

## Dengue Fever Outbreak

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Dengue fever is fast emerging as one of the common arthropode borne diseases. Viral aetiology of dengue was established in 20<sup>th</sup> century but dengue like illness could be traced back 200 years. In 1950s the infection was being reported by 9 countries, today a wide array of countries, report regular outbreaks. Pakistan is one of those countries which have been in the grip of outbreaks since 1990s. First reported epidemic could be traced back to 1994. It is evident that dengue fever is not a very recent phenomena in Pakistan. It has had its history but 2011 witnessed hyperbole and press hype of gigantic magnitude. This created scare and irrational response to the outbreak. Somehow the outbreak was pinned on or attributed to collapse of health services, whereas established wisdom attributes this emergence of dengue fever to uncontrolled population growth, rapid urbanization and slum formation, inappropriate and inadequate waste water management, refugee movement and to erosion of vector control program, non of this falls in the domain of health sector. The hype created by the press this year was a cause of daily headlines on the news channels, resultant response to this outbreak could at best be described as misdirected.

Lot of fallacy and misplaced response was undertaken. For example, cases of fever

were subjected to virological diagnoses with resultant increase in cost and unnecessary effort. Similarly isolation wards were put up in hospitals and a pressure created by fever patients to get admitted in them. A misplaced efficacy of platelet transfusion in every case was advocated with the result that demand for cell separators and platelets skyrocketed. Health education on the lack of specific treatment was not common knowledge and this outbreak was somehow thought of as fault of medical and health professionals and a cause of consternation for the profession in the country in general and Lahore in particular.

Dengue fever outbreak was reported not for the first time and surely it will not be for the last time. As we square upto the fact that dengue fever epidemics are here to stay, it is already recognized that the countries reporting dengue fever outbreaks suffer from the same every five to six months in different regions and report major outbreaks every three years. It is hoped that the experience gained in 2011 will give rise to saner voices and prudent response after all the mayhem created by the press. A judicious response would have to be tailored for the long term and most of the action has to be taken by the government functionaries other than the health and medical professionals. Some of the steps that need to be advocated are, firstly population management and population control and policies to curb rapid urbanization and slum formation, secondly gearing up of municipal services in the cities and slums to

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avoid waste water accumulation and ensuring appropriate drainage in and around human habitations.

In case of outbreak the press will also have to be tutored to play its role of educating the general public on general and personal protective measures rather than be a harbinger of scare. People will have to be told before and during outbreaks to manage water collections in and around their residences, be it waste water or fresh water, and role of press can be invaluable. There is also a need to have a robust vector control program in terms of mosquito surveillance and surveillance of its larvae to map out areas with high density of vector, so as to undertake selective spraying of locales with high density so as to be aware of areas at risk of outbreaks and avoid consequences of environmental degradation and insecticide resistance of universal spraying. These are measures to be taken by sectors other than health and medical professionals, in case of outbreak through an important role is to be played by medical professionals in managing the cases. Health/ medical professionals will have to propagate

conventional wisdom that not every case needs virological confirmation once epidemiological data and testing of index and initial cases have confirmed the outbreak. Primary health care physician will have to be trained on risk management of cases, in that most of the cases will be treated outdoors, but high index of suspicion on bleeding diathesis due to platelet lowering and or evidence of leaking plasma causing dengue shock syndrome be readily recognized. As these merit hospital handling of the cases. The public and medical profession will have to be made aware of screening fever cases so as to avoid mosquito bites both in the houses as well as hospitals. Use of Aspirin during the outbreak will have to curbed/stopped.

A proactive approach though may not eliminate dengue fever, dengue shock syndrome, dengue hemorrhagic fever but can minimize its consequences. Society as a whole, needs to make concerted efforts to prevent outbreaks of the disease. A political will to undertake measures prior to outbreak is imperative.

