

W.U.S. HEALTH CENTRE UNIVERSITY OF DELHI DELHI - 110007

DENGUE FEVER: ADVISORY

Dengue fever is a mosquito-borne tropical disease caused by the dengue virus.

Symptoms and Signs: Dengue triad: High fever, severe headache, skin rash

1. Sudden onset high fever biphasic or saddleback in nature, breaking & returning.

2. Severe headache behind the eyes, severe muscle and joint pains.

3. Characteristic skin rash similar to measles. In some it develops into the life-threatening dengue hemorrhagic fever, resulting in bleeding, low levels of platelets and blood plasma leakage or into dengue shock syndrome when low blood pressure occurs.

4. During critical phase: lymphadenopathy, mouth & nose bleeding, low/blood pressure, accumulation of fluid in the chest, accumulation of fluid in abdominal cavity, depletion of fluid, organ dysfunction. gastrointestinal bleeding.

5. During recovery phase: altered level of consciousness, seizures, itching, slow heart rate, peeling of the skin, slow heart rate, fatigue.

6. Dengue shock syndrome.

Dengue hemorrhagic fever - usually affects children less than 10 years of age.

The incubation period ranges from 4 to 7 days.

Diagnosis:-

On examination: - Lymphadenopathy, Pleural effusions, Ascites.

Low white blood cell count (WBC), positive tourniquet test or any warning sign.

- The earliest change is a low white blood cell count, low platelets and metabolic acidosis. Elevated level of Aminotransferase(AST and ALT) rising hematocrit and hypoalbuminemia
- Check for the virus or antibodies to the virus.

Treatment:-

No specific treatment. There is no vaccine to prevent dengue fever.

Drink plenty of fluids:

Intravenous fluids with electrolyte replacement to maintain urinary output of 1 ml/kg/hr.

Acetaminophen can alleviate pain and reduce fever.

Avoid Aspirin, Ibuprofen and Naproxen Sodium.

Transfusion with packed red blood cells or whole blood to replace blood loss.

During recovery phase intravenous fluids are discontinued to prevent a state of fluid overload or else loop diuretic e.g. furosemide if the patient is outside the critical phase.

Prevention :-

Stay away from heavily populated residential areas, if possible.

Use mosquito repellents, even while indoors.

When indoors, live in air conditioned room and in well screened houses.

- Make sure window and door screens are secure and free of holes. If sleeping areas are not screened properly or air conditioned, use mosquito nets.
- To decrease mosquito population get rid of old automobile tires, cans, flower pots.

Use insect repellent 10% DEET, Permethrin.

Generalised spraying of environs with Organophosphate or Pyrethroid Insecticides.

Overhead water tank (OHT)/cemented tanks should have well fitted lid and should be kept locked.

Water outlet/air bent pipe of OHT should be covered with metallic/plastic net of sufficient size.

Ensure that there is no water logging at roof tops and in the ground areas.

Water contained in money plant/bamboo plant should be changed at least once a week.

Water contained in coolers should be replaced after scrub cleaning weekly and if not possible to change water, add 2 tablespoon full of petrol/Itable spoon temiphos granules.

Use mesh on doors and windows.

Wear full sleeves cloths and trousers that cover arm and legs.

30th June, 2017

(Dr. Sunil) Chief Medical Officer

Copy to : Joint Registrar Secretariat of Hon'ble Vice Chancellor, Pro-Vice Chancellor, Director South Campus, Dean (Colleges), Treasurer, Proctor, Registrar, Chairman - ICH, W.U.S. Health Centres,



W.U.S. HEALTH CENTRE UNIVERSITY OF DELHI DELHI - 110007

ADVISORY: CHIKUNGUNYA

Chikungunya is a viral disease spread by mosquitoes Aedes aegypti and Aedes albopictus. The incubation period: 1-12 days (Average 3-7 days).

Symptoms: are similar to those of dengue and Zika disease

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Severe and persistent peripheral	Body rash, Headache	joint swelling	Extreme fatigue
joints pain for weeks		I	
Sudden high byphasic fever 2-4		Conjunctivitis	GBS, Palsies,
days after infection and lasts 2-7	Diarrhea		Neuropathy,
days .			Meningoencephalitis

Transmission: From mosquitoes to human and by Vertical transmission.

Diagnosis:

• ELISA assay to measure chikungunya – specific IgM antibodies levels in blood serum.

Prevention:

Control mosquito populations by limiting their habitat.

Mosquito control focuses on eliminating the standing water where mosquitos lay eggs and develop as larva; if elimination of the standing water is not possible, <u>insecticides</u> or <u>biological</u> control agents.

Insect repellents with substances such as DEET, Icaridin, PMD.

Wear bite-proof long sleeves and trousers and garments can be treated with <u>pyrethroids</u>. Vaporized Pyrethroids in mosquito coils are also insect repellents.

Treatment:

- There is no vaccine to prevent or medicine to treat chikungunya virus.
- To Treat the symptoms:
 - o Take sufficient rest.
 - o Drink fluids to prevent dehydration.
 - o Take medicine such as Paracetamol (Acetaminophen) to reduce fever and pain.
 - o Do not take Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDS until dengue can be ruled out to reduce the risk of bleeding).
 - o If you are taking medicine for another medical condition, talk to your healthcare provider before taking additional medication.
- If you have chikungunya, prevent mosquito bites during the first week of illness.
 - o During the first week of infection, chikungunya virus can be found in the blood and passed from an infected person to a mosquito through mosquito bites.
 - o An infected mosquito can then spread the virus to other people.

30th June 2017

Chief Medical Officer

Copy to: Joint Registrar Secretariat of Hon'ble Vice Chancellor, Pro-Vice Chancellor, Director South Campus, Dean (Colleges), Treasurer, Proctor, Registrar, Chairman – ICH, W.U.S. Health Çentres, Finance Officer, Librarian, all Faculties/Departments/Colleges – All the Head of Departments are requested to designate a Nodal Officer so that there are no mosquitogenic conditions in their office.