

Box 1 Summary of the vector control response plan: the aim was to contain the current outbreak using vector control interventions

Evidence (findings of the preliminary survey)	Decisions (adopted interventions)
<ul style="list-style-type: none">• <i>Aedes aegypti aegypti</i> was the sole dengue vector species following Huang [15].• House index showed high infestation rates (80%–100%) in all city districts.• Key productive containers were clay pots (75%) and plastic barrels (15%).	Community mobilization: Extensive house inspection in the whole city was carried out by community volunteers. This was augmented by a health education campaign to train and encourage household members on water filtration, and covering and scrubbing of clay pots and barrels.
<ul style="list-style-type: none">• Flight range of <i>Aedes aegypti</i> is about 300–500 m.• Cases were reported from all districts (53) but were clustered in 13 densely populated districts.• Males of working age (25–40 years) were at higher risk of infection.	Active source reduction: Health workers focused on the most affected residential districts and work arenas (where clusters of cases reported) in a diameter of 500 m.
<ul style="list-style-type: none">• The peak biting times of <i>Aedes aegypti</i> were: dawn (05:00–07:00), midday (11:00–13:00) and dusk (17:00–19:00).• Few resting mosquitoes were encountered during the day in walls and on edges of productive containers.	Space spraying campaign to kill infective biters with a knock-down insecticide: Trucks delivered 3 rounds per day of an ultra-low-volume spray as well as thermal fogging, particularly where dengue cases reported
<ul style="list-style-type: none">• Although indoor containers are predominant in Port Sudan (> 90%), outdoor containers of non-drinking-water are present (e.g. drums of diesel).	Larviciding: Outdoor containers were treated with larvicide. These were usually dominated by <i>Culex</i> spp.
<ul style="list-style-type: none">• From the literature:<ul style="list-style-type: none">• Patients could be a source of propagation of infections via the mosquito.• The mosquito remains infective for the rest of its life after acquiring the virus.	Prevention of internal infections: hospitalized and non-hospitalized patients were given insecticide-treated bed nets. Use of repellents was encouraged during the daytime by medical staff and care givers.