YELLOW FEVER

Dr. Hideyo Noguchi

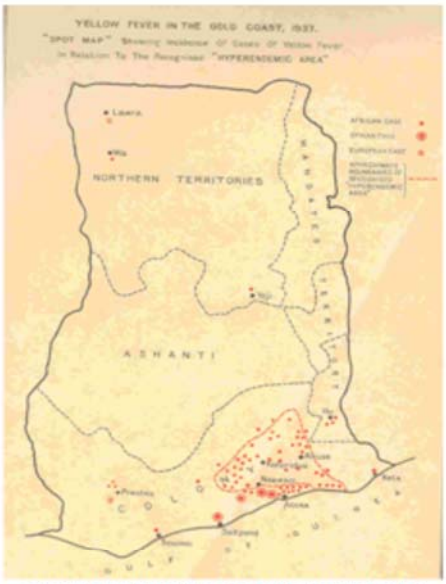
Microscopes used by Dr. Noguchi during his research at his study room in Korle Bu

Mr. Asibi, from whom the virus of yellow fever was first isolated

Dr. Noguchi dissecting a monkey at his office in Accra

Dr. Young in the laboratory

The Noguchi Memorial Garden at Korle Bu constructed by Government of Japan in June 1962



Largest epidemic of yellow fever in the Gold Coast occurred in 1937

Yellow fever is found in two broad areas of the world:

i. Across the middle of Africa in the tropics, more to the west
ii. In the western hemisphere, Central America, Caribbean islands, and northern part of South America.

In the non-immune, the disease is manifested by jaundice and albumin in the urine.

In 1881, Dr. Carlos Finlay, in Cuba suggested, and proved in 1901, that the disease was transmitted from man to man by the tiger mosquito, Aëdes aegypti. Also by accidental contamination e.g. in the laboratory. Drs. Stoke, Noguchi and Young died through accidents in the laboratory.

The Rockefeller Foundation sponsored research in the Americas, a short one to West Africa in 1920, and a longer one in 1925. Important discoveries of the Rockefeller Commission in West Africa were:

i. Yellow fever not caused by Leptospira infection – L. icteriodes as hypothesized by Noguchi
ii. Rhesus macacus monkey imported from India proved to be susceptible host, with blood inoculated from a suspected case of a 27-year old labourer called Asibi, in Kpeve, in the Volta Region of Ghana.

A vaccine was first prepared in New York by inoculating the Asibi strain of the virus intracerebrally in mice. From the Asibi strain a non virulent strain called D17, produced both safe and effective vaccine.
Until date

P. K. N.