



# Epidemiological Alert: Dengue

28 March 2012

The Pan American Health Organization / World Health Organization (PAHO/WHO) recommends Member States (especially those located in the regions of Central America and the Caribbean), that could have a greater risk of dengue outbreaks during the second half of 2012, to begin preparing and establish integrated response mechanisms for the prevention of dengue caused deaths.

Dengue and severe dengue continue to be a public health concern in the Region of the Americas. Despite Member States' efforts to contain and mitigate the dengue epidemics, in the past two years, some of the countries in the Region have surpassed their historic record of cases and deaths. In fact, 2010 was the year with the highest number of cases in the history of the continent, with 1.69 million cases and 1,185 deaths.

In 2011, a total of 1.04 million dengue cases and 719 dengue caused deaths were reported.<sup>1</sup> In 2012, Bolivia, Colombia, Ecuador and Suriname reported dengue outbreaks. In Bolivia and Suriname the increase in cases was registered since the end of 2011. In addition, to the aforementioned, other countries in the Region have registered dengue cases in endemic areas, although not at epidemic levels.

Notably, in 2012, areas of several countries including Bolivia, Colombia, Ecuador and Peru were affected by floods, adding to the challenge of implementing dengue prevention and control activities.

The objective of this alert is to call upon the Ministries of Health of Member States to increase their efforts through integrated intersectoral actions<sup>2</sup> and to implement outbreak response plans; so as to prevent the loss of human lives and the overload of health services due to dengue.

The Pan American Health Organization/World Health Organization (PAHO/WHO) reiterates the recommendations made in the 2011 Epidemiological Alerts, with particular emphasis on those directed to reducing morbidity and mortality, as well as the social and economic impact of dengue epidemics.

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<sup>1</sup>Up-to-date information on the dengue situation in the Region of the Americas is based on the data provided by the Ministries of Health of Member States through reports sent to PAHO/WHO and through updates on their websites. The information is available at:

[http://new.paho.org/hq/index.php?option=com\\_content&task=view&id=264&Itemid=363&&lang=en](http://new.paho.org/hq/index.php?option=com_content&task=view&id=264&Itemid=363&&lang=en)

<sup>2</sup> Through national strategies for integrated management (IME-Dengue)

## Recommendations

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PAHO/WHO recommends the implementation of simultaneous actions addressing patient care, social communication, environmental management and/or vector control. Implementing these actions simultaneously increases the impact and decreases the time necessary for results.

### **Patient Care:**

1. Use as a reference the new dengue case management guidelines distributed in the Region by PAHO/WHO, which are also used for training workshops.
2. Strengthen health education strategies in order to provide patients and family members with the information necessary to identify the disease and its warning signs, in order to seek medical attention at the nearest health center upon onset of the first symptoms.
3. Train, continuously, medical personnel who manage patient care decisions, at the primary care level and other levels of care, in order to ensure early detection and identification of warning signs, as well as adequate and timely treatment.
4. Organize health care services so that referrals to hospital care or dengue treatment centers can be made immediately in cases with dengue warning signs, with co-existing conditions or diseases,<sup>3</sup> or for persons living in particular social circumstances<sup>4</sup>; in order to receive timely treatment. The organization of patient care should include the possibility to expand services when there is an increase in cases.
5. Address the treatment of dengue holistically, as a single disease that may present with mild clinical conditions as well as severe clinical complications that can cause death.

### **Social Communication**

1. Develop, adjust and implement plans for risk communication and social mobilization at local and national levels.
2. Conduct advocacy activities with policymakers and civil social organizations to raise awareness of problems and promote the coordination of an intersectoral response.
3. Implement plans directed at modifying social determinants of dengue in areas at risk for dengue.
4. Train health personnel in educational methodologies and risk communication in preparation for outbreak situations.
5. Organize an inter-institutional and intersectoral committee that provides an integrated response in the case of a national dengue alert.

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<sup>3</sup> Pregnancy or co-morbidity.

<sup>4</sup> Persons who live alone or in very remote areas with difficult access to health services.

## Environmental Management

1. Eliminate common vector breeding sites, by:
  - a. Environmental planning in each home and common areas of neighborhoods and cities.
  - b. Organization of intensive sanitation campaigns (elimination of breeding sites) in particular areas where the collection of garbage is frequently interrupted for long periods of time.
  - c. Implementation of breeding control measures through the use of physical, biological and chemical methods actively which actively involve the community.
2. Respond sustainably to environmental problems that arise in every family and community by using the strategy of Primary Environmental Care (PEC). This includes further work to achieve sustained changes in community awareness, public participation and state environmental policies.

For more information on the treatment of dengue, consult the following links:

- [Patient care guide in the Region of the Americas \(in Spanish\)](#)
- [Diagnostic, treatment, prevention and control guide \(in Spanish\)](#)