



**National Institute of Health - Pakistan
(Centers for Disease Control)**

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National Focal Point for IHR



No: F.1-22/Advisory/CDC/2023

Islamabad, 21 June 2023

Subject: Advisory for the Prevention and Control of Dengue Fever

1. Purpose: Keeping in view the seasonal trends of Dengue Fever, it is imperative to work on prevention while staying vigilant for detection of cases and ensuring preparedness to launch response activities for curtailing the transmission of dengue fever disease. This advisory is therefore, intended to facilitate the healthcare authorities and professionals in effectively dealing the potential challenge during the Dengue season.

2. Background: Dengue is a vector-borne viral disease transmitted by mosquitoes of the genus *Aedes* (*Aedes aegypti* & *Aedes albopictus*), which are widely distributed in subtropical and tropical areas of the world specially in urban and semi-urban areas. More than half of the world's population is at risk of dengue infection. Each year, an estimated 390 million dengue infections occur around the world, of which 80% develop mild symptoms. About 1% develop serious complications such as Dengue Hemorrhagic Fever (DHF) and Dengue Shock Syndrome (DSS); leading to about 22,000 deaths worldwide. Early identification and good clinical management can however, reduce the case fatality to <1%.

Dengue is caused by any one of four subtypes of dengue viruses (DENV-1, DENV-2, DENV-3, or DENV-4). Infection with one serotype confers lifelong homotypic immunity against that serotype and a very brief period of partial heterotypic immunity to other serotypes, but a person can eventually be infected by multiple serotypes. The incubation period ranges from 3 to 14 days (commonly 4-7 days).

Dengue Fever is endemic in almost all geographical regions of Pakistan and there are substantial evidences that its multiple serotypes are circulating in the different areas of the country. Despite patchy surveillance, a total of 52,929 cases and 224 deaths were reported in 2021, while in 2022, we have reported approximately 79,007 confirmed cases of Dengue with 149 deaths. This year, since January 2023 Pakistan has reported 3,019 suspected cases and 8 deaths in IDSR reporting system.

3. Clinical presentation: Dengue has a wide clinical spectrum - ranging from flu like illness to severe dengue - which could be fatal. Initial dengue infection may be asymptomatic (50-90%), may result in a non-specific febrile illness, or may produce the symptom complex of classic dengue fever (DF). Classic dengue fever is marked by rapid onset of high fever, headache, retro-orbital pain, diffuse body pain (both muscle and bone), weakness, vomiting, sore throat, altered taste sensation, and a centrifugal maculopapular rash. The severity of the pain leads to the term break-bone fever.

4. Public Health Actions:

a. Strengthening of disease surveillance:

Timely detection of new cases, clusters, and identification of hotspots to carry out case response activities will strengthen disease surveillance against Dengue. The cases may be detected as per following case definitions:

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Clinically compatible case of Dengue like illness: Any person with acute febrile illness of > 2 days and <10 days with two or more manifestations from severe headache, myalgia/arthralgia, retro-bulbar pain, severe muscular pain, severe backache or joint pain, platelets <150,000 and hemorrhagic signs.

Suspected Case: A clinically compatible case of dengue-like illness, dengue, or severe dengue with an epidemiologic linkage i.e.

- Travel to a dengue endemic areas or presence at area where outbreak of dengue was ongoing since last 2 two weeks.
- Association in time and place with a probable or confirmed dengue case.

Probable Case: A clinically compatible case of dengue-like illness, dengue, or severe dengue with other laboratory results indicative of probable infection.

Confirmed case: Suspected/Probable case confirmed by lab tests.

b. Integrated Vector Management:

- Vector surveillance activities including continuous identification, destruction, and monitoring of mosquito breeding sites need to be strengthened.
- Preventing mosquitoes from accessing egg-laying habitats by environmental management and modification.
- Disposing off solid waste properly and removing artificial man-made habitats.
- Covering, emptying and cleaning of domestic water storage containers on a weekly basis.
- Applying appropriate insecticides to water storage outdoor containers.
- Applying WHO recommended insecticides as space spraying and indoor residual spraying during outbreaks as vector-control measures.

c. Personal protection:

- Adopting personal protection measures like wearing long-sleeved clothes, use of mosquito repellent lotions/sprays, use of mosquito repellent coils.
- Use of bed nets while sleeping outside in open environment.
- Use of mesh screens on windows.

d. Risk Communication & Community Engagement:

- Arrangement of health awareness sessions to sensitize community for prevention against Dengue fever.
- Dissemination of brochures and pamphlets on Dengue symptoms reporting to nearest health facilities and Dengue Prevention.
- Raising awareness in community through use of print, electronic and social media.
- Improving community participation and mobilization for mosquito control activities at community level.

e. Monitoring & evaluation:

Active monitoring and surveillance of vectors be carried out to determine effectiveness of control interventions.

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Sequential infections with different serotypes increase the risk for dengue hemorrhagic fever and dengue shock syndrome. Warning signs include severe abdominal pain, persistent vomiting, marked change in temperature (from fever to hypothermia), haemorrhagic manifestations, change in mental status (irritability, confusion or obtundation) and thrombocytopenia (platelet count of $<100,000/\text{mm}^3$).

Early signs of shock include restlessness, cold clammy skin, rapid weak pulse and narrowing of the pulse pressure (systolic and diastolic blood pressure). Patients with dengue fever should be advised to visit the hospital if they develop any of these signs.

5. Laboratory Diagnosis: Collect 3-5 ml venous blood/ serum. Label and pack it properly in triple packing and transport maintaining cold chain, to the lab along-with complete history form. Transport the sample to the provincial labs for dengue ELISA and PCR testing (if available) or send representative sample to the Virology Department of Public Health Laboratories Division at the National Institute of Health, Islamabad for serotype detection. Time period for test is critical and mentioned below:

- a. Dengue NS1 antigen can be detected in the serum as early as first day post onset and up to 18 days.
- b. Serological detection by IgM ELISA after 5 days of the onset of illness.
- c. Molecular detection using Real-time PCR test within one week after onset of illness.
- d. IgG is detectable at low titer at the end of the first week of illness and slowly increases. In contrast, during a secondary infection, antibody titers rise extremely rapidly.

6. Treatment/ Clinical Management:

- The key is early recognition and understanding of the clinical problems during the different phases of the disease leading to a rational approach to case management and a good clinical outcome. Case management at the primary and secondary care levels (where patients are first seen and evaluated) are critical in determining the clinical outcome of dengue. A well-managed front-line response reduces hospital admissions and also saves lives.
- During an established outbreak and in high endemic areas, the clinical management of suspected cases must be initiated without waiting for laboratory results.
- No specific antiviral agents exist for dengue and mainly relies on the management of symptoms. Supportive treatment must be undertaken as required for the specific disease manifestations. Fever and myalgia should be managed with acetaminophen. Aspirin or non-steroidal anti-inflammatory agents should generally be avoided because of the risk of bleeding complications and the potential risk of Reye's syndrome in children.
- Patients with dengue fever should be cautioned to maintain their intake of oral fluid to avoid dehydration.
- The most important measure to assist the patients with dengue fever is to carefully evaluate them for impending complications, such as early evidence of DHF.
- Severe dengue is a medical emergency and requires immediate hospitalization, close observation and frequent monitoring in an intensive care unit may be required.

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- Administration of corticosteroids has no demonstrated benefit and is potentially harmful to patients.
- Platelet transfusions may be warranted in severe thrombocytopenia ($<10,000/\text{mm}^3$) and active bleeding.
- Prophylactic platelet transfusions in patients with severe thrombocytopenia without active bleeding are generally not recommended.
- Patients with significant bleeding may require blood transfusion.
- HCT should always be interpreted together with vital signs and hemodynamic state. Hematocrit measurements must be interpreted with caution critically assessing the adequacy of fluid repletion. IV fluid therapy with crystalloids or colloids will decrease HCT levels; the decrease in HCT will be more pronounced and sustained with colloid therapy.
- Careful clinical detection and management of dengue patients can significantly reduce mortality from severe dengue.

7. Reporting: This advisory may please be communicated to the district health officials and other stakeholders for information and action. Prepare a line-list for all the suspected cases with information (demographic, clinical & risk factor), enter data in DHIS-2 and share with DSRU at provincial DGHS Office and NIH. FELTP fellows and alumni may be engaged for outbreak investigation and response measures. Findings of outbreak investigation may be shared with provincial DGHS and NIH.

The Center for Disease Control (CDC), NIH may be contacted for technical assistance on Tel: 051-9255566 and Fax No. 051-9255099.

Note:

- All health and laboratory personnel should ensure strict adherence to the Standard Precautions for handling any suspected DF/DHF cases and samples.
- The National Guidelines on VHF, including Dengue Hemorrhagic Fevers and IEC material are available at the NIH website www.nih.org.pk.


Dr. Muhammad Salman
Chief Executive Officer, NIH

Distribution Overleaf

Distribution:

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27. Director General, NESCOM Hospital, Islamabad
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29. District Health Officer, ICT, Islamabad
30. Director, Nuclear Oncology & Radiotherapy Institute (NORI), Islamabad
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32. Commandant, Naval Complex Hospital, (PNS Hafeez), Islamabad
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40. Medical Superintendent, Cantonment General Hospital, Rawalpindi
41. Medical Superintendent, District Headquarter Hospital, Rawalpindi
42. Medical Superintendent, Fauji Foundation Hospital, Rawalpindi
43. Medical Superintendent, Holy Family Teaching Hospital, Rawalpindi
44. Medical Superintendent, Benazir Bhutto Hospital, Rawalpindi
45. Medical Superintendent, WAPDA Hospital, Rawalpindi
46. Medical Superintendent, Railway Hospital, Rawalpindi
47. In-charge, Federal Disease Surveillance Unit (FDSRU), NIH Islamabad
48. Officer In-charge, Provincial Disease Surveillance Unit (PDSRU) at Provincial Health Directorates, Lahore, Hyderabad, Peshawar, Quetta, Gilgit and Muzaffarabad
49. Deputy Commissioners with the request to direct all concerned departments at district level

Copies to:

1. Chief Secretary, Govt of Punjab, Sindh, KPK, Balochistan, GB and AJK.
2. Surgeon General Pakistan Army, GHQ Rawalpindi
3. Chief Commissioner, ICT Administration Islamabad
4. WHO Country Representative, Islamabad
5. SPS to Federal Minister of Health, M/o NHR&C, Islamabad
6. SPS to Secretary, M/o NHR&C, Islamabad
7. PS to Director General Health, M/o NHR&C, Islamabad