

## Current major event

### Sub-regional meeting on dengue fever and chikungunya

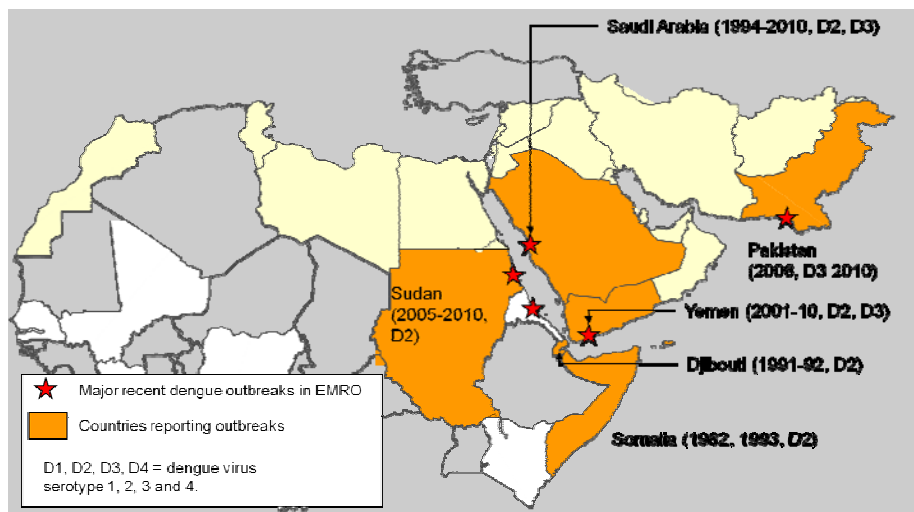
The WHO Eastern Mediterranean Regional Office organized a sub-regional meeting on dengue fever and chikungunya for the countries of the Red Sea rim from 20-21 August, 2011. The meeting was held in Cairo, Egypt and was attended by 51 participants and 5 organizations. The meeting brought in together, epidemiologists, clinicians, laboratory experts and senior policy and decision makers from the ministries of health and other institutions and a call for action was launched on the concluding day.

### Editorial note

Dengue is the most widespread mosquito-borne infection in human beings. It is an emerging public health problem in countries of the Eastern Mediterranean Region (EMR). Epidemic of Dengue fever / Severe Dengue (DF/SD) has been reported in the EMR with an increasing frequency and expanding geographic distribution of both the viruses and mosquito vectors. DF/SD outbreak was first reported in the Eastern Mediterranean Region 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/Dengue Haemorrhagic fever (DHF) outbreaks in 1994. From 2004, Sudan has been facing recurrent localized outbreaks of DF/DHF in the Port Sudan areas. All Dengue sub-types have been identified and have caused outbreaks in these countries. Lack of dengue control programs remains among the most important challenge for dengue prevention and control in the Region.

The sub-regional meeting on dengue fever / Severe Dengue and chikungunya for the Red Sea rim was held to address this emerging problem. This was the first time WHO held a meeting on DF/DHF and chikungunya in the Eastern Mediterranean Region. The meeting reviewed and discussed the dengue situation and its burden in 8 affected countries of the Region.

### Recent Dengue Fever (DF) outbreaks in the Eastern Mediterranean Region



The meeting also reviewed and identified priority areas for intervention. The meeting concluded with a number of recommendations that will form the basis of EMRO's regional strategic directions for prevention and control of DF/DHF in the EMR countries. In addition the meeting reviewed the World Health Organization's document, "Dengue Guidelines for Diagnosis, Treatment, Prevention and Control" and recommended how it could be adapted into a regional guidance for control of dengue. The meeting also critically reviewed and discussed the burden and magnitude chikungunya at the global and regional level. As such, the meeting also looked at the prospects of prevention and control of chikungunya in the Eastern Mediterranean Region.

The countries affected by DF/DHF in the EMR vary significantly in terms of their preparedness, their capacity to respond and the amount of financial resources allocated for prevention and control programme. The countries were encouraged to reorient the existing activities for the control of dengue outbreaks towards an integrated vector-borne disease surveillance and control. And since dengue fever does not need a visa to cross international boundaries, the meeting suggested that effective dengue control is only possible if all affected countries get involved and established regular cross border exchange of information.

### Update on outbreaks

#### in the Eastern Mediterranean Region

**Measles** in Afghanistan; **A(H5N1)** in Egypt; **Cholera** in Afghanistan and Pakistan, **Brucellosis & Q fever** in Afghanistan. **Wild polio type 3** in Pakistan

### Current public health events of international concern

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

#### Avian influenza

Egypt	[150 (52), <b>34.7%</b> ]
Indonesia	[178 (146), <b>82.0 %</b> ]
Viet Nam	[119(59), <b>49.6%</b> ]
Cambodia	[17(15), <b>88.2%</b> ]
Global total	[563 (330), <b>58.6%</b> ]

#### HUS

Germany	[847(31) , <b>3.7%</b> ]
Europe	[47(1), <b>2.1%</b> ]
USA	[4(1), <b>25.0%</b> ]

#### Brucellosis

Afghanistan	[147(0), <b>0%</b> ]
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#### AWD (Cholera)

Afghanistan	[1093(11), <b>1 %</b> ]
Pakistan	[4506(35), <b>0.8%</b> ]

CFR=Case-Fatality Rate; \* Number of hospital visits; # Suspected cases only