World Health Organization
Regional Office for the Eastern Mediterranean

Weekly Epidemiological Monitor

Volume 1, Issue 30, Sunday 27 July 2008

Current major events

Multiple outbreaks from DF/DHF in the EMR

During the past three months of 2008, three member states of Eastern Mediterranean Region (EMR) have reported outbreaks of Dengue fever/ Dengue haemorrhagic fever (DF/DHF) to WHO. Yemen has reported 1,024 cases of DF/DHF from Shabwa and Abyan governorates. Sudan reported 360 cases of DF/DHF from Red Sea State. Saudi Arabia has reported 537 cases of DF/DHF so far this year from 20 localities in and around Jeddah City.

These DF/DHF outbreaks were reported at almost the same time period and from three neighbouring countries surrounding the Red Sea. All these three countries (Saudi Arabia, Sudan and Yemen) have witnessed repeated outbreaks of DF/DHF in the past.

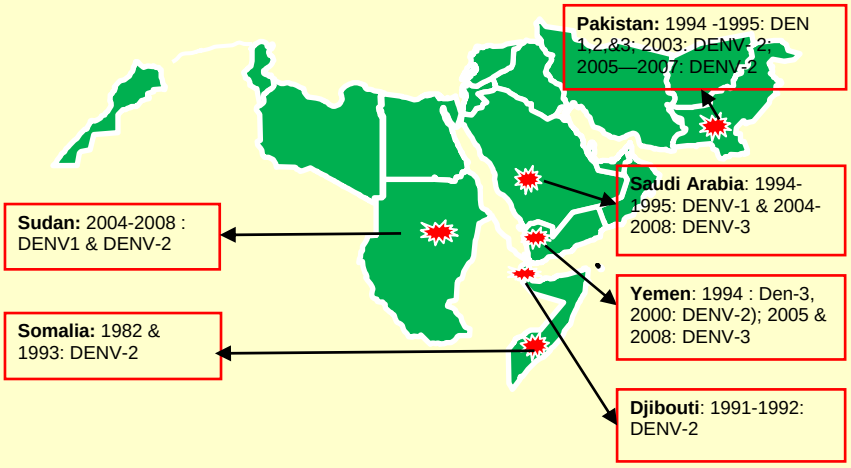
Editorial note

Epidemic of Dengue fever /Dengue haemorrhagic fever (DF/DHF) has re-emerged as a major public health problem in the EMR with an increased incidence of the disease and expanding geographic distribution of both the viruses and mosquito vectors. DF/DHF outbreak was first reported in the EMR from Somalia in 1982. This was followed by a similar outbreak in Djibouti in 1991-1992. Pakistan, Saudi Arabia, and Yemen reported their first DF/DHF outbreaks in 1994. From 2004, Sudan has been facing recurrent outbreaks of DF/DHF. All Dengue sub-types have been identified and caused outbreaks in these EMR countries. However, the current predominant dengue viruses causing epidemic in the region are DENV-2 and DENV-3.

The main factors behind the recent re-emergence of Dengue in the Region could be primarily due to demographic, societal and technical changes that many countries in the region are going through. In the light of this active Dengue transmission in the region, there is an urgent need for strengthening preventive and control efforts for DF/FHF in order to reverse the trend of more frequent and large outbreaks of DF/DHF.

In the absence of specific treatment and vaccine, Dengue prevention and control strategy *(see the box)* depends on prevention and control measures to eliminate or drastically reduce the population of the mosquito vector *Aedes aegypti* in a sustainable way. To achieve this, it is necessary to scale-up integrated vector control management (IVM) in the affected countries through integrating Dengue vector control with other vector-borne disease control programmes; strengthen technical and institutional resources for vector control at country level; and involve the local community in awareness building as well as in vector control activities for sustainability.

Outbreaks of DF/DHF in the Eastern Mediterranean Region



Strategy for Prevention and Control of DF/DHF in the EMR

- Strengthening of surveillance for early detection of DF/DHF cases;
- Building capacity for laboratory diagnosis and detection of dengue viruses;
- Standardization of case management practices;
- Control of environmental risk factors through integrated vector control management (IVM)
- Promotion of intersectoral partnership;
- Involvement of local community in prevention and control efforts;
- Strengthening of cross-border surveillance for DF/DHF and other public health measures at border.

Update on outbreaks

in the Eastern Mediterranean Region

Dengue: in Saudi Arabia. **Cholera**; in Sudan (Gedaref). **Hepatitis –E:** in Red sea state of Sudan

urrent public health events of international concern
[cumulative N° of cases (deaths), **CFR** %]

Avian influenza	
Egypt	[50 (22), **44%**]
Indonesia	[135 (110), **81.4%**]
Cholera	
Sudan (South)	[5953 (50), **0.83%**]*
Uganda	[490 (31), **6.3%**]
Dengue fever	
Saudi Arabia	[533 (?), ?%]
Yemen	[1024 (?), **?%**]
Myiasis	
Djibouti	[932(0), **0%**]
Hepatitis E	
Uganda	[5339 (90), **1.7%**]
Sudan	[224(23), 10.2%]*
Lassa fever	
Liberia	[44 (5), **11.4%**]
Murburg	
Netherlands	[1(1), **1%**]

(=Unofficial figures)*
CFR=Case-Fatality Rate