



CODEN [USA]: IAJPBB

ISSN: 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES<http://doi.org/10.5281/zenodo.3709286>Available online at: <http://www.iajps.com>

Research Article

**PREVALENCE OF DENGUE FEVER AMONG OUTDOOR
DEPARTMENT PATIENTS**Dr Ayesha Javed¹, Dr Umar Rehman Shad², Dr Mehmooda Mehdi³¹ Amna Inayat Medical College² Dhq Teaching Hospital Gujranwala³ Bahawal Victoria Hospital Bahawalpur

Article Received: January 2020

Accepted: February 2020

Published: March 2020

Abstract:

Dengue fever is a mosquito-borne tropical disease caused by the dengue virus. Symptoms typically begin three to fourteen days after infection. These may include a high fever, headache, vomiting, muscle and joint pains, and a characteristic skin rash. Recovery generally takes two to seven days. This cross-sectional study was conducted at DHQ Hospital Gujranwala for a period of three months i.e. August 2019 to Nov. 2019. All the patients presenting with fever, chills and headache were included in the study. Patients of all the age and either gender were included. The mean age of the patients was 34.54 ± 3.45 years with minimum age of 23 years and maximum age of 52 years. A total of 282 patients presented with the history of fever, chills and headache and were labelled as suspected cases. Out of 282, only 52 (18.44%) patients were positive. Out of 52 patients, 30 (57.69%) were males and 22 (42.31%) were females. In our study, prevalence of dengue fever among outdoor patients was low. However the patients who were suffering from dengue fever should be isolated in special wards and proper preventive measures should be taken

Keywords: Dengue fever, outdoor department

Corresponding author:

Dr Ayesha Javed,
Amna Inayat Medical College

QR code



Please cite this article in press Ayesha Javed et al., *Prevalence Of Dengue Fever Among Outdoor Department Patients*, Indo Am. J. P. Sci, 2020; 07(03).

INTRODUCTION:

Dengue fever is a mosquito-borne tropical disease caused by the dengue virus. Symptoms typically begin three to fourteen days after infection. These may include a high fever, headache, vomiting, muscle and joint pains, and a characteristic skin rash. Recovery generally takes two to seven days. In a small proportion of cases, the disease develops into severe dengue, also known as dengue hemorrhagic fever, resulting in bleeding, low levels of blood platelets and blood plasma leakage, or into dengue shock syndrome, where dangerously low blood pressure occurs (1).

Dengue is spread by several species of female mosquitoes of the *Aedes* type, principally *A. aegypti*. The virus has five types; infection with one type usually gives lifelong immunity to that type, but only short-term immunity to the others. Subsequent infection with a different type increases the risk of severe complications. A number of tests are available to confirm the diagnosis including detecting antibodies to the virus or its RNA. A vaccine for dengue fever has been approved and is commercially available in a number of countries. As of 2018, the vaccine is only recommended in individuals who have been previously infected or, in populations with a high rate of prior infection by age nine. Other methods of prevention include reducing mosquito habitat and limiting exposure to bites. This

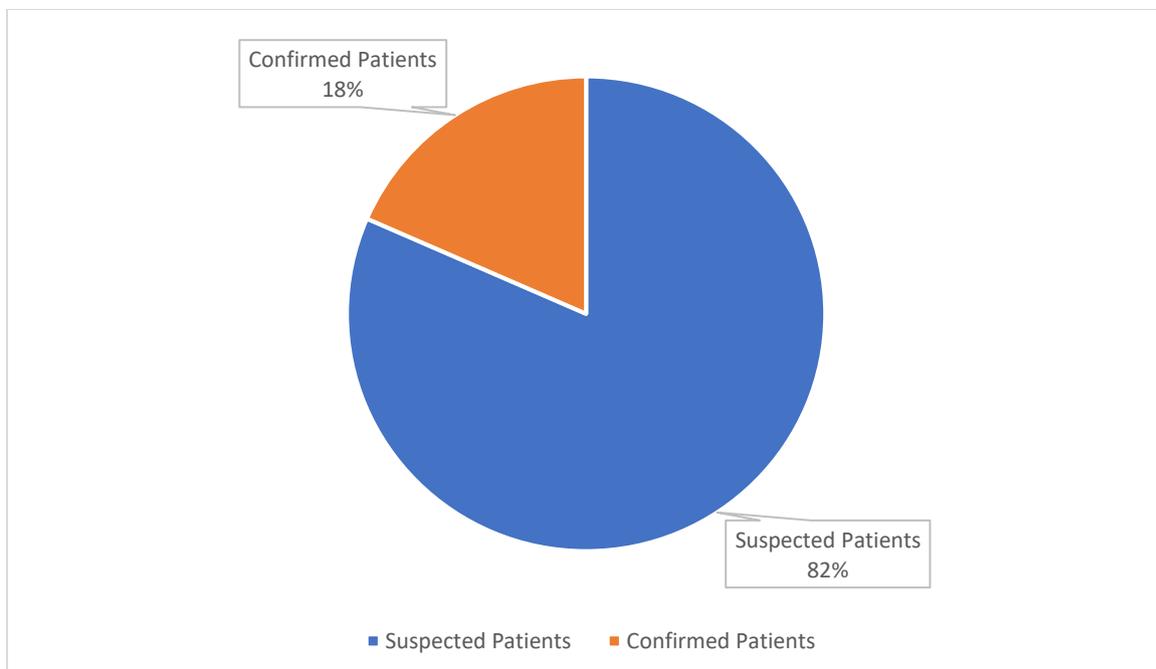
may be done by getting rid of or covering standing water and wearing clothing that covers much of the body (2, 3).

MATERIAL AND METHODS:

This cross-sectional study was conducted at DHQ Hospital Gujrawala for a period of three months i.e. August 2019 to Nov. 2019. All the patients presenting with fever, chills and headache were included in the study. Patients of all the age and either gender were included. Screening of the patients was done using dengue kit method. All the data was recorded and analyzed with SPSS Ver. 25.0. The qualitative variables were presented as frequency and percentages. The quantitative variables were presented as mean and standard deviation.

RESULTS:

The mean age of the patients was 34.54 ± 3.45 years with minimum age of 23 years and maximum age of 52 years. A total of 282 patients presented with the history of fever, chills and headache and were labelled as suspected cases. All the patients were screened using dengue kit method. Out of 282, only 52 (18.44%) patients were positive. Later on, their ELISA test was recommended. Out of 52 patients, 30 (57.69%) were males and 22 (42.31%) were females.



Graph: Distribution of Patients i.e. suspected vs confirmed cases

DISCUSSION:

The characteristic symptoms of dengue are sudden-onset fever, headache (typically located behind the eyes), muscle and joint pains, and a rash. An alternative name for dengue, "breakbone fever", comes from the associated muscle and joint pains. The course of infection is divided into three phases: febrile, critical, and recovery (4).

The febrile phase involves high fever, potentially over 40 °C (104 °F), and is associated with generalized pain and a headache; this usually lasts two to seven days. Nausea and vomiting may also occur. A rash occurs in 50–80% of those with symptoms in the first or second day of symptoms as flushed skin, or later in the course of illness (days 4–7), as a measles-like rash. A rash described as "islands of white in a sea of red" has also been observed. Some petechiae (small red spots that do not disappear when the skin is pressed, which are caused by broken capillaries) can appear at this point, as may some mild bleeding from the mucous membranes of the mouth and nose. The fever itself is classically biphasic or saddleback in nature, breaking and then returning for one or two days (5, 6).

CONCLUSION:

In our study, prevalence of dengue fever among outdoor patients was low. However the patients who

were suffering from dengue fever should be isolated in special wards and proper preventive measures should be taken.

REFERENCES:

- 1- Gubler DJ. Dengue and dengue hemorrhagic fever. *Clinical microbiology reviews*. 1998 Jul 1;11(3):480-96.
- 2- Effler PV, Pang L, Kitsutani P, Vorndam V, Nakata M, Ayers T, Elm J, Tom T, Reiter P, Rigau-Perez JG, Hayes JM. Dengue fever, hawaii, 2001–2002. *Emerging infectious diseases*. 2005 May;11(5):742.
- 3- Guha-Sapir D, Schimmer B. Dengue fever: new paradigms for a changing epidemiology. *Emerging themes in epidemiology*. 2005 Dec 1;2(1):1.
- 4- Derouich M, Boutayeb A, Twizell EH. A model of dengue fever. *BioMedical Engineering OnLine*. 2003 Dec 1;2(1):4.
- 5- Rothman AL, Ennis FA. Immunopathogenesis of dengue hemorrhagic fever. *Virology*. 1999 Apr 25;257(1):1-6.
- 6- Siqueira Jr JB, Martelli CM, Coelho GE, da Rocha Simplicio AC, Hatch DL. Dengue and dengue hemorrhagic fever, Brazil, 1981–2002. *Emerging infectious diseases*. 2005 Jan;11(1):48.