

Notification of Dengue Cases

Dengue has become a major public health concern in country accounting for substantial morbidity and mortality. As there is no specific drug and commercially available vaccine, prevention is the only strategy for Dengue. Therefore, early reporting of Dengue cases is necessary for implementing preventive measures before it spreads further in an epidemic proportion.

In order to ensure early diagnosis & case management, reduce Dengue transmission, address the problems of emergency and spread of disease in newer geographical areas, it is essential to have complete information of all Dengue cases. Therefore, the healthcare providers shall notify every Dengue case to local authorities i.e. District Health Officer/Chief Medical Officer of the district concerned and Municipal Health Officer of the Municipal Corporation/Municipality concerned every week (daily during transmission period) in prescribed format.

For the purpose of case definition, a Dengue case is defined as follows:

• **Probable DF/DHF:**

A case compatible with clinical description of Dengue Fever " An acute febrile illness of 2-7 days duration with two or more of the following manifestations:

Headache, retro-orbital pain, myalgia, arthralgia, rash, haemorrhagic manifestations."

OR

"Non-ELISA based NS1 antigen/IgM positive"

(A positive test by RDT will be considered as probable due to poor sensitivity and specificity of currently available RDTs.)

• **Confirmed Dengue Fever:**

A case compatible with the clinical description of Dengue fever with at least one of the following:-

- Demonstration of Dengue virus antigen in serum samples by NS1 ELISA.
- Demonstration of IgM antibody titre by ELISA positive in single serum sample.
- Detection of viral nucleic acid by polymerase chain reaction (PCR).
- Isolation of the Dengue virus (Virus culture +VE) from serum, plasma, leucocytes.
- IgG seroconversion in paired sera after 2 weeks with Four fold increase of IgG titre.

For the purpose of this notification, healthcare providers will include clinical establishments run or managed by the Government (including local authorities), private or NGO sectors and/or individual practitioners under Clinical Establishments (Registration & Regulation) Act, 2010.

The doctors in Government Health institutions and the registered medical private practitioners of the private hospitals/ clinics are required to immediately inform the office of the District Health Authority of concerned district, if a suspected case of Dengue is reported at their health institution.

The blood samples of the all Dengue suspected cases have to be sent at the Sentinel Surveillance Hospital (SSH), to be tested by ELISA technique. A patient can be declared positive for Dengue only on the basis of ELISA technique of testing and not by RDT. A patient can be declared as probable case for Dengue only on the basis of RDT technique of testing by using NS1 or IgM (Not IgG). The information of the positive case of the Dengue should be sent to the office of the District Health Authority immediately after the diagnosis.

The management of the Dengue probable/confirmed cases need to be done as per the guidelines issued by the Government of India from time to time and available on the website of Directorate of National Vector Borne Disease Control Programme (NVBDCP), Government of India. For more detailed information, the concerned State Programme Officers, NVBDCP, whose details are available on www.nvbdc.gov.in may be contacted.



(S.Natarajan)

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Copy for immediate further necessary action, to:

- 1) All Principal Secretaries/Secretaries of Health of States/UTs
- 2) All Directors of Health Services of States/UTs
- 3) All State Programme Officers, NVBDCP of States/UTs

With the request to kindly immediately bring this order to the notice of all concerned for compliance, in their respective State/UT

CC for information to:

1. PS to Union Minister of Health & Family Welfare
2. PPS to Union Secretary(HFW)/DGHS/Union Secretary(AYUSH)/Union Secretary(HR) & DG-ICMR/Spl.DGHS
3. All PSs to Addl. Secretaries & Joint Secretaries in MOHFW/GOI
4. Director, NVBDCP/All Dy. Director Generals, Dte.GHS
5. Director (Media) MOHW/GOI
6. All Regional Directors (HFW/GOI) – with request to facilitate wide dissemination of this Govt. Order, for compliance, in respective States/UTs.
7. Websites of MOHFW/GOI (www.mohfw.nic.in) and National Vector Borne Disease Control Programme (www.nvbdc.gov.in)