required** under International Health Regulations. Vaccine requirements may be found at the WHO site: [http://whqlibdoc.who.int/publications/2005/9241580364\\_country\\_list.pdf](http://whqlibdoc.who.int/publications/2005/9241580364_country_list.pdf) Therefore, a comprehensive risk assessment that balances the risk of the vaccine with the risk of acquiring yellow fever disease, should be undertaken for each individual.

Travellers should be encouraged to make an informed choice regarding vaccination against yellow fever. Travel to endemic areas without yellow fever vaccination should be discouraged and it may be prudent to consider a change to the planned itinerary in order to avoid the risk. NaTHNaC have produced a yellow fever vaccination information sheet for travellers which may be helpful as the risks and benefits of vaccination are discussed.

Where yellow fever vaccination is contraindicated on medical grounds and travel is being carried out, a letter of medical exemption should be provided.

Further information about yellow fever vaccine can be found at [www.nathnac.org](http://www.nathnac.org)

Health practitioners who have questions about whether or not to administer vaccine to individual travellers may contact NaTHNaC on their national telephone advice line: **0845 602 6712**.

#### **Resource**

NaTHNaC Yellow fever vaccination information sheet for travellers  
[http://www.nathnac.org/nathnac\\_protected/documents/YFVIS06.pdf](http://www.nathnac.org/nathnac_protected/documents/YFVIS06.pdf)

#### **Further Reading**

1. Cetron MS, Marfin AA, Julian KG, et al. Yellow fever vaccine. Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2002;51(No. RR-17):1-10.
2. Chan RC, Penney DJ, Little D, et al. Hepatitis and death following vaccination with 17D-204 yellow fever vaccine. *Lancet* 2001;358:121-122