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National Notifiable Diseases Surveillance System (NNDSS)  
Explore Topics  
Search  
Search  
Clear Input  
For Everyone  
About About National Notifiable Diseases Surveillance System  
What is Case Surveillance?  
Case Surveillance Modernization  
Infectious Disease Tables  
Non-Infectious Disease Data  
Technical Resource Center  
Case Surveillance in Action  
Contact Us  
View all  
Related Topics:  
NDC Application  
View All  
search  
close search  
search  
National Notifiable Diseases Surveillance System (NNDSS)  
Menu  
Close  
search  
For Everyone  
About About National Notifiable Diseases Surveillance System  
What is Case Surveillance?  
Case Surveillance Modernization  
Infectious Disease Tables  
Non-Infectious Disease Data  
Technical Resource Center  
Case Surveillance in Action  
Contact Us  
View All  
Related Topics  
NDC Application  
View All  
National Notifiable Diseases Surveillance System (NNDSS)  
About About National Notifiable Diseases Surveillance System  
What is Case Surveillance?  
Case Surveillance Modernization  
Infectious Disease Tables  
Non-Infectious Disease Data  
Technical Resource Center  
Case Surveillance in Action  
Contact Us  
View All  
April 16, 2021  
Case Definitions  
Message Mapping Guides  
Supporting Documents for Implementation  
Event Codes & Other Surveillance Resources  
Yellow Fever  
2019 Case Definition  
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2019 Case Definition  
NOTE:  
A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient’s health needs.  
CSTE Position Statement(s)  
18-ID-04  
Background  
Yellow fever virus is a mosquito-borne flavivirus that is closely related to dengue, Japanese encephalitis, West Nile, and Zika viruses. On average, only one travel-associated case of yellow fever has been identified among U.S. travelers every 10 years. However, increasing numbers of travelers to and from endemic areas and outbreaks near major urban areas have heightened concern for the possible introduction and spread of the virus in the United States. Yellow fever is preventable by a safe and effective vaccine.  
Clinical Description  
Most yellow fever virus infections are asymptomatic. Following an incubation period of 3–9 days, approximately one-third of infected people develop symptomatic illness characterized by fever and headache. Other clinical findings include chills, vomiting, myalgia, lumbosacral pain, and bradycardia relative to elevated body temperature. An estimated 5%–25% of patients progress to more severe disease, including jaundice, renal insufficiency, cardiovascular instability, or hemorrhage (e.g., epistaxis, hematemesis, melena, hematuria, petechiae, or ecchymoses). The case-fatality rate for severe yellow fever is 30%–60%.  
Clinical Criteria  
A clinically compatible case of yellow fever is defined as:  
Acute illness with at least one of the following: fever, jaundice, or elevated total bilirubin ≥ 3 mg/dl  
AND  
Absence of a more likely clinical explanation.  
Laboratory Criteria For Diagnosis  
Confirmatory laboratory evidence:  
Isolation of yellow fever virus from, or demonstration of yellow fever viral antigen or nucleic acid in, tissue, blood, CSF, or other body fluid.  
Four-fold or greater rise or fall in yellow fever virus-specific neutralizing antibody titers in paired sera.  
Yellow fever virus-specific IgM antibodies in CSF or serum with confirmatory virus-specific neutralizing antibodies in the same or a later specimen.  
Presumptive laboratory evidence:  
Yellow fever virus-specific IgM antibodies in CSF or serum, and negative IgM results for other arboviruses endemic to the region where exposure occurred.  
Epidemiologic Linkage  
Epidemiologically linked to a confirmed yellow fever case, or visited or resided in an area with a risk of yellow fever in the 2 weeks before onset of illness.  
Case Classification  
Probable  
A case that meets the above clinical and epidemiologic linkage criteria, and meets the following:  
Yellow fever virus-specific IgM antibodies in CSF or serum,  
AND  
negative IgM results for other arboviruses endemic to the region where exposure occurred,  
AND  
no history of yellow fever vaccination.  
Confirmed  
A case that meets the above clinical criteria and meets one or more of the follcowing:  
Isolation of yellow fever virus from, or demonstration of yellow fever viral antigen or nucleic acid in, tissue, blood, CSF, or other body fluid,  
AND  
no history of yellow fever vaccination within 30 days before onset of illness unless there is molecular evidence of infection with wild-type yellow fever virus.  
Four-fold or greater rise or fall in yellow fever virus-specific neutralizing antibody titers in paired sera,  
AND  
no history of yellow fever vaccination within 30 days before onset of illness.  
Yellow fever virus-specific IgM antibodies in CSF or serum with confirmatory virus-specific neutralizing antibodies in the same or a later specimen,  
AND  
no history of yellow fever vaccination.  
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Back to Top  
Sources  
Print  
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Facebook  
LinkedIn  
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Syndicate  
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Supporting Documents for Implementation  
Event Codes & Other Surveillance Resources  
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NNDSS receives and shares case data from state, local, and territorial health departments to help public health monitor, control, and prevent serious diseases.  
View All  
About About National Notifiable Diseases Surveillance System  
What is Case Surveillance?  
Case Surveillance Modernization  
Infectious Disease Tables  
Non-Infectious Disease Data  
Technical Resource Center  
Case Surveillance in Action  
Contact Us  
View All  
Sign up for Email Updates  
Contact CDC  
Organization  
Policies  
Web Policies  
Languages  
Languages  
Español  
Language Assistance  
Archive  
CDC Archive  
Public Health Publications  
Contact Us  
About CDC  
Organization  
Policies  
Web Policies  
Languages  
Languages  
Español  
Language Assistance  
Archive  
CDC Archive  
Public Health Publications  
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