

Message

Message from the Regional Directors

Dengue and dengue haemorrhagic fever (DHF) are ecological diseases. They are serious and re-emerging problems in Asia and the Pacific. Globally, it is estimated that 50 million to 100 million cases of dengue fever and 500 000 cases of dengue haemorrhagic fever occur annually, of which nearly 25 000 are fatal. Case fatality rates are high if treatment is delayed or if it is not appropriate. The disease generally occurs in epidemics and outbreaks, although cases of dengue continue to occur in the inter-epidemic periods once the local circulation of virus has been established in a country.

The epidemiology of dengue has been changing over the past 50 years. The frequency of epidemics was 10 to 20 years prior to the 1950s. But now epidemics are reported every 2 to 3 years and are becoming more severe.

During the last five decades, the disease has spread to new geographical areas, including countries and areas that were not previously affected. Usually a disease affecting the urban populations, dengue and DHF are now increasingly reported from areas surrounding cities and rural areas, with young adults hardest hit. The number of cases reported to WHO has increased more than seven-fold over the last three decades.

The re-emergence of dengue and DHF is attributed to rapid, unplanned and uncontrolled urbanization, with accompanying problems related to water management and solid waste disposal. The risk of spread is enhanced by widespread travel and migration. The rapid socioeconomic development and increasing consumerism in countries and areas in Asia and the Pacific are leading to increased production and unsatisfactory management of solid non-biodegradable waste, further contributing to the problem of dengue and DHF. Effective control of dengue and DHF and the timely response to epidemics are hampered by a weak health infrastructure.

The epidemics of dengue and DHF attract media attention since they occur mostly in the urban areas. Dengue and DHF have a substantial adverse health and socioeconomic impact.

Prevention supported by healthy public policies is the key to effective control of dengue. For this to succeed, however, dengue and DHF prevention have to be the concern of everyone. Effective vector control and measures for source reduction are important. The mainstay of dengue and DHF prevention and control is public participation and community mobilization, with a focus on monitoring of the larvae and pupae followed by source reduction



and personal protection. The control measures at public places supported by a legal and regulatory framework are necessary to complement the household control measures. To be successful, these require local-level, intersectoral action coordinated by national programmes for prevention and control of dengue and DHF.

Deaths due to dengue occur in cases with DHF. Seeking early care and standard case management have helped in reducing mortality due to DHF. This requires behavioural change and increased access to standard case management for impact at the national level.

The timely prediction of epidemics and their prompt control are needed to reduce the adverse impact of dengue. This requires effective surveillance, as a part of an integrated disease surveillance system, data management, and a mechanism for the rapid exchange of information. A network of laboratories would be useful for confirming the virus and the serotype responsible for the epidemic.

Recognizing the gravity of the situation, the Fifty-fifth World Health Assembly in 2002 adopted a resolution to reiterate the need to strengthen the prevention and control of dengue. DengueNet, a network for rapid information exchange, has been established by WHO as a best practice model to promote rapid information exchange in the control of epidemics of dengue and DHF. WHO has

developed Communication Behavioural Impact (COMBI) and used protocols for communication. WHO also has supported the prevention and control of dengue through the development and setting of norms and standards, tools and guidelines, capacity-building, resource mobilization and strengthening of infrastructure, and research.

WHO also is supporting research on the development of a vaccine for dengue since this will be the most effective prevention tool. Academic institutions and other partners are being involved to help in the development of drugs for the treatment of dengue. The South-East Asia and the Western Pacific Regions of WHO have been working together to prevent and control dengue since the emergence of this disease. The two regions have been jointly publishing the Dengue Bulletin. A strategic framework for prevention and control of dengue and DHF (2006-2010), has been prepared to support the preparation of national, operational and implementation plans.

Global and regional partnerships should be established and sustained to help mobilize additional resources for effective prevention and control of dengue and DHF. We sincerely hope that a partners' forum or alliance will be organized to support the development of national strategies and operational plans and to help mobilize resources to reverse the rising trends in dengue and DHF in the two Regions.



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