

US\$58 million grant to fight yellow fever in Africa

Efforts to contain the resurgence of yellow fever in 12 West African states have been boosted by a US\$58 million grant from the GAVI Alliance to support special immunization campaigns in countries at high risk of yellow fever epidemics.

The disease was almost wiped out in the 1960s but many nations stopped immunizing programs. Thus an entire generation has no immunity to the disease. By the 1990s, the number of cases had risen to an estimated 200 000 per year, with 30 000 deaths and urban outbreaks starting to occur.

The World Health Organization (WHO) says the threat of a major scourge looms ever larger. It estimates that the highly transmissible disease could infect around one-third of the urban population, or up to 4.5 million people, in Lagos, Nigeria, alone.

Yellow fever is an acute, hemorrhagic, viral disease transmitted to humans by infected mosquitoes. In its early phase, it's often confused with malaria, haemorrhagic viral fevers or even poisoning. After an incubation period of 3–6 days, symptoms like fever, muscle pain, backache, headache, shivers, nausea, vomiting and loss of appetite present themselves, often in conjunction with a slow pulse. Roughly 15% of patients subsequently enter a toxic phase with such symptoms as jaundice, bleeding from the mouth, nose, eyes and stomach, and ultimately kidney failure. Half of patients entering the toxic phase die within 14 days. Yellow fever is endemic in tropical regions of Africa and South America, where 44 countries (33 in Africa and 11 in South America) are considered to be at risk. There is no known specific antiviral therapy, although the disease can be prevented by the "17D" vaccine, which provides immunity for at least 10 years.

"Yellow fever is a particularly dangerous disease which kills up to 50% of those with severe illness. Every age group is at risk, and vaccination is our crucial weapon to prevent cases and epidemics," said Michel Zaffran, deputy executive secretary at the Global Alliance for Vaccines and Immuniza-

tions, which aligns public and private resources in a global effort to create greater access to vaccines. The alliance grant will enable vaccination of at-risk populations and thus quickly reduce the risk of devastating outbreaks.

In all, 48 million people will be vaccinated in Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Guinea, Liberia, Mali, Nigeria, Senegal, Sierra Leone and Togo over the next 4 years. Vaccination coverage in some of these countries has been 30%; 60%–80% coverage is required to stop infections from spreading into an epidemic.

"The initiative is a groundbreaker from many perspectives," said Dr. David Heymann, WHO assistant director-general for communicable diseases. "Existing routine immunization programs target children. If we were to do only routine child immunization for yellow fever, we would need decades to reduce the risk of epidemics and the international spread of the disease." — Wairagala Wakabi, Kampala, Uganda

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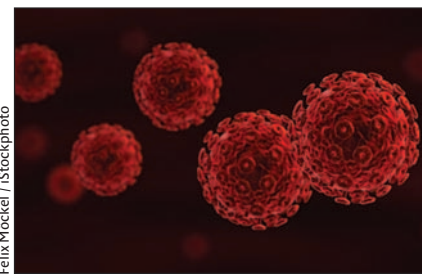
"Homophobia is fuelling the AIDS epidemic in Africa"

Homosexuals are a key contributor to rising infection numbers in many African and Middle East countries, according to research findings presented at a June meeting in Rwanda of people who implement HIV prevention and care programs.

Stigma and sex discrimination against gays are widespread and, with the exception of South Africa, homosexuality is criminalized in Africa. This means homosexuals are rarely reached by AIDS campaigns, while lubricants they use have often resulted in frequent breakage of condoms, said researchers.

The annual meeting, organized by the US President's Emergency Plan for AIDS Relief, was for the first time co-organized with WHO, UNAIDS, UNICEF and the Global Network of People Living with HIV/AIDS.

The International Gay and Lesbian Human Rights Commission's Cary



Felix Mückel / iStockphoto

A swarm of human immunodeficiency virus

Johnson said African lesbian, gay, bisexual and transgender communities were being decimated with a speed and breadth reminiscent of the impact of the epidemic on gay men in New York, San Francisco and other North American and European cities in the 1980s.

"Sero-prevalence rates among [homosexuals] are higher than in the general population.... Homophobia is fuelling the AIDS epidemic in Africa," said Johnson.

Research by the Population Council at the Kenyan tourist city of Mombasa involving 425 male sex workers revealed that while 58% reported using a condom during anal sex with their last male client, only 36% consistently used condoms.

Researcher Scot Geibel said "HIV [and sexually transmitted infection] prevention and care programs need to reach [men] who sell sex, with specific prevention messages regarding anal transmission of HIV, and to encourage consistent condom use."

Studies by the International HIV/AIDS Alliance showed that HIV prevalence in the Middle East and North Africa is under 0.2% for the general population but much higher among homosexuals. "Increased vulnerability and poor sexual health of [these men] is due to conservative legal, socio-cultural and religious contexts and limited availability of STI/HIV services," it stated.

High HIV rates among homosexuals are also reported for India and Cambodia. UNAIDS states that 25% of all people living with HIV/AIDS in Latin America are related to a homosexual. UNAIDS head Peter Piot said these men, drug users, sex workers and migrants were among the drivers of the epidemic. — Wairagala Wakabi, Kampala, Uganda

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