**MINISTRY OF HEALTH ALL FOR A NEW COUNTRY**

**JOINT CIRCULAR NO. 000014 OF 2017**

TO: GOVERNORS, CITY MAYORS, DEPARTMENT, DISTRICT AND MUNICIPAL SECRETARIES OF HEALTH, BENEFIT PLANS MANAGEMENT COMPANIES – EAPB, SPECIAL AND EXCEPTION REGIMES MANAGEMENT , INSTITUTIONS PROVIDING HEALTH SERVICES – IPS, ENTRY POINTS, GENERAL MARITIME DIRECTORATE – DIMAR, NATIONAL AND INTERNATIONAL AIRLINES AND GENERAL COMMUNITY

FROM: MINISTRY OF HEALTH AND SOCIAL PROTECTION, DIRECTOR OF THE SPECIAL ADMINISTRATIVE UNIT OF THE AVIATION AUTHORITY

SUBJECT: GUIDELINES FOR THE CONTROL OF MALARIA AND DEMAND OF INTERNATIONAL CERTIFICATE OR NATIONAL VACCINATION CERTIFICATE

DATE: March 1, 2017

The World Health Organization, WHO, and the Pan-American Health Organization, PAHO, reported in Africa, in the countries of Angola, Democratic Republic of Congo and Uganda in 2016, outbreaks of malaria. Angola is the country with the greatest outbreak reported since the month of December, 2015, until May 15, 2016, with 2,420 suspicious cases, out of which 736 have been confirmed and 96 have been lethal.¹

In 2016, in Latin America, malaria outbreaks were reported in Colombia, Brazil, and Peru. In Peru, a total of 79 cases were confirmed, with a fatality rate of 30%.² In Colombia, six (6) indigenous cases were reported, out of which five (5) people died and one (1) case was imported from Peru, having died in Leticia. All yellow fever cases in Colombia had a sylvatic cycle. Until epidemiological week 2 of 2017, there was a probable case reported in Peru, at the department of Cusco.

¹ PAHO/WHO letter of May, 2016.

² PAHO/WHO http://www.paho.org/hq/index.php?option=com\_content&view

³ PAHO/WHO http://www.paho.org/hq/index.php?option=com\_content&view

The most recent outbreak occurred in Brazil between December 1, 2016 and February 8, 2017, with 1,060 cases reported, out of which 215 have been confirmed, 80 discarded and 765 considered suspicious, which are still under investigation. According to the probably infection site, the suspicious and confirmed cases are distributed in five (5) states, including: Bahia (9), Espiritu Santo (109), Minas Gerais (847), Sao Paulo (9), and Tocantins (1). Confirmed cases are distributed in three (3) states: Espiritu Santo (20), Minas Gerais (191) and Sao Paulo (4).

Considering such situation, WHO and PAHO recommend restraints in public health and request the malaria vaccine for the susceptible population. Likewise, they ask to follow guidelines given to international travelers in Attachment 7 of the International Health Regulation – RSI – which amendment became valid as of July 11, 2016.

It is known that the disease has two (2) types of transmission cycles; a sylvatic one, where the vectors are the *Haemagogus jantinomys* and *Sabethes* mosquitos, and the urbantransmission cycle, with the *Aedes aegypti* vector.

*Transmission cycle of jungle-origin malaria*

In the sylvatic cycle, the yellow fever virus circulates among non-human primates, such as howler monkeys (*Alouatta seniculus),* being the most susceptible to suffer the disease. The spider monkey (*Saymiri sp.*) lives in moving groups; therefore, the disease can be taken to remote areas. The squirrel money (*Ateles sp.*), the martens (*Aotus trivirgatus*) and other primates. Some rodents and marsupials, such as the possums, may develop viremias and could acquire epidemiological relevance, as reservoirs. The transmission occurs due to mosquito bites of sylvatic vectors, which live on tree-tops, where they maintain an enzootic cycle among the primates that share such habitat. An enzootic area for malaria is a geographic site in which the circulation of the virus in its sylvatic cycle has been proven.

Infected primates transmit the virus to mosquitos which feed from their blood and the infected mosquitos can bite people entering the jungle, producing occasional yellow fever cases. Therefore, an alert sign to detect this epidemic, denominated epizootic diseases, is to find skeletons of these animals from the jungle. Sylvatic malaria occurs accidentally due to the penetration of humans in the natural enzootic cycle. Work done by woodcutters, settlers, sawyers, miners, agriculture and oil explorers constitute a risk factor to acquire malaria, predominantly in male between 15 and 45 years old. Other people at risk are coca growers, criminal groups, armed forces, displaced population and tourists that visit high risk areas, without the right vaccination scheme.

*Malaria transmission cycles in Colombia*

The transmission of sylvatic malaria is predominant in our country. Due to the high infestation of *Aedes aegypti* in urban areas of municipalities located below 2,200 meters above sea level and the intense migration of susceptible populations between rural and urban areas, there is high vulnerability and the possibility of a re-emergence of urban malaria transmission in these territories.

The following are the yellow fever high risk areas in Colombia:

* The Departments of Amazonas, Caquetá, Casanare, Cesar, Guainía, Guaviare, Guajira, Meta, Putumayo, Vaupés and Vichada.
* The Department of Magdalena: The district of Santa Marta and the municipalities of Ciénaga and Aracataca.
* The Department of Norte de Santander, in the Catatumbo area: Municipalities of Convención, El Carmen, El Tarra, Teorama, Sardinada, Tibu, El Zulia, Hacarí and San Calixto.
* The Department of Chocó: Rio Sucio, Carmen del Darién, Juradó, Nuquí and Unguía.
* The Department of Antioquia: Dabeiba, Mutatá, Turbo and Yondó.

In order to maintain the national health security and taking into account the high mobility of the population between the Republic of Brazil, Peru and other countries which have malaria, the Ministry of Health and Social Protection, since 2013 and through Circular No. 0045, defined a single dose vaccine against such pathology, considering studied made by WHO demonstrate that a single dose confer a lifetime immunity. This instruction was confirmed in External Circular No. 035 of 2016.

Under the previously mentioned context, the Ministry of Health and Social Protection and the Civil Aeronautics Special Administrative Unit convey the following mandatory guidelines for the addressees of such Circular, with the objective of maintaining national control over this event of interest for Public Health.

**GUIDELINES**

1. **Responsibilities**
   1. The department, district and municipal health secretariats, the public and private Health Service Institutions – IPS, the Benefit Plans Management Companies – EAPB and entities making part of the Special and Exception Regimes, have the following responsibilities:
      1. Generate capabilities in the health sector workers for the timely and proper care of potential yellow fever cases.
      2. Generate technical capabilities in the vaccinating health sector workers, for the proper management of the vaccine, indications, contraindications and security of the vaccine.
      3. Implement the warnings(5) previous to the vaccine, in case of an immune-deficient individual, children from 6 to 11 months of age, pregnant or breastfeeding women, individuals 60 years old or older, who require traveling to a yellow fever endemic area, individually evaluate the epidemiological risk of acquiring the disease and inform such individuals about prevention measures, such as the methods to avoid being bitten by the mosquitos, including clothes and bed nets impregnated with pyrethroids, repellent soaps, awnings, etc., and ensure that the treating physician provides a medical certificate stating that the vaccine is not recommended, in such a manner that it agrees with the guidelines of PAHO/WHO and the 2005 International Health Regulations.
      4. Request individuals who due to medical reasons should not get the vaccine, to ask for the corresponding certificate from competent authorities or the treating physicians, in accordance with provisions in 2005 International Health Regulations.

(5) Ministry of Health and Social Protection. PAI Technical-Administrative Manual. 2016 publication. Vol. 4, Chapter 15, page 47 and 48.

1.1.5 Keep in mind all existing contraindications when applying the vaccine. This information is available at <http://www.minsalud.gov.co/saludalviajero>.

1.1.6 Make sure that due to all potential risk of adverse events related to applying the vaccine to individuals older than 18, a survey is made before vaccination. This information is available at <http://www.minsalud.gov.co/saludalviajero>.

1.1.7 Ensure the information of the characteristics of the yellow fever vaccine is provided to those receiving it, including its security and efficacy against the disease, which is acquired 10 days after its application, reaching 99% immunity after 30 days. Likewise, clarify specific restrictions in the case of pregnant women, children under 1 year of age and immune-compromised patients.(6)

1.1.8 Train health sector workers responsible for the surveillance of malaria, for its diagnosis and fast report of potential cases.

1.1.9 Guarantee that the working staff performing field research are vaccinated against yellow fever.

1.1.10 Immediately report malaria cases to SIVIGILA, the Public Health Surveillance System, as well as to the National Liaison Center – CNE, at <http://www.minsalud.gov.co> and [eri@ins.gov.co](mailto:eri@ins.gov.co).

1.1.11 Follow the INS protocol for the management of malaria cases, which is available at <http://www.minsalud.gov.co/saludalviajero>.

* 1. Governors, city mayors, department, district and municipal health secretariats, public and private Health Service Providers – IPS, Benefit Plans Management Companies –EAPB and entities of Special and Exception Regimes, shall:
     1. Guarantee protection to susceptible population.
     2. Comply with at least 95% vaccination coverage for children under 6 years of age.
     3. Comply with the free vaccination national scheme for children, at 18 months of age, against yellow fever in the entire country and at 12 months of age in the following territories:
        1. Departments of Amazonas, Caquetá, Casanare, Chocó, Guainía, Guaviare, Meta, Putumayo, Vaupés, Vichada, since more than 80% of their municipalities are at high risk.
        2. Wherever else it is required due to a potential outbreak of malaria in the country.
  2. as well as Special and Exception Regime entities, shall:
     1. Ensure the recording of dosage used in the PAI data system (PAIWEB and disconnected) and facilitate consultation of the user’s previous vaccination data in case the vaccination certificate is lost.
     2. Provide the following information to national and international travelers:
        1. The yellow fever vaccine shall be applied ten (10) days before visiting high risk areas.
        2. National and international vaccine certificates are valid ten (10) days after applying the vaccine. The 2005 International Health Regulations state that “*the vaccination certificate against yellow fever will be valid during the entire life of the individual who is vaccinated, as of the tenth day after receiving the vaccine”.*
        3. A single dosage is enough to provide lifetime immunity. Therefore, a second vaccine is not required. If travelers have the official independent vaccination record, no matter the date of the international vaccination certificate, international travelers shall not be demanded to get another vaccine, as a condition to enter Colombia.
        4. The Enhanced Immunization Program has free vaccination sites in the entire country for travelers. For more information, visit <http://www.minsalud.gov.co/saludalviajero>.
        5. For international travelers who are less than one (1) year old and intend to enter a country where the yellow fever vaccine is mandatory, their parents or custodians shall verify the vaccination with their pediatrician.
        6. Travelers can visit <http://www.minsalud.gov.co/saludalviajero> to check all the technical documents of the yellow fever vaccine, self-care recommendations, etc.
        7. The international vaccination certificate is free and exists in all departmental and district territorial entities. IPS are authorized to deliver such certificates. The directory of IPS where vaccination can take place is available at: <http://www.minsalud.gov.co/saludalviajero>.
        8. Make sure all residents of the high risk municipalities and zones are vaccinated against yellow fever.
  3. The Department, District and Municipal Secretariats shall:
     1. Activate the immediate response group to report immediately after detecting the event, including its verification and follow up of control actions.
     2. Make the corresponding reports of the occurring event, which will guide the national risk assessment.
     3. Maintain the Port Health Territorial Committee active and in charge of the coordination and articulation of actions to be taken and the communication of the different strategies offered.
     4. Coordinate with National Park authorities in risk areas defined by the Ministry of Health and Social Protection, the request of yellow fever vaccination certificates in order to visit such parks.
     5. Coordinate with migration authorities in the territory, the dissemination of requirements in the Circular and inform such authority that people traveling to areas described in item 1.2.3.1, the district of Santa Marta and the municipalities of Ciénaga, Aracataca, Convenció, El Carmen, El Tarra, Teorama, Sardinata, Tibu, El Zulia, Hacarí, San Calixto, Rio Sucio, Carmen del Darién, Juradó, Nuquí, Unguía, Dabeiba, Mutatá, Turbo and Yondó, who have a non-valid certificate (8), or a certificate which states that the vaccine has been applied less than ten (10) days ago, shall not be allowed to enter Colombia, based on the national legislation in effect (9).
     6. Request entry points to be up to date with regards to the emergency and/or contingency plan, in accordance with the Emergency Regulating Center – CRUE (or whoever acts on its behalf) and other entities of the National System of Disaster Risk Management, including the contact data of authorities present in the national and

(8) Requirements for non-validity of the international vaccination certificate according to RSI (2005). Attachment 6. I) Not carrying the international vaccination certificate. Ii) Certificate not filled out in writing and does not have the corresponding signature. Iii) The document has amendments or erasures and omissions of data required in the certificate. iv) The person vaccinated has to sign the certificate. If the child cannot write, the parents or tutor must sign it. v) Illiterates shall make a sign to certify they are the holders of the certificate. Such sign must be endorsed by another person.

(9) Decree 834 of 2013 – Article 29. Grounds for non-admittance or rejection. The causes for non-admittance or rejection will be the following: 1. Not presenting the vaccination certificate and in the cases in which this is demanded by the national health authority.

International terminals of the jurisdiction.

* + 1. Socialize with the travel agencies, airlines and travelers, in general, the Single Number of Security and Emergencies – NUSE – 123, or the CRUE of the jurisdiction, if available in each of the territories and provide self-reporting indications.
    2. Request information about previous vaccines against yellow fever from all travelers entering or coming from an endemic area, along with migration authorities.
  1. The Department, District and Municipal Health Secretariats, entry points, Maritime General Directorate – DIMAR and national and international airlines shall:
     1. Immediately report any suspicious case which may be of interest for public health (such as malaria), which occurs in national or international terminals. The operator of national and international terminals informs the corresponding health territorial entity, and such entity informs the National Liaison Center (CNE) at [cne@minsalud.gov.co](mailto:cne@minsalud.gov.co)
     2. Increase health surveillance at international terminals and follow-up the general declaration of the aircraft (2005 International Health Regulations in its Attachment 9).
     3. Socialize the S.0.S. telephone line of each jurisdiction with the travel agencies, airlines and visitors, in general. Likewise, socialize the documents found in the Web page of the Ministry of Health and Social Protection, at <http://www.minsalud.gov.co/saludalviajero>.
  2. The department, district and municipal health secretariats, the public and private Health Service Institutions – IPS, the Benefit Plans Management Companies – EAPB and entities making part of the Special and Exception Regimes, the entry points, the General Maritime Directorate – DIMAR, and the national and international airlines shall:
     1. Disclose the “Travelers General Recommendations” published at <http://www.minsalud.gov.co/saludalviajero> to inform travel agencies and travelers who have touristic plans to yellow fever risk areas determined by WHO.
     2. Train the workers of the health, tourism, and airport sectors, as well as aircraft users, for the timely and proper management of any potential risk of yellow fever.
  3. The governors, city mayors, department, district and municipal health secretariats must ensure that people entering, working or living in peace town areas have been vaccinated against yellow fever.

1. **Actions from Airlines**
   1. At the moment of purchasing tickets to travel to yellow fever risk areas, inform travelers that they need to get the vaccine at least ten (10) days before traveling and must have the certificate which demonstrates the vaccination.
   2. Advise travelers that in case of an international flight to the States which require such certificate, they must carry the international vaccination certificate determined by WHO (See attachment 1). This attachment is also available in web page <http://www.minsalud.gov.co/saludalviajero>.
   3. Inform national and international travelers that at the moment of checking in or boarding the aircraft, the yellow fever vaccination certificate will be demanded, if traveling to risk areas established by the Ministry of Health and Social Protection, if in Colombia, and by PAHO/WHO, if in an international flight.
2. **Actions by the Special Administrative Unit of Civil Aeronautics**
   1. Confirm the General Declaration of the Aircraft has been filled out by the airline authorities.
   2. Airport Health authorities must immediately report any yellow fever suspicious case occurring at the national and international terminal, following the flow established for such purpose (the national and international terminal operator shall inform the corresponding health territorial entity, as per provisions in the airport emergency plan).
   3. Airports must update the Public Health Emergency Plans of international relevance – ESPII – in coordination with the local health entities.
   4. Inform airports and airlines about guidelines issued by the Ministry of Health and Social Protection about yellow fever alerts.
   5. Make sure the national and international airports perform vector controls included in Basic Sanitation Plans.

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Signed by

ALEJANDRO GAVIRIA URIBE

Minister of Health and Social Protection

ALFREDO BOCANEGRA VARÓN

Director of the Special Administrative Unit of Civil Aeronautics