

1 Dispatch

2 **Occurrence of the Asian malaria-vector *Anopheles stephensi* in Eastern**  
3 **Sudan**

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18 Key words: *Anopheles stephensi*; malaria; Asian malaria-vector; invasive vector; Sudan.

19 Abstract:

20 *Anopheles stephensi* is an important Asian malaria vector which has recently become  
21 established in Djibouti and Ethiopia, and represents a significant threat to malaria control in  
22 East Africa. Here, we report occurrence of *An. stephensi* in two non-contiguous states of Eastern  
23 Sudan, with phylogenetic analysis suggesting the possibility of distinct invasions. Genomic  
24 analysis revealed xxxxxxxxxxxx Our findings highlight the utility of enhanced genomic  
25 surveillance for

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27 Malaria is a major global public health threat, particularly in the Sub-Saharan countries  
28 whereas malaria control programs rely heavily on the vector control tools to reduce malaria  
29 burden, vector control strategy has contributed significantly in the global reduction of the  
30 relevant mortality and morbidity (1). Despite this global reduction, 228 million malaria cases  
31 were reported in 2018 and 93% from Africa (2).

32 In Sudan, malaria is a serious public health risk with about 2 million malaria cases and 5,000  
33 deaths reported in 2018, and the total country population lives at risk of malaria (2).  
34 Additionally, the report showed that malaria vectors composition in Sudan includes *Anopheles*  
35 *arabiensis*, *An. funestus*, *An. gambiae*, *An. nili*, and *An. pharoensis*, with *An. arabiensis* as the  
36 major vector (2,3).

37 Invasive disease vectors are posing a serious risk that challenges the vector control programs  
38 globally (4). Therefore, early detection and control is the best strategy to avoid the  
39 establishment of a new competent vector locally (4), otherwise, the risk of disease emergence  
40 or re-emergence is highly potential (5). *Anopheles stephensi*, also known as the Asian malaria  
41 vector, is increasingly expanding its geographical distribution (6), particularly in Africa, where  
42 it was recently reported from Ethiopia (7) and Djibouti (8). In this communication, we report  
43 the first identification of *An. stephensi* in Sudan and discuss the potential complication of this  
44 emergence on malaria transmission.

## 45 **The Study**

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47 Between September 2016 and February 2018 we collected mosquito larvae (*Anopheles sp*)  
48 from twelve sites around Sudan. Sites were selected to have a full representation of urban and  
49 peri-urban sites throughout the country. Larvae were collected and reared to adults, then,  
50 morphologically identified to species level and a well-established molecular PCR protocol was

51 used to confirm the species identification. However, 149 mosquito samples failed to amplify  
52 using several modifications of the protocols for *gambiae* and *funestus* complexes. Then the  
53 mitochondrial cytochrome c oxidase 1 (CO1) primers designed by Folmer et al. were used to  
54 amplify these samples and sequencing them (9). To identify our samples, we blasted the  
55 obtained sequences against reference sequences of *Anopheles* vectors in the database  
56 (VectorBase).

57 We have sequenced samples from six study sites distributed across four states (Red Sea, El-  
58 Gadarif, Sennar, and River Nile states). Our sequence analysis showed that out of the total 149  
59 sequenced *Anopheles* mosquito samples, 67% (86/130) of the samples from the Red Sea sites,  
60 100% (36/36) from Port Sudan, 54% (50/94) from Tokar samples were *An. stephensi*. Among  
61 the samples from El-Gadarif state sites, a single sample out of three from Abu Alnaja and a  
62 single sample out of five from Daim Bakur was *An. stephensi* too (Fig. 1). No *An. stephensi*  
63 was detected from both Sennar and River Nile states.

64 Phylogenetic analysis of our sequences showed that samples from Gadarif are clustering with  
65 Djibouti, Indian, and the Ethiopian 2019 H3 sequences of *An. stephensi*, while samples from  
66 the Red Sea state were clustering with Ethiopian populations of *An. stephensi* (7,8).

67 The emergence of *An. stephensi* in Sudan is of serious epidemiological importance to malaria  
68 control and elimination in Sudan and alarming to the neighbouring countries in East and North  
69 Africa particularly areas potential for urban malaria transmission (10). This risk grows greater  
70 considering that local surveillance systems in Africa, as well as the currently available  
71 knowledge and expertise, are mainly focused on the vectors member of the predominant  
72 *gambiae* and *funestus* complexes (10). Particularly that members of these complexes are rural  
73 species in contrast to the *An. stephensi* which is mainly urban vector, this might require a major  
74 change in the control measures and/or delivering activities to target the invasive species as well  
75 as the endemic vectors (10,3).

76 *An. stephensi* might have contributed to the current resurgence of malaria in the area because  
77 it is unknown when this vector was firstly introduced in the region (10). The ability of *An.*  
78 *stephensi* mosquitoes to efficiently transmit both *Plasmodium falciparum* and *P. vivax*, the  
79 rapid expansion of the geographical distribution, and adaptability to getting established in new  
80 environments is alarming for malaria control and eradication programs worldwide (5,8,7).  
81 Previous studies warned from the risk of malaria epidemics in densely populated African cities  
82 like Khartoum in Sudan because of *An. stephensi* invasion (10).

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## 88 **Conclusions:**

89 Here we report the emergence of *An. stephensi* in Sudan. This finding is of great public health  
90 concern for Sudan, because of the risk of malaria pandemic if this competent Asian malaria  
91 vector spread throughout the country. Further systematic investigations are needed to detect  
92 the current distribution of this vector, determine its role in the local malaria transmission, and  
93 monitoring its susceptibility to the locally available control measures.

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99

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101 The opinions expressed by authors contributing to this journal do not necessarily reflect the  
102 opinions of the Centers for Disease Control and Prevention or the institutions with which the  
103 authors are affiliated.

104 **Biographical Sketch of the first author:**

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