

# Arboviral Surveillance and Response Capacity Survey 2021

## Section I: Respondent details

### 1. Country

Saudi Arabia

### 2. Respondent/person to be contacted for clarification, if needed (last name, first name, e-mail address)

### 3. Professional title and affiliation

### 4. Date (dd/mm/yyyy)

30/8/2021

## Section II: Arboviral disease surveillance system

### 5. Which arboviruses have circulated in your country at any time since the year 2000? This refers only to arboviruses with autochthonous i.e., local mosquito-borne transmission.

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Chikungunya	Not selected
Dengue	Yes
Yellow fever	Not selected
Zika	Not selected

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### 6. Do you have any written arbovirus surveillance and control plan(s) and/or guideline(s) for your country?

Yes, we have arbovirus-specific plans(s) or guidelines(s)

**6b. For which of the following arboviruses do you have written surveillance and control plans for your country? Please choose all that apply.**

Chikungunya	Not selected
Dengue	Yes
Yellow fever	Not selected
Zika	Not selected

**6c. Please upload surveillance and control plan(s) or protocol(s), or guideline(s)**

1 file(s) submitted

**7. Is there a specific national programme for arboviral diseases surveillance or is it integrated in another programme? Please select the appropriate answer:**

Specific programme

**7b. Please specify the programme into which arboviral diseases is integrated**

**8. For which level of the health structure are individual and aggregated data available? (Select all relevant levels)**

	Individual level	Aggregated
Primary health care level	Yes	Not selected
District level	Not selected	Yes
Regional level	Not selected	Yes
National level	Not selected	Yes

**9. What are the tools used for recording case data for surveillance purposes? Select all that apply**

National	Électronic
State/provincial	Mixed methods
District	Mixed methods

**10. Which training has been provided to the staff working on arboviral disease surveillance data?**

One-time basic training on data capture and analysis (MS Excel, MS Access, EpiInfo) and/or geographic information systems (GIS)	Not selected
Repeated/continuing basic training on data capture, analysis, and/or GIS	Not selected
One-time advanced training on statistical software for data analysis (e.g. STATA, R, SAS, Tableau, etc)) and GIS	Not selected
Repeated/continuing training on advance statistical software for data analysis (eg STATA, R, SAS, etc) and GIS	Not selected
No training	Not selected
Other	HESN: Health Electronic Surveillance Network

**11. Is reporting mandatory for any arboviral disease cases in your country?**

Yes

**11b. For which of the following arboviral disease cases is reporting mandatory in your country?**

Chikungunya	Mandatory reporting of confirmed cases only
Dengue	Mandatory reporting of all suspect cases
Yellow fever	Mandatory reporting of confirmed cases only
Zika (non-congenital)	Mandatory reporting of confirmed cases only
Zika (congenital)	Mandatory reporting of confirmed cases only
Other	Mandatory reporting of confirmed cases only

**11c. For which other arboviral diseases is reporting mandatory?**

1	RVF	ALL
2	West Nile Fever	ALL

**11d. Please upload document(s) containing surveillance case definitions used for reporting of arboviral diseases**

1 file(s) submitted

**12. In the last 2 years, did your country conduct national epidemiological surveillance for human cases of arboviral disease?**

Yes

**12b. How frequently are surveillance data reported to the national level?**

Weekly

**12c. What type of national epidemiological surveillance was conducted?**

Combination of active and passive

For reference, here are the relevant definitions:

**Active surveillance** is defined as having dedicated systems and staff that routinely and with effort survey for cases of disease or detection of vectors and associated pathogens by the public health department.

**Passive surveillance** is defined as having a reporting system where physicians, laboratories, mosquito control districts, academic institutions or others routinely report cases of disease or detection of vectors and associated pathogens to the public health department.

**12d. If available, please upload the most recent report(s) on arboviral surveillance in humans**

1 file(s) submitted

**13. Does your country provide regular training sessions for healthcare workers on notification of *Aedes*-borne arboviral diseases?**

Yes : four to five sessions are regularly conducted each year to train the involved staff according to their jobs and responsibilities.

**14. What do the arboviral disease surveillance staff perceive as factors contributing to the a) success and b) barriers/challenges to arboviral disease surveillance in humans?**

The Success: (A)- High Political Commitment. (B)- a unique collaboration between the governmental sectors involved in the arboviral disease control. (c)- strong integrated surveillance system. Challenges: Cross boarding the arboviral disease from neighbouring countries. (huge influx of workers from endemic countries) introduce the disease in free areas.

### **Section III: Arbovirus laboratory capacity**

**15. Is arbovirus diagnostic laboratory testing performed for confirmation of suspected cases in your country? (Please select the applicable option during outbreak periods and during non-outbreak periods, respectively)**

Outbreak periods	All suspect cases tested
Non-outbreak periods	All suspect cases tested

**15b. On average, for what percentage of suspected arboviral disease cases your country is laboratory confirmatory testing performed? Please indicate for outbreak and non-outbreak periods, respectively**

Non-outbreak (routine) percentage in a year	100
During outbreaks percentage per identified cluster	80

**16. In the last two years, were the positive cases of arboviruses confirmed by a national reference laboratory?**

Yes, for all arboviral infections. Please specify them:

Jeddah, Makkah, and Jazan laboratories.

**16b. If your country does not have capacity to type and serotype arboviruses, do you send samples for typing to other countries?**

NA

**17. Overall, what arboviral testing capacity(ies) is(are) available in your country? Please check all applicable boxes**

	Antigen testing	IgM antibody testing	IgG antibody testing	Neutralizing antibody testing	Virus isolation	RT-PCR or other nucleic acid amplification test	Viral gene/genome Sequencing
Chikungunya		Yes	Yes		Yes	Yes	Yes
Dengue		Yes	Yes		Yes	Yes	Yes
Yellow fever							
Zika							
Other							

**18. Which additional resources are most needed for your country to perform adequate testing for arboviral diseases? Please describe what would be needed for each checked resource in the adjacent comment field**

Additional training of personnel: shortage in the qualified workers.

Additional laboratory equipment, reagents, etc.: continuous and steady supply of reagents.

**19. Do you perform virological surveillance on humans, ie, tracking of prevailing genotypes/serotypes? Please select all that apply**

Yes, using virus isolation: done by the King Abdelaziz University and MOH and the data was published

Yes, using RT-PCR: done by the King Abdelaziz University and MOH and the data was published

**19b. Which samples do you use for virological surveillance?**

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Samples from suspected arboviral diseases routinely notified	Yes
Samples routinely collected from patients with fever of unknown origin	Not selected

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**19c. For which viruses do you perform virological surveillance? (check all that apply)**

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Chikungunya virus	Yes
Dengue viruses	Yes
Yellow fever virus	Not selected
Zika virus	Not selected
Other	RVF

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**19d. Does your country provide regular training sessions for healthcare workers on arboviruses virological surveillance?**

Yes

**20. What do the arboviral diagnostic laboratory staff perceive as factors contributing to the a) success and b) barriers/challenges with respect to laboratory testing for arboviral infections?**

Diagnosis is made through the reference laboratory and is free of charge treatment is carried out through hospitals and is free of charge challenges shortage in the qualified technicians.

## **Section IV: Management of arboviral disease cases**

**21. Does your country have clinical guidelines for healthcare workers on diagnosis and clinical management of cases and severe cases of *Aedes*-borne arboviral diseases?**

Yes

**21b. Please upload the clinical guideline(s) for arboviral disease management**

1 file(s) submitted

**22. Are severe cases of arboviral diseases managed in a special area (part of the hospital, isolation beds)?**

I don't know

**23. How many hospital beds are available per 100,000 population?**

**24. Does your country provide regular training sessions for healthcare workers on clinical diagnosis and management of *Aedes*-borne arboviral diseases?**

Yes, specific training is provided. If so, please specify:

NA

**25. What do the arboviral disease surveillance/clinical staff perceive as factors contributing to the a) success and b) barriers/challenges with respect to case management?**

## **Section V: Routine vector surveillance and control**

**26. Is there a disease programme, agency, or service in charge of arbovirus vector surveillance in your country?**

Yes. If so, please specify in the comment field.

The Saudi CDC

**27. Which institution/department is in charge of reporting entomologic surveillance data to the national ministry of health/health department? (Check all that apply)**

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State/provincial health agencies	Not selected
Other national agency	Not selected
City/country health departments	Yes
Local mosquito control districts or similar organisations	Yes
Universities or academic institutions	Not selected
Private companies	Not selected

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**28. For the last 2 years, did your country conduct entomologic surveillance for arboviral infections in mosquito vectors?**

No

**28b. Please upload the most recent national vector surveillance report**

**28c. Did the entomologic surveillance entail country wide programmes or was it restricted to specific locations?**

**28d. How many sentinel surveillance sites do you have?**

**28e. How often was the surveillance conducted? Please choose one of the following:**

**29. Do you conduct adult mosquito surveillance?**

Yes

**30. Do you conduct larval/pupal mosquito surveillance?**

Yes

**31. Are trapped mosquitoes identified to species?**

Yes



**32. Does your country either calculate minimum infection rates (MIR) for any *Aedes*-borne arboviruses with your mosquito data or receive such data from other agencies? Please choose only one of the following:**

No

**33. Which laboratories performed testing for arboviruses on mosquito pools collected in your country in the last two years? (check all that apply)**

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National public health laboratory	Not selected
State/provincial/regional public health laboratory	Not selected
Local health department laboratory	Not selected
University or academic institution	Not selected
Local MCD (if different from county health dep't)	Not selected
Mosquito surveillance done, but no testing done on mosquito pools	Not selected
Not applicable (no mosquito surveillance done)	Not selected
Other	SA CDC

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**34. Is there a record of *Aedes aegypti* or *Aedes albopictus* being found in your country in the past 5 years? Please choose only one of the following**

Yes, only *Aedes aegypti*

**34b. Please describe the potential public health threat from *Aedes aegypti* in your country**

*Aedes aegypti* populations are spreading and pose a significant public health threat

**34c. Please describe the potential public health threat from *Aedes albopictus* in your country**

**35. Over the past two years, did your country use any of the following vector control methods in local jurisdictions (either using government staff and resources, or subcontracting to a different entity to do so)? Please select all that apply**

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Adulticiding (insecticide application against adult mosquitoes)	Yes
Larviciding	Yes
Insect growth regulators (eg , pyriproxyfen)	Yes
Wolbachia method	Not selected
Sterile insect release	Not selected
None	Not selected
Other	oil compounds

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**35b. Would your country have conducted or financially supported adulticiding/larviciding or source reduction activities in the last two years if sufficient funding were available?**

**35c. Which adulticides and/or larvicides (brand and product name) were used?**  
pyrethroids pyriproxyfen etc.

**36. Does your country provide regular training sessions for staff in charge of vector control and vector surveillance?**

Yes, for both

**37. For the last two years, did your country have a plan for mosquito-borne disease control that includes a threshold (eg, level of vector mosquito abundance or minimum infection rate) that would result in a recommendation for mosquito adulticiding/other mosquito reduction measures?)**

Yes, have a threshold that requires concurrent human cases

**37b. Which indicator(s) is(are) used as threshold(s)?**

**38. Overall, are data on any of the following arboviral outbreak risk factors routinely collected and analysed? (Select all that apply)**

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House Index	Yes
Breteau Index	Yes
Container Index	Yes
Temperatures	Not selected
Rainfall	Not selected
Migration of a non-immune population	Not selected
None	Not selected

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**39. Is there a surveillance system in place for monitoring *Aedes* resistance to the insecticide(s) used?**

Yes

**40. What do the vector surveillance staff perceive as factors contributing to the a) success and b) barriers/challenges with respect to vector surveillance and control in the country?**

cooperation between the relevant governmental agencies. regular training courses for the entomological and control teams. challenges: climatic changes the emergence of insecticide resistance.

## **Section VI: Animal surveillance**

**41. During the last 2 years, did your country conduct national epidemiological surveillance for arboviral disease in animals (eg, epizootic surveillance for yellow fever in endemic areas)?**

I don't know

**41b. How often was the animal surveillance conducted?**

**41c. What type of surveillance was conducted in animals?**

**41d. Please upload a report on the animal surveillance**

42. Does your country (or local jurisdictions within the country) perform sentinel animal surveillance or epizootic surveillance, eg, for yellow fever in nonhuman primates in endemic regions?

Yes

42b. For which viruses is sentinel surveillance conducted and in which animal species?

Virus name	Sentinel animal species (list all)
RVF	in Jazan regions and belongs to Ministry of Agriculture

42c. Please upload the most recent report(s) on sentinel animal surveillance

0 file(s) submitted

## Section VII: Community sensitization and participation

43. Does your country have a community outreach program that also covers arboviral diseases?

I don't know

43b. What entity(ies) is(are) in charge of the outreach program in your country?

43c. What is the geographical coverage of the outreach program in your country?

43d. Is the community outreach/social mobilization program sufficiently funded to cover staff time, prevention and outreach activities as needed?

43e. Which resources would help ensure adequate capacity?

44. Did your national arboviral disease program issue notifications to the public about local transmission risk and/or possible vector-control activities (eg larviciding, adulticiding, community mobilization and participation, etc) as a prevention message for arboviral diseases within last 2 years? (Check all that apply)

	During outbreaks	During non-outbreak periods
Issued by national public health agency	Not selected	Not selected
Issued by state/local health agencies	Yes	Yes
No risk in the past two years	Not selected	Not selected
No notifications even though risk was present	Not selected	Not selected

**44b. Which means does your program use for community sensitization, mobilisation and acceptance of interventions in your country? (Check all that apply)**

Press releases to electronic and printed media	Not selected
Public service announcements on television or radio	Not selected
Passive distribution of informational brochures	Not selected
Active distribution of informational brochures	Yes
Town, community, or neighborhood meetings	Not selected
Posting information on the home page of your agency's website	Yes
Social media outlets (Facebook, Twitter, etc)	Yes
Door-to-door outreach in selected locations	Yes
Participation in community clean-ups	Yes
Modification of messages for all local languages	Not selected

**45. Does your country provide regular training sessions for staff in charge of community sensitization, mobilisation and acceptance of interventions dedicated to control arboviral diseases?**

Yes. If yes, please describe in comments field:

NA

**46. What do the community outreach staff perceive as factors contributing to the a) success and b) barriers/challenges with respect to community participation**

## Section VIII: Preparedness for arboviral outbreaks/epidemics

47. Is there either a surveillance and outbreak response committee in your country, or a steering committee for that purpose?

Yes

48. Does your country have a contingency plan to organize healthcare services during an outbreak (including outbreaks of arboviral diseases)?

I don't know

48b. Please upload the contingency plan

49. Are there defined or established criteria for declaring an outbreak of arboviral disease outbreak in your country?

I don't know

50. Do you have established collaborations with national/regional research institutions / international agencies that are planned to be activated in case of arboviral outbreak?

Yes. If so, please specify institutions/agencies in the comments field:

SACDC Local universities

51. What vector control interventions are deployed in case of an emergency?

it is done by the ministry of Miscibility and rural affairs

52. For the last 2 years, which of the following government levels had an emergency fund or a specified emergency funding mechanism for arbovirus outbreak response?

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National level	Yes
State/local level	Yes
None	Not selected

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53. Does your country provide regular training sessions for staff/committee in charge of preparedness for arboviral outbreaks/epidemics?

Yes

54. What do the arboviral disease surveillance staff perceive as factors contributing to the a) success and b) barriers/challenges with respect to preparedness of arboviral diseases epidemics in your country?

## Section IX: Arboviral disease surveillance data

55. Please provide total number of cases and deaths for the following arboviral diseases from 2015 to 2020 (if available).

	Dengue	Chikungunya	Yellow fever	Zika
2015 Cases	4325	0	0	0
2015 Deaths	0	0	0	0
2016 Cases	5428	0	0	0
2016 Deaths	0	0	0	0
2017 Cases	3730	0	0	0
2017 Deaths	0	0	0	0
2018 Cases	5345	90	0	0
2018 Deaths	0	0	0	0
2019 Cases	3967	1	0	0
2019 Deaths	0	0	0	0
2020 Cases	2375	0	0	0
2020 Deaths	0	0	0	0

(NA = Not Available)

55b. Were cases of other mosquito-borne arboviruses, not listed in the previous question, reported in your country from 2015-2020?

No

55c. Please select any of the following other mosquito-borne viruses that have been reported in your country from 2015-2020

55d. Please provide total number of cases and deaths due to each of the following other arboviruses that you selected from 2015-2020

**56. Please provide the number of cases of locally acquired, mosquito-borne *Aedes*-borne arbovirus infections by case classification for 2020 and, if not available, for 2019**

	Suspect cases	Probable cases	Confirmed cases	Deaths
Chikungunya	2	0	0	0
Dengue	5249	0	2375	0
Yellow Fever	0	0	0	0
Zika	0	0	0	0

**57. Do arbovirus surveillance staff have any perceived reasons for increasing trends in arboviral disease incidence? Check all answers that apply.**

Climate change (as evidenced by changes in meteorological data)	Yes
Construction activities	Not selected
Population migration (within the country or between countries)	Not selected
Increased availability of peri-domestic water-bearing containers suitable for mosquito egg deposition	Not selected

## **Section X: Surveillance staffing**

**58. During 2019 (prior to the Covid-19 pandemic), indicate below the number of arbovirus surveillance staff at the national level.**

**59. Indicate below how many total staff persons are needed at the national level in your country to achieve full epidemiology and laboratory capacity\* to conduct arbovirus surveillance.**

**60. Optional comments to explain responses to questions 58 and 59 above**

Numbers NA (I don't know) as it belongs to different departments and sectors)



**61. The national health authority/ministry of health has access to expertise in clinical management of arboviruses (Check all that apply)**

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Within the ministry of health (eg, public health medical officers, clinicians in state hospitals)	Yes
Through other national agency with regulatory authority	Yes
Through academic institution(s)	Not selected
Private hospitals	Yes
Does not have access	Not selected

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**62. The national health authority/ministry of health has access to expertise in arbovirus epidemiology (Check all that apply)**

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Within the ministry of health	Yes
Through other national agency with regulatory authority	Yes
Through academic institution(s)	Not selected
Does not have access	Not selected

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**63. The national health authority/ministry of health has access to expertise in arbovirus laboratory diagnosis (Check all that apply)**

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Within the ministry of health (e.g., public health laboratory scientists)	Yes
Through other national agency with regulatory authority	Yes
Through academic institution(s)	Not selected
Does not have access	Not selected

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**64. The national health authority/ministry of health has access to expertise in entomology (Check all that apply)**

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Within the ministry of health	Yes
Through other national agency with regulatory authority	Yes
Through academic institution(s)	Not selected
Does not have access	Not selected

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65. Optional comments to explain responses to any of Questions 61-64

## Section XI: Survey conclusion

66. If you have any further comments to add regarding arbovirus surveillance and control in your country, including whether arboviruses other than *Aedes*-borne arboviruses are of higher priority, please do so in the text field below