

Arboviral Surveillance and Response Capacity Survey 2021

Section I: Respondent details

1. Country

Switzerland

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)

30/6/2021

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.

Other	Bluetongue virus (BTV) in ruminants (active surveillance), West Nile virus (passive surveillance)
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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	Yes
Dengue	Yes
Yellow fever	Yes
Zika	Yes
Other	WNV, BTV in ruminants

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

5 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:

Integrated in another programme

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

Part of routine disease surveillance

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	Yes
District level	Yes	Yes
Regional level	Yes	Yes
National level	Yes	No

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

National	Mixed methods
State/provincial	Mixed methods
District	Mixed methods

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

Repeated/continuing training on advance statistical software for data analysis (eg STATA, R, SAS, etc) and GIS	Yes
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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 confirmed cases only
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	WNV	Confirmed cases only
2	Krim-Kongo-Fever	Confirmed cases only
3	BTV	Confirmed cases only
4	Rift Valley Fever virus	Confirmed cases only
5	Lumpy skin disease virus	Confirmed cases only
6	Epizootic Hemorrhagic Disease virus	Confirmed cases only
7	Schmallenberg virus	Confirmed cases only

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

2 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?

Ongoing

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

Primarily 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?

No

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?

- a) One health concept
- b) Multidisciplinary working

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

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

Yes, but only for some arboviral infections. Please specify them:

Only for suspected local cases

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

No

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	No	Yes	Yes	No	Yes	Yes	Yes
Dengue	Yes	Yes	Yes	No	Yes	Yes	Yes
Yellow fever	No	Yes	Yes	No	Yes	Yes	Yes
Zika	No	Yes	Yes	No	Yes	Yes	Yes
Other	No	Yes	Yes	No	Yes	Yes	Yes

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

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

No: NA

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

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

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

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?

- a) Good and uncomplicated communication between health authorities and laboratories
- b) Insufficient sample material for further testing at the reference laboratory

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?

No

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

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

Yes

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

440

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:

Specific training is provided as part of the tropical medicine education

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?

- a) Enough capacity
- b) Discovery of first local case could be difficult/delayed. All mosquito-borne arboviral disease cases have been travel-related up to now. Due to a lack of awareness, it might be difficult for the clinical staff to detect a first autochthonous case in a person without travel-history

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.

NA

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

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

Yes

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?

Don't know

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

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

Every two weeks during the mosquito season (June-October)

29. Do you conduct adult mosquito surveillance?

Yes

30. Do you conduct larval/pupal mosquito surveillance?

No

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:

Don't know

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

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 albopictus*

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

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

Aedes albopictus populations are stable in select areas and pose a significant threat

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

Larviciding	Yes
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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?

Vectobac and / or Vectomax

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 does not require concurrent human cases

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

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

Other	Not known
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39. Is there a surveillance system in place for monitoring *Aedes* resistance to the insecticide(s) used?

No

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?

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)?

Yes

41b. How often was the animal surveillance conducted?

Once a year

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

Combination of active and passive

41d. Please upload a report on the animal surveillance

1 file(s) submitted

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?

No

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

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

Section VII: Community sensitization and participation

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

No

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	No	No
Issued by state/local health agencies	No	Yes
No risk in the past two years	Yes	No
No notifications even though risk was present	No	No

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	Yes
Public service announcements on television or radio	Yes
Passive distribution of informational brochures	Yes
Active distribution of informational brochures	Yes
Town, community, or neighborhood meetings	Yes
Posting information on the home page of your agency's website	Yes
Door-to-door outreach in selected locations	Yes

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?

No

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

a) Swiss Mosquito Network; https://www.zanzare-svizzera.ch/en/home_en/

b) In Switzerland only invasive mosquitoes with vector capacity (e.g. *Aedes albopictus* and other *Aedes* species) have arrived and are perceived as a nuisance. There have been no autochthonous cases yet, therefore the public does not perceive it as danger

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)?

Yes

48b. Please upload the contingency plan

2 file(s) submitted

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

Yes. If so, in the comments field, please briefly describe the criteria or reference the document in which those are sta

See attached documents (48b)

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:

Nationale Tigermücken-Koordinationsstelle (SUPSI), Schweizerisches Mückennetzwerk, Swiss TPH, reference laboratories, Subsidiary Body One Health

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

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?

None

Yes

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

No

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?

a) One health concept

b) Multidisciplinary / multilevel working

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	202	41	0	0
2015 Deaths	0	0	0	0
2016 Cases	194	26	54	54
2016 Deaths	0	0	0	0
2017 Cases	164	18	15	15
2017 Deaths	0	0	0	0
2018 Cases	165	6	1	3
2018 Deaths	1	0	1	0
2019 Cases	257	46	0	1
2019 Deaths	0	0	0	0
2020 Cases	67	4	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?

Yes

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

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

	West Nile
2015 Cases	0
2015 Deaths	0
2016 Cases	0
2016 Deaths	0
2017 Cases	0
2017 Deaths	0
2018 Cases	0
2018 Deaths	0
2019 Cases	1
2019 Deaths	0
2020 Cases	1
2020 Deaths	0

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	0	0	0	0
Dengue	0	0	0	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
Population migration (within the country or between countries)	Yes
Other	Spread of invasive mosquito species

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

Not ascertainable within the short time

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

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)	Yes
Private hospitals	Yes

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

Within the ministry of health	Yes
Through other national agency with regulatory authority	Yes
Through academic institution(s)	Yes

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

Within the ministry of health (e.g., public health laboratory scientists)	Yes
Other	Reference laboratories

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

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

Information on tick-borne encephalitis were not included in this report since the questions of this report were judged not to affect this disease. However, there are local FSME cases and surveillance plans and strategies are implemented