

Letter to editor
Feedback on cases of dengue fever reported at Nawabshah.

Dear Sir,

The dengue outbreak in the country appears to be crossing the previous record of 2011 when 27,000 people were affected by the mosquito-borne disease. However, this time deaths caused by dengue are expected to be minimal as compared to 2011 when 370 people lost their lives due to the painful disease. During the current year, 42 deaths have been caused by dengue so far and health practitioners attribute the lower mortality rate due to better availability of surveillance and curative measures.

According to a government document available with Dawn, during the current year over 25,000 dengue cases have been confirmed from across the country. As many as 6537 cases have been reported from Islamabad, 5642 from Punjab, 4403 from Sindh, 4276 from Khyber Pakhtunkhwa and 2750 from Balochistan. The remaining cases have been reported from other regions, including AJK and Tribal Districts. Almost two-thirds of the cases have been reported from the Potohar region [1]. In Sirilanka, 51659 cases were reported during 2018, and in November 2019, 64290 suspected dengue cases were reported to the Epidemiology Unit [1].

The cases of dengue fever are increasingly reported at Nawabshah, some notified and many un-notified. Almost all the subjects that were diagnosed and managed at this hospital have history of residing, working or work oriented temporary travel to Karachi. None of the reported cases have history to become infected with dengue from SBA division and surroundings. This is a national issue with high concerns. Dengue fever may lead to mortality when it develops hemorrhage or capillary leak syndrome. Four types of dengue viruses are found globally. Dengue I (NS I) is most

prevalent in Pakistan. Dengue fever sometimes can present with classical and sometimes non classical clinical features. If dengue is suspected and diagnosed at initial phase by attending consultant or GP than there are less chances of development of complications but if case not diagnosed at this early stage, may lead to development of complications.

There is no antiviral treatment available for dengue, supportive care with analgesics, fluid replacement, and bed rest is usually sufficient. Acetaminophen may be used to treat fever and relieve other symptoms. Aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs), and corticosteroids should be avoided. Patients who develop signs of dehydration be admitted for intravenous fluid administration. Management of severe dengue requires careful attention to fluid management and proactive treatment of hemorrhage.

It is vital that the government and health departments, and other agencies working on health promotion and prevention must have to address this important public issue. Measures should be taken to prevent the transmission of dengue fever from its original site to halt further spreading of dengue to the other areas of country. The most widely used mosquito-control technique, spraying cities to kill adult mosquitoes, is not effective. Efforts should target the larval phase with larvicides and cleaning up larvae habitats. Poor sanitation and poor refuse control provide excellent conditions for mosquito larvae to grow. The only way to truly prevent dengue virus acquisition is to avoid being bitten by a vector mosquito. Community awareness can create major hurdle against dengue and can decrease the number of cases. People should use mosquito repellent, cover their arms and legs, particularly before sunrise and after sunset. In

case of having dengue, they should not get panicked as it can be treated by having lots of fluids and fruits and controlling the fever [2].

The outbreak situation in 2019 warranted extensive and regular removal of possible mosquito breeding sites from the environment, along with strengthened patient education on management of fever which resulted in a relatively low mortality. Establishment of fever counters at Outpatient departments at health units must be assured with trained staff for dengue fever diagnosis in peak dengue season. The seasonal awareness and alert letter and the advisory on prevention and control should be widely disseminated.

So, the conclusion is that authorities should focus on the prime site of vector and its control that it should not spread to other areas of country by taking effective control measures. In each health care unit, during the peak months of dengue fever, there must be a fever counter with trained medics to rule out the dengue fever at initial visit.

Correspondence: Shamsuddin Shaikh.
Pro vice chancellor PUMHSW, SBA

References:

1. <https://reliefweb.int/report/sri-lanka/epidemiology-unit-ministry-health-dengue-update-05-november-2019>.
2. <https://reliefweb.int/report/pakistan/over-25000-dengue-cases-reported-year>.