**Background**

Four communities Anka (Anka LGA), Danmarke Shehi (Bungudu LGA), Bunaje (Kaura Namoda LGA) and Makera (TalataMafara LGA)) in Zamfara State experienced some illnesses that were eventually confirmed to be yellow fever. Most of the cases were suspected to be imported from Isanlu, in Yagba East LGA of Kogi State. Sequel to this, entomological surveillance was conducted in the affected areas from 12th to 25th of December, 2017 to: establish presence of yellow fever vectors in the four LGAs; identify breeding sites of these vectors in the areas; determine the risk status of *Aedes* mosquitoes in the affected areas and incriminate vectors that harbour the yellow fever virus in the areas.  
**Methods**

Four entomological techniques **(**Ovitrap setting, larval survey,adult mosquito collection traps andModified Human Landing Catch (mHLC)) were deployed for the collection of different stages of the life cycle of the vectors (eggs, larvae, pupae and adults). Twenty ovitraps were set in each community visited and retrieved within three days. Domestic and peri-domestic containers were surveyed. Larvae collected were put in potable plastic containers and transported to the mobile laboratory for rearing. Traps were set between 6am and 6pm and mHLC was carried out between 7am and 9am and between 5pm and 8pm.

**Results**

The commonest breeding sites were tyre, plastic, earthen ware and metal containers. Only ovitrap setting and larval survey yielded positive results. 3.1% of ovitraps set in the four communities were positive for *Aedes* mosquito eggs and 0.4% of containers set were positive for the larvae of *Aedes* mosquitoes. Only *Aedes aegypti* was collected in the survey. On the average, larval index was high only in Danmarke Shehi. Both House and Breteau indices were low in the community. This is to say that in Danmarke Shehi, the House Index was high (≥5%) whereas the Breteau index was low (˂20).

**Conclusion**

Presence of the urban Yellow fever vector (*Aedes aegypti*) was established at Danmarke Shehi (Bungudu LGA). Also, *Aedes* eggs were collected from Makera and Anka. It should be noted that Yellow Fever can be transmitted transovarially, consequently with the presence of the virus in the community, any unimmunized individual in the area is at risk. *Aedes aegypti* is also the main vector of dengue, Zika, Chikungunya and West Nile diseases, which may present similar clinical symptoms. As a result, there is the possibility of transmission of these diseases within the affected communities if the viruses circulate in the population.