

DENGUE VIRUS (NON-ENDEMIC ARBOVIRUS)

Disease epidemiology	Who must notify	Confirmed case definition
<p>Dengue is the most-widespread mosquito-transmitted viral disease, which is found in travellers that returned from urban areas in Africa, Caribbean, Latin America, Middle East, India, southeastern Asia and the Pacific islands, especially during the rainy seasons. Dengue fever is caused by one of four serotypes: Dengue virus 1, 2, 3, and 4. For this reason, a person can be infected with a dengue virus as many as four times in his or her lifetime.</p> <p>Dengue fever may occur in various forms. Leukopenia and thrombocytopenia are common. The majority of cases with dengue fever have characterised by high fever, severe headache, pain behind the eyes, body aches/ joint pains, nausea/vomiting and a characteristic rash (looks like sunburn). In some instances, Dengue fever can lead to Dengue haemorrhagic fever (DHF) or Dengue shock syndrome (DSS), which manifests similarly to dengue fever plus in DHF: severe and continuous pain in the abdomen, bleeding from the nose, mouth, gums or skin bruising, frequent vomiting with or without blood, black stools, excessive thirst (dry mouth), pale, cold skin, restlessness, or sleepiness or with DSS: weak rapid pulse, narrow pulse pressure, cold, clammy skin and restless. 5% of severe Dengue cases (DHF and DSS) result in death.</p>	<p>✓ Laboratory detecting the virus</p> <p>NB: Only confirmed cases should be notified.</p>	<p>A confirmed case is a person with laboratory evidence of virus detection by</p> <ul style="list-style-type: none"> • PCR positive and virus isolation from the patient's first (single) specimen; OR • PCR positive and IgM positive result on patient's first (single) specimen; OR • PCR positive on two separate specimens from the same patient collected at least one day apart; OR • PCR positive but IgM/IgG negative result in patient's first specimen and PCR negative but IgM/IgG positive result in patient's second specimen collected at least one day apart; OR <p>Four-fold increase in IgM/IgG titres between acute and convalescent specimens.</p>