

Yellow Fever Vaccination Centres – Annual Return 2025

Your YFVC

All Yellow Fever Vaccination Centres (YFVCs) in England, Wales and Northern Ireland (EWNI) are required, as a [Condition of Designation](#), to submit an Annual Return of yellow fever vaccine use and associated adverse events to NaTHNaC. This detail will help inform what is known about yellow fever vaccination practice in EWNI.

YFVCs that do not comply with the requirement to submit an Annual Return by the closing date, may be temporarily de-designated until their return is received.

You will not receive a copy of your submitted Annual Return. If you wish to keep your own record, please print, or take screenshots of each page.

1. What is your YFVC ID Number? This is the 4- or 5-digit number after 'UKYFVC' on the YFVC's rubber stamp
2. What is the full postcode of the YFVC?
3. Please indicate your profession.
 - Doctor
 - Nurse
 - Pharmacist
 - Other (please specify)
4. Which of the following best describes the location of your YFVC?
 - General Practice
 - Pharmacy
 - Occupational Health Department
 - Travel Clinic
 - Hospital
 - British Armed Forces
 - Other (please specify)

5. How long has your YFVC been designated for?

- We have been designated for less than one year (this is the Annual Return for only part of 2025)
- We have been designated for over one year (this is the Annual Return for 2025)

YFVC Activity

6. How many health professionals gave yellow fever (YF) vaccine at your YFVC in 2025?

7. Of those health professionals who gave YF vaccine in 2025, how many had undertaken NaTHNaC YF vaccination training (e-learning +/- virtual classroom) during the last 2 years?

- All
- Some
- None

8. How many doses of YF vaccine were given at your YFVC in 2025?

9. How many doses were given in each of the following age groups?

If no doses were administered enter 0

- 6 months to under 9 months
- 9 months to 17 years
- 18 to 59 years
- 60 to 69 years
- 70 to 79 years
- 80 years and older

10. How many reinforcing (booster) doses were administered during 2025?

- 0
- 1 or more (please enter the number of reinforcing doses administered)

11. How many reinforcing doses were given for the following reasons?

- Where the first dose given was:
 - when aged less than two years old
 - during pregnancy
 - whilst infected with HIV
 - when immune suppressed
 - before undergoing a bone marrow transplant
- Where previously vaccinated but ICVP (certificate) lost and reissue not possible
- Other

12. If Other, please specify

Contraindications

13. Was YF vaccine given when there was a [contraindication](#) to vaccination?

- Yes
- No

14. Which of the following groups received YF vaccine despite having a known [contraindication](#) to YF vaccination? Please tick all that apply.

*Do not include travellers aged 60 years or over travelling to areas where YF vaccine is recommended, and **vaccination is a precaution**.

- Aged under six months
- History of a confirmed anaphylactic reaction to a previous dose of YF vaccine
- History of a confirmed anaphylactic reaction to any component of the vaccine, including egg
- History of thymus disorder
- History of a primary or acquired immunodeficiency due to a congenital condition or disease process, (see chapters 6 & 35 of the [Green Book](#))
- Immunosuppressed due to treatment, (see chapters 6 & 35 of the [Green Book](#))
- *Aged 60 years or over and travelling to an area where YF vaccination **not generally recommended by WHO**.
- Family history (1st degree relative) of [YEL-AVD](#) or [YEL-AND](#) following vaccination

Precautions

15. Was YF vaccine given when there was a [precaution](#) to YF vaccine?

- Yes
- No, none given
- No, we exclude all groups with a precaution

16. How many YF vaccines were given to the following groups of travellers with a precaution to YF vaccine during 2025? If no doses were administered enter 0.

- Infants aged 6 months to under 9 months
- Aged 60 years and over (benefit of vaccine considered to outweigh risk of disease)
- Pregnancy
- Breastfeeding mother
- HIV infection with CD4 >200 and suppressed viral load
- Taking lower dose immunosuppressive therapies (see chapter 6 and 35 of the [Green Book](#))

17. If YF vaccine was given during pregnancy, please tick trimester(s) of pregnancy vaccine was given

- First trimester
- Second trimester
- Third trimester
- Trimester unknown

18. If YF vaccine was given to breastfeeding women at your YFVC, please tick how old the infant was at time of vaccination. Tick all that apply.

- Below 6 months
- 6-8 months
- 9 months or over
- Age of infant unknown

19. Do you exclude any of the following groups from having YF vaccine at your YFVC? Tick all that apply

- Infants aged 6 months to under 9 months
- Aged 60 years and over
- Pregnant women
- Breastfeeding mothers
- HIV infection with CD4 >200 and suppressed viral load
- Taking lower dose immunosuppressive therapies
- None of the above

Medical Letters of Exemption

20. How many Medical Letter(s) of Exemption (MLoE) were issued by your YFVC in 2025?

- 0
- Unknown
- 1 or more (please enter the number of MLoE issued)

21. How many Medical Letter(s) of Exemption (MLoE) were issued where there was a contraindication to yellow fever vaccine? Where none were issued enter 0

22. How many Medical Letters of Exemption (MLoE) were issued where there was a precaution to yellow fever vaccine? Where none were issued enter 0

- Infants aged 6 months to under 9 months
- Aged 60 years and over [vaccine risk considered to outweigh the risk of disease]
- Pregnancy
- Breast feeding mother
- HIV infection with CD4 >200 and suppressed viral load
- Taking lower dose immunosuppressive therapies (see chapter 6 and 35 of the [Green Book](#))
- Other

23. If you have given a Medical Letter of Exemption (MLOE) for 'other', please give further details below.

Yellow Fever Vaccine Associated Severe Adverse Events (YEL-SAE)

24. How many of the following serious Yellow Fever Vaccine Associated Severe Adverse Events ([YEL-SAE](#)) occurred at your YFVC in 2025? If none, please enter 0

NaTHNaC may contact a YFVC for clarification on data submitted in some circumstances.

- Anaphylaxis
- Yellow fever vaccine associated neurological/neurotropic disease [YEL-AND]
- Yellow fever vaccine associated viscerotropic disease [YEL-AVD]

25. If any serious YEL-SAE occurred at your centre, who were they reported to?

- NaTHNaC
- UK Health Security Agency
- MHRA via the yellow card system
- The manufacturer
- Other (please specify)

Conditions of Designation and Code of Practice

The following section asks about the governance of your YFVC and should be answered by a health professional who is responsible for risk assessment and administration of YF vaccine. All health professionals administering YF vaccine should be aware of the [Commission on Human Medicines 2019 report](#).

26. How often is YF practice reviewed at your YFVC?

- Every 12 months
- Every 1 to 2 years
- More than 2 years
- Never
- Unsure

27. Is a standardised YF pre-vaccination checklist used during the travel health consultation to assist yellow fever vaccination risk assessment?

- Yes
- No
- Unsure

28. If yes, which standardised YF pre-vaccination checklist is used?

- [NaTHNaC / Public Health Scotland YF pre-vaccination checklist](#)
- [Sanofi Pasteur – Stamaril checklist](#)
- Checklist developed by our organisation
- Other (please specify)

29. Is the YF vaccine [Stamaril] Patient Information Leaflet [PIL] routinely given to the traveller?

- Yes
- No
- Unsure

30. * Please confirm that you:

- Are familiar with the Conditions of Designation and the Code of Practice for Yellow Fever Vaccination Centres (YFVCs), and
- Understand your responsibility, as a YFVC, to inform NaTHNaC of any situation that could affect your designation status (for example, an adverse rating from the independent regulator or a change in the Responsible Supervising Clinician).

Contact Information

31. To confirm, what is your YFVC ID Number? This is the 4- or 5-digit number after 'UKYFVC' on the centre's rubber stamp

32. Please enter a contact email address:

We ask for this in case we need to contact you about anything concerning your Annual Return