**Republic of Sudan**

**Red Sea State**

**Directorate General of Preventive Medicine**

**Contingency Plan for Dengue Fever Epidemics**

**2018**

**Introduction:**

Dengue fever is an infectious disease. The disease transmitted from man to man through bite of *Aedes aegypti* mosquito. *Ades aegypti* favorable breeding sites are indoor stored water for domestic use. Thus vector control teams should establish house-to–house inspection and adopt LSM (larval source management) and as well fogging to control adult mosquitoes.

Red Sea state is endemic with dengue fever with fatal epidemics occurring from time to time. It is necessary therefore to have a contingency plan for dengue prevention and for containment of epidemics.

**General Objectives:**

To reduce cases and deaths due to dengue fever and to contain any epidemic within three weeks

**Specific Objectives:**

1. To establish active case – detection system
2. To reduce vector density
3. To raise community awareness
4. To establish coordination mechanism

**Strategies:**

1. Empower the existing surveillance system.
2. Control of *Aedes aegypti* through LSM and adult control.
3. Home to Home visits to raise population awareness and house inspection.

**Plan of action**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **N0.** | **Activities** | **Where?** | **When?**  | **Who?** | **Cost in SDGS** |
| 1. | Activation of zero reporting system | All localities  | April-July | Surveillance officers | 1,600 |
| 2. | Active case detection at hospital level | All state hospitals | April-July  | Curative medicine directorate | 138,300 |
| 3. | Training of care providers at facility level | State capital | April  | Training officer | 20,000 |
| 4. | Printing enough copies of dengue fever case management protocol  | Port-Sudan | April  | Preventive medicine directorate | 2,000 |
| 5. | Distribution of dengue fever case management protocol to care providers. | All hospitals  | April  | Epid. Dep. | 2,000 |
| 6. | Taking blood samples and processing to National Public Health Lab from all suspected dengue cases |  |  |  |  |
| 7. | Supportive supervision  | All localities  | April-July  | Epid. dep. | 3,000 |
| 8. | Coordination of dengue fever control activates  | SMOH | April-July  | DG of Health  | 3,000 |
| 9. | Daily emergency operational room meetings. | Epid. dept. | April-July | DG of Health | 30,000 |
| 10. | Case - investigation | All localities | .. | Epid. dept. | 16,600 |
| 11. | Data entry and analysis | Port-Sudan | April-July | Epid. dept.. | 30,000 |
| 12. | Fogging (House-to-house ) | All affected areas and areas with aedes aegypti. | April-July | IVM dept. | 227,650 |
| 13. | House inspection for *Aedes aegypti* breeding  | Urban settings | April-July | IVM dept. | 220,950 |
| 14 | Treatment of positive (*Ae. aegypti*) breeding sites | Urban setting | April-July | IVM dept. | 110,750 |
| 15. | Development and broadcasting of awareness messages | All localities through radio | April-July | IEC dept. | 85,650 |
| 16. | Organization of awareness sessions | All localities | April-July | IEC dept. | 130,490 |
| Total Cost |  | 858,090 |

**Indicators:**

**Surveillance**

1- % of Health facilities reported on daily basis including zero reporting

2- % of suspected dengue fever notified out of total reported

3-% of suspected cases who were investigated out of notified

4-% Reported case fatality by hospital, age group and Sex

5- % of blood samples processed as per protocol

6-% of blood samples tested positive for dengue

**Vector control:**

1. % of houses inspected regularly out of target
2. House index (adult)
3. Container index ( Larvae)
4. Breteau index

**IEC**

1. % of awareness sessions conducted
2. % of population with required KAP about dengue fever

**Case Management:**

1. Case fatality rate
2. % of Health care providers trained out of target
3. % of health care providers received case management protocol