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Current major event

Chikungunya in Sudan

The Federal Ministry of Health, in recent time, has informed WHO of an outbreak of Chikungunya which has affected its eastern states. Till date, a total of 13,430 suspected cases were reported from the country, primarily from Kassala and Red Sea state. Samples have been tested both by PCR and by serology. A number of samples have also been tested positive for dengue fever.

Editorial note

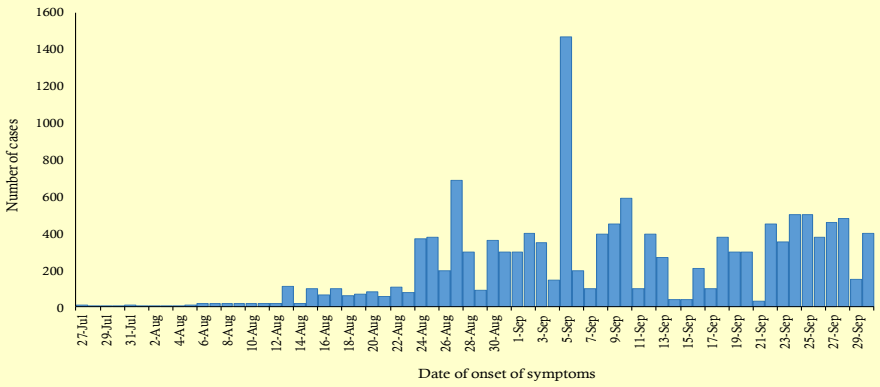
Chikungunya is a mosquito-borne viral disease. It can be easily be mistaken for other arboviral diseases such as dengue or Zika virus, since they share many clinical symptoms and are transmitted by a common vector – the *Aedes* mosquito. Chikungunya is a self-limiting disease and has a low mortality rate The treatment is mostly symptomatic. However, chronic debilitating diseases such as prolonged joint pain may occur in the aftermath of infections as a residual effect. Therefore, detection and diagnosis of chikungunya is challenging but critical at early stage of infection.

In the beginning, the current outbreak of chikungunya was concentrated in one state (Red Sea) of Sudan, but has since spread to the second state (Kassala) which is now worst affected amongst the two states. The Kassala state has reported majority of the infections (> 12,000 cases) so far and cases continue to evolve (*Please see the graph*).

The fact that the current outbreak shows mixed infections of both chikungunya and dengue fever and the fact that often the clinical symptoms of both these infections overlap, it is critical to use a standardized and a more sensitive case definition for detecting all suspected cases which otherwise might remain unreported or undiagnosed. Though, there is no specific treatment for chikungunya, standardized treatments need to be applied for dengue fever as severe dengue fever cases may present with haemorrhgaic manifestations as well as "shock syndrome' which might need treatment with blood platelets and fluid replacement therapy.

The Federal Ministry of Health is leading the response activities with the support from WHO and other partners. Owing to the frequent population movement and also due to the fact that the vectors are established in Sudan (the country has reported repeated outbreaks from dengue in the past), there are heightened risk that the outbreak may also spread to other states. The key public health measures that should be rapidly scaled up to contain the outbreak and stop the transmission include aggressive vector control such as emptying and cleaning water containers, limited but targeted spraying and risk communication to reduce the risk of infection at the source. At the same time, surveillance system should be enhanced throughput the country to early detect spread of the infection to other States.

Suspected cases of Chikungunya, reported form 27 July to 30 September-2018, Kassala, Sudan



Age wise distribution of suspected cases of chikungunya

Age groups	Suspected cases*	Percentage of cases
0-< 2 years	134	1 %
2-4 years	672	5 %
5-14 years	2955	22 %
15-29 years	3895	29 %
30-45years	3089	23 %
>45 years	2552	19 %

Update on outbreaks in the Eastern Mediterranean Region

MERS in Saudi Arabia; **cholera** in Somalia; **cholera** in Yemen; **Dengue** in Yemen.

Current public health events of international concern

[cumulative N° of cases (deaths), **CFR** %]

Avian influenza: 2006-2017	
Egypt (A/H5N1)	[359 (122), 34%]
Egypt (A/H9N2)	[4 (0)]
Ebola virus disease (EVD): 2018	
Democratic Republic of Congo (DRC)	[157 (102), 64.9%]
Dengue fever : 2018	
Yemen	[1 188 (7), 0.6%]
Rift Valley fever : 2018	
Kenya	[95 (11), 11.6%]
Uganda	[23 (8), 34.8%]
Cholera: 2017-2018	
Somalia	[6 245 (42), 0.7%]
Yemen	[1 125 189 (2 326), 0.2%]
Tanzania	[4 007 (75), 1.9%]
Diphtheria: 2018	
Yemen	[1 904 (98), 5.1%]
Bangladesh	[8 178 (44), 0.5%]
MERS: 2012-2018	
Saudi Arabia	[1 878 (728), 38.8%]
Yellow Fever: 2017-2018	
Brazil	[1 266 (415), 32.7%]