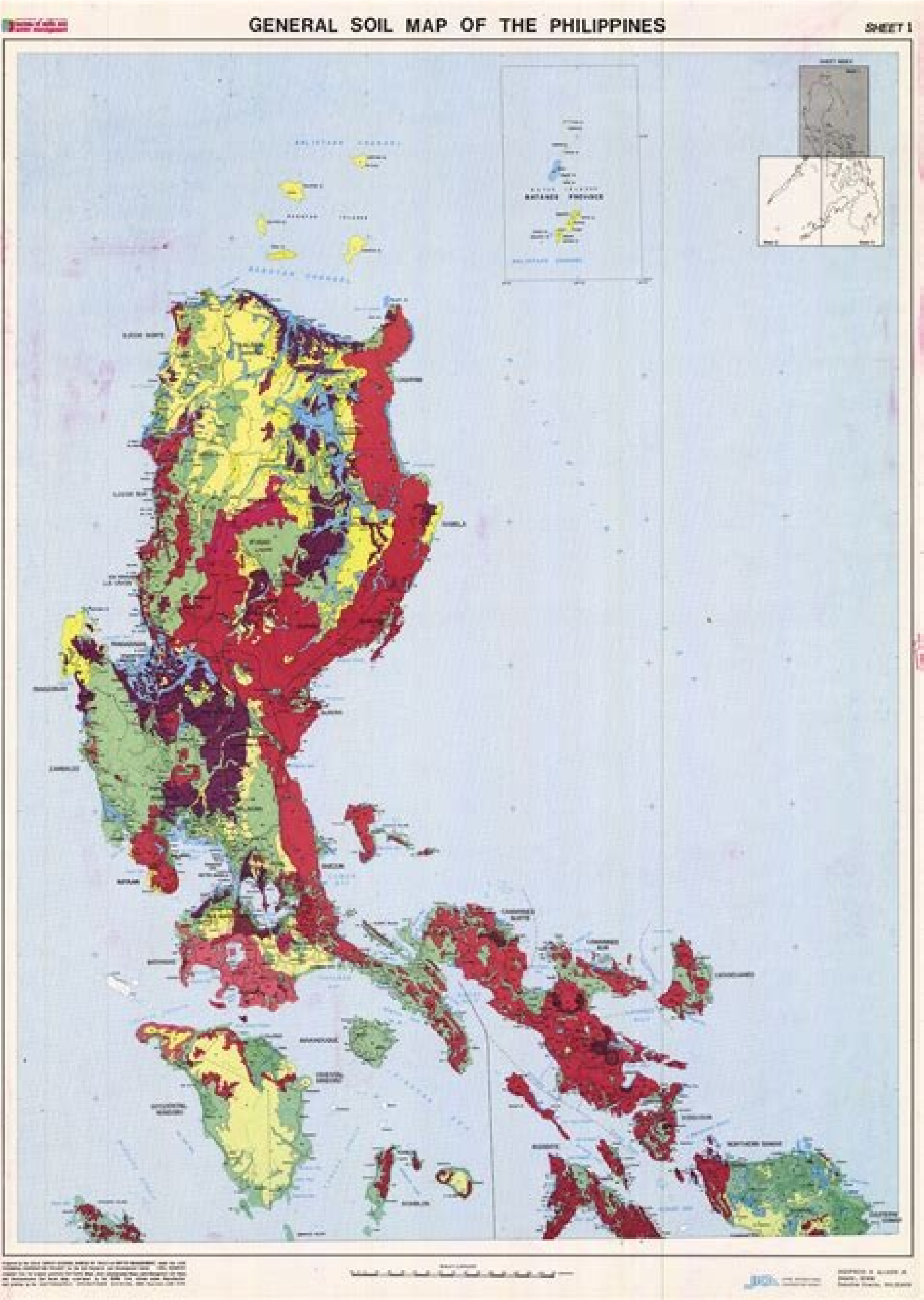


I'm not robot!



DENGUE FEVER

Dengue fever is caused by a virus transmitted to humans through the bite of a mosquito (Aedes aegypti).

CONSULT YOUR DOCTOR IF YOU HAVE ANY OF THESE SYMPTOMS:

- Severe high fever
- Headache
- Any signs of bleeding
- Joint or muscle pain
- Nausea, vomiting, diarrhoea, abdominal pain
- Weakness, body aches, skin rash, joint pains

HOW TO MANAGE DENGUE AT HOME:

- Rest
- Drink plenty of fluids
- Avoid painkillers, use only paracetamol for fever

PROTECT YOUR HOME FROM MOSQUITOES:

- Remove all stagnant water
- Cover holes or water containers where they can breed
- Delectify your surroundings by removing unnecessary items

HOW TO PREVENT DENGUE:

- Use mosquito netting
- Use protective clothing
- Eliminate mosquito breeding sites

This advisory is brought to you by **Philippine Society for Microbiology and Infectious Diseases (PSMID)**

PHILIPPINE SOCIETY FOR MICROBIOLOGY AND INFECTIOUS DISEASES (PSMID)
www.psmid.org.ph

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HUMANDA KA...PARATING NA ANG BAGYO!

ANU-ANO ANG DAPAT MONG GAWIN?

MAKINIG SA RADYO PARA MALAMAN ANG MGA DETALYE UKOL SA NALAPIT NA BAGYO!

PULUNGIN ANG MGA KASAM-BAHAY AT KAPITBAHAY KUNG NAKA MABABANG LUGAR AY AGAD LUMIKAS SA MATAAS NA LUGAR.

HUWAG NG PRIYANGANG PUMALAO AT MGA MANGINGISA LALO NA KUNG MALAKAS NA ANG HANGIN.

PATIBAYIN ANG INYONG MGA BAHAY. TALIAN KUNG KAILANGAN. BAWASAN KUNG KAILANGAN ANG MGA SANGA NG PUNO NA MAAARING MAGING SANHI NG DISGRASYA.

MAGHANDA NG PAKKANG MADALING LUTUIN AT TUBIG NA TATAGAL NG TATLONG ARAW. MAGHANDA DIN NG DE-BATTERYANG RADYO AT FLASHLIGHT, MGA DAMIT, KUMOT, ATBP.

SA SANDALING MALAMAN NA ANG BAGYONG DADATING AY MALAKAS, AGAD ANIHIN ANG ANUMANG TANIM MAGING ANI SA PALA-SOLAN. DALIHIN DIN SA LUGAT AT MATRAS NA LUGAT ANG MGA ALAGANG HAYOP.

Isinilathala at ginagamit ng: **PHILIPPINE RED CROSS (PRC)**

Maging TB VOLUNTEER

Para sa karagdagang mga detalye, maglingon sa:

PHILIPPINE RED CROSS
Disaster Management Services
National Headquarters, Bonifacio Drive, Fort Area, Manila
Tel. Nos.: (02) 527-0844/45 or (02) 527-0000 loc. 134/136
Website: www.redcross.org.ph
E-mail: dmcs@redcross.org.ph

Isang proyekto ng PRC sa tulong ng: **Finch Red Cross**



Dengue guidelines philippines adults. Dengue management guidelines. Dengue philippines guidelines.

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PMID: 32265181 2014 PHA CPG for the Diagnosis & Management of Patients with Coronary Artery Disease.pdf 2015 CPG for the Management of Dyslipidemia in the Phils-Executive Summary.pdf CPG for the Diagnosis, Treatment, Prevention and Control of Tuberculosis in Adult Filipinos 2016 Update.pdf CPG for the Prevention, Diagnosis and Treatment of Opportunistic Infections in HIV Infected Adults and Adolescents in the Phils.pdf Diagnosis, Empiric Management & Prevention of Community-Acquired Pneumonia in Immunocompetent Adults-2016 update.pdf Diagnosis, Treatment and Prevention of Typhoid Fever in Adults 2017.pdf Global Initiative for Asthma-Updated 2018-report-V1.3-002.pdf Global Initiative for Chronic Obstructive Lung Disease-2018 Report.pdf International ERS-ESICM-ESCMD ALAT guidelines for the mgt of hospital-acquired pneumonia and ventilator-associated pneumonia.pdf PSMO Clinical Pathways for the Medical Management of the Top 10 Solid Malignant Tumors in the Philippines 2015.pdf Philippine CPG on the Diagnosis and Management of Urinary Tract Infections in Adults-2013 Update.pdf Philippine CPG on the Diagnosis and Management of Urinary Tract Infections in Adults-2015 Update Part 2.pdf Philippine CPG on the Diagnosis, Management and Prevention of Leptospirosis-2010.pdf Revised Dengue Clinical Case Management Guidelines 2011-DOH.pdf Handbook for Clinical Management of Dengue The International Classification of Headache Disorders, 3rd Edition CPG - Diagnosis, Empiric Management and Prevention of Community - Acquired Pneumonia in Immunocompetent Adults - 2016 Update Leptospirosis CPG 2010 Diagnosis, Treatment and Prevention of Typhoid Fever in Adults 2017 BACKGROUND Dengue is the fastest spreading vector-borne disease in the world endemic in 100 countries-Dengue virus has four serotypes (DENV1, DENV2, DENV3 and DENV4)First infection with one of the four serotypes usually is non-severe or asymptomatic, while second infection with one of other serotypes may cause severe dengue.Dengue has no treatment but the disease can be early managed. The five year average cases of dengue is 185,008; five year average deaths is 732; and five year average Case Fatality Rate is 0.39 (2012-2016 data).TRANSMISSION Dengue virus is transmitted by day biting Aedes aegypti and Aedes albopictus mosquitoes.DENGUE CASE CLASSIFICATION AND LEVEL OF SEVERITY Dengue illness is categorized according to level of severity as dengue without warning signs, dengue with warning signs and severe dengue.Dengue without warning warnings can be further classified according to signs and symptoms and laboratory tests as suspect dengue, probable dengue and confirmed dengue.dengue without warning signs a.1 suspect dengue- a previously well individual with acute febrile illness of 1-7 days duration plus two of the following: headache, body malaise, retro-orbital pain, myalgia, arthralgia, anorexia, nausea, vomiting, diarrhea, flushed skin, rash (petechial, Hermann’s sign) a.2 probable dengue- a suspect dengue case plus laboratory test: Dengue NS1 antigen test and atleast CBC (leukopenia with or without thrombocytopenia) or dengue IgM antibody test (optional) a.3 confirmed dengue- a suspect or probable dengue case with positive result of viral culture and/or Polymerase Chain Reaction (PCR) and/or Nucleic Acid Amplification Test- Loop Mediated Amplification Assay (NAAT-LAMP) and/ or Plaque Reduction Neutralization Test (PRNT)b. dengue with warning signs • a previously well person with acute febrile illness of 1-7 days plus any of the following: abdominal pain or tenderness, persistent vomiting, clinical signs of fluid accumulation (ascites), mucosal bleeding, lethargy or restlessness, liver enlargement, increase in haematocrit and/or decreasing platelet count c. severe dengue severe plasma leakage leading to shock (DSS)fluid accumulation with respiratory distress severe bleeding as evaluated by clinician severe organ impairmentLiver: AST or ALT ≥ 1000CNS: e.g. seizures, impaired consciousness Heart:and other organs (i.e. myocarditis, renal failure)PHASES OF DENGUE INFECTION Usually last 2-7 daysMild haemorrhagic manifestations like petechiae and mucosal membrane bleeding (e.g nose and gums) may be seen.Monitoring of warning signs is crucial to recognize its progression to critical phase.Phase when patient can either improve or deteriorate.Defervescence occurs between 3 to 7 days of illness. Defervescence is known as the period in which the body temperature (fever) drops to almost normal (between 37.5 to 38°C).Those who will improve after defervescence will be categorized as Dengue without Warning Signs, while those who will deteriorate will manifest warning signs and will be categorized as Dengue with Warning Signs or some may progress to Severe Dengue.When warning signs occurs, severe dengue may follow near the time of defervescence which usually happens between 24 to 48 hours.Happens in the next 48 to 72 hours in which the body fluids go back to normal.Patients’ general well-being improves.Some patients may have classical rash of “isles of white in the sea of red”.The White Blood Cell (WBC) usually starts to rise soon after defervescence but the normalization of platelet counts typically happens later than that of WBC. MANAGEMENT (based on patient type)Group A- patients who may be sent homeThese are patients who are able to:Tolerate adequate volumes of oral fluids Pass urine every 6 hoursDo not have any of the warning signs particularly when the fever subsidesHave stable haematocritGroup B- patient who should be referred for in-hospital managementPatients shall be referred immediately to in-hospital management if they have the following conditions:Warning signsWithout warning signs but with co-existing conditions that may make dengue or its management more complicated (such as pregnancy, infancy, old age, obesity, diabetes mellitus, hypertension, heart failure, renal failure, chronic haemolytic diseases such as sickle- cell disease and autoimmune diseases, etc.)Social circumstances such as living alone or living far from health facility or without a reliable means of transportation.The referring facility has no capability to manage dengue with warning signs and/or severe dengue.Group C- patient with severe dengue requiring emergency treatment and urgent referralThese are patients with severe dengue who require emergency treatment and urgent referral because they are in the critical phase of the disease and have the following:Severe plasma leakage leading to dengue shock and/or fluid accumulation with respiratory distress;Severe haemorrhages;Severe organ impairment (hepatic damage, renal impairment, cardiomyopathy, encephalopathy or encephalitis)Patients in Group C shall be immediately referred and admitted in the hospital within 24 hours. LABORATORY TESTSTestDescription1. Dengue NS1 RDTRequested between 1-5 days of illnessUse to detect dengue virus antigen during early phase of acute dengue infectionTest is for free in all health centers and selected public hospitals nationwide2. Dengue IgM/IgGRequested beyond five days of illnessUse to detect dengue antibodies during acute late stage of dengue infection (IgM) and to determine previous infection (IgG)May give false positive result due to antibodies induced by dengue vaccineMay cross react with other arboviral diseases such as Chikungunya and ZikaDOH augmentation is limited to selected government hospitals only3. Polymerase Chain Reaction (PCR)One of the gold standard laboratory tests to confirm dengue virus.Molecular based test confirmatory testAvailable only in dengue sub-national and national reference laboratories4. Nucleic Acid Amplification Test- Loop Mediated Isothermal Amplification Assay (NAAT-LAMP)A novel molecular-based confirmatory test used to detect dengue virus.Work just like PCR but cheaper and simpler in nature.In the pipeline to be introduced under the National Dengue Prevention and Control Program in district and provincial hospitals5. Plaque Reduction Neutralization Test (PRNT)Gold standard to characterize and quantify circulating level of anti-DENV neutralizing antibody (NAb)Available only at the dengue national reference laboratory6. Other tests:-Total White Blood Cell (WBC) count-Platelet-HematocritRoutinely used in hospitals as standard dengue diagnostic testsLook for trend of decreasing WBC, decreasing platelet and increasing hematocritNATIONAL DENGUE PREVENTION AND CONTROL PROGRAMVision A dengue free PhilippinesMission Ensure healthy lives and promote well-being for all at all agesGoal To reduce the burden of dengue diseaseObjectives/ 1.) To reduce dengue morbidity by atleast 25% by 2022Indicators Morbidity rate = No. of suspect, probable & confirmed cases x100,000 total population 2.) To reduce dengue mortality by atleast 50% by 2022 Mortality rate = No of dengue (probable & confirmed) deaths x 100,000 total population 3.) To maintain Case Fatality Rate (CFR) to < 1% every year. CFR = no. of dengue (probable & confirmed) deaths x 100 no. of probable & confirmed casesPROGRAM COMPONENTSCase Surveillance through Philippine Integrated Disease Surveillance and Response (PIDSRLaboratory-based surveillance/ virus surveillance through Research Institute for Tropical Medicine (RITM) Department of Virology, as national reference laboratory, and sub-national reference laboratories.Vector Surveillance through DOH Regional Offices and RITM Department of Entomology 2. Case Management and DiagnosisDengue Clinical Management Guidelines training for hospitals.Dengue NS1 RDT as forefront diagnosis at the health center/ RHU level.PCR as dengue confirmatory test available at the sub-national and national reference laboratories.NAAT-LAMP as one of confirmatory tests will be available at district hospitals, provincial hospitals and DOH retained hospitals. 3. Integrated Vector Management (IVM)Training on Vector Management, Training on Basic Entomology for Sanitary Inspector, Training on Integrated Vector Management (IVM) for health workers.Insecticide Treated Screens (ITS) as dengue control strategy in schools. 4. Outbreak ResponseContinuous DOH augmentation of insecticides such as adulticides and larvicides to LGUs for outbreak response. 5. Health Promotion and AdvocacyCelebration of ASEAN Dengue Day every June 15Quad media advertisementIEC materials 6. ResearchSTRATEGIES - earch and DestroyS - eek Early Consultations- elf Protection MeasuresS - ay yes to fogging only during outbreaksLINKS TO PROGRAM POLICIES AND GUIDELINESAO 2016-0043 Guidelines for the nationwide Implementation of Dengue Rapid Diagnostic TestAO 2012-006 Revised Dengue Clinical Management GuidelinesAO 2001-0045 Guidelines on the Application of Larvicides on the Breeding Sites of Dengue Vector Mosquitoes in Domestic WaterDM 2017-0353Implementation Guidelines for Initial Implementation of Nucleic Acid Amplification Assay - Loop Mediated Isothermal Assay (LAMP) as One of Dengue Confirmatory Tests to Support Dengue NSI RDTDM 2015-0309Reactivation of Dengue Fast Lanes and Continuing Improvement of Systems for Dengue Case Management and ServicesDM 2014-0112Technical Guidelines, Standards and other Instructions for Reference in the Implementation of Sentinel-based Active Dengue Surveillance

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