

18 June 2014 - An outbreak of dengue fever has been reported in Red Sea State, Sudan. As of 17 June 2014, a total of 738 cases with six deaths have been reported.

On 16 and 17 June, 57 new suspected dengue fever cases were reported - 36 cases from Port Sudan locality and 21 cases from Tokar locality.

Sudan's Federal Ministry of Health, the State Ministry of Health and the World Health Organization (WHO) have been implementing control measures to reduce the risk of sustained transmission, as well as to minimize the impact on the affected population. Several activities have been taking place over the last weeks including strengthening of the surveillance system, vector control activities, improving case management and diagnosis through various training activities.

In addition, a joint action plan has been endorsed including vector control and health promotion activities in all affected localities with support from the Italian Cooperation, WHO, UNICEF, Sudanese Red Crescent Society, as well as community-based organization volunteers.

Dengue fever is transmitted by the bite of an *Aedes* mosquito infected with any one of the four dengue viruses. Symptoms, which appear from 3-14 days after infection, range from mild fever to incapacitating high fever with severe headache, pain behind the eyes, bleeding manifestations, muscle and joint pains, as well as rash.

The public are advised to take individual protective measures during the day to reduce mosquito bites if travelling to areas with dengue fever outbreak.

Since 2003, the Red Sea state has been hit by dengue fever. The worst outbreak so far was in 2010, with 4008 cases and 12 deaths.

Middle East respiratory syndrome coronavirus (MERS-CoV)

No suspected case of MERS-CoV has been reported from the Red Sea State. The

haemorrhagic fever cases reported earlier were diagnosed as dengue fever. However, health authorities are in active search for any suspected MERS-CoV cases by strengthening surveillance in the state general hospital, private clinics and hospitals.

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