

उत्तराखण्ड शासन
चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग,
पत्रांक: 271 / व0नि0स0-स0/चि0स्वा0प0क0वि0/2023
देहरादून: दिनांक - 04.09.2023

1. समस्त जिला अधिकारी, उत्तराखण्ड।
2. समस्त मुख्य चिकित्साधिकारी, उत्तराखण्ड।

विषय: डेंगू रोग के उचित प्रबंधन, चिकित्सा एवं उपचार हेतु दिशानिर्देश विषयक।

महोदय/महोदया,

जैसा कि आप विदित है कि विगत वर्षों से डेंगू रोग राज्य में एक प्रमुख जन स्वास्थ्य समस्या के रूप में परिलक्षित हो रहा है। इसी क्रम में डेंगू रोग के उचित प्रबंधन, चिकित्सा एवं उपचार हेतु मेडिसिन विभाग, राजकीय दून मेडिकल कॉलेज, देहरादून द्वारा "डेंगू गाइडलाइन 2023" जारी की गई है।

उक्त के क्रम में मेडिसिन विभाग, राजकीय दून मेडिकल कॉलेज, देहरादून द्वारा जारी "डेंगू गाइडलाइन 2023" इस पत्र के साथ संलग्न कर आवश्यक कार्यवाही हेतु प्रेषित की जा रही है। उक्त डेंगू गाइडलाइन 2023 में निहित निर्देशानुसार समस्त चिकित्सालयों में कार्यवाही कराना सुनिश्चित करें जिससे राज्य में डेंगू रोग को महामारी का रूप लेने से रोका जा सके।

संलग्न - यथोपरि।

(डा० आर० राजेश कुमार) 2023
सचिव
चिकित्सा स्वास्थ्य एवं चिकित्सा शिक्षा

प्रतिलिपि:-


1. प्रमुख निजी सचिव, मुख्य सचिव उत्तराखण्ड को मुख्य सचिव महोदय के संज्ञानार्थ प्रेषित।
2. अपर सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तराखण्ड शासन।
3. महानिदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तराखण्ड।
4. मिशन निदेशक, राष्ट्रीय स्वास्थ्य मिशन उत्तराखण्ड।
5. प्रभारी अधिकारी, एन०वी०बी०डी०सी०पी०।
6. सम्बन्धित अनुभाग, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तराखण्ड शासन।


सचिव 9/2023
चिकित्सा स्वास्थ्य एवं चिकित्सा शिक्षा

DENGUE GUIDELINES 2023

(FOR UTTARAKHAND)

(ADAPTED FROM NATIONAL CENTRE FOR VECTOR
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HOW TO RECOGNIZE DENGUE FEVER/DENGUE HAEMORRHAGIC FEVER (whom to test)

Dengue Fever (DF) is an acute febrile illness of 2-7 days duration (sometimes with two peaks) with two or more of the following manifestations

- Headache
- Retro-orbital pain
- Myalgia/arthralgia
- Rash
- Haemorrhagic manifestation (petechiae and positive tourniquet test) and
- Leucopenia

INVESTIGATION

ELISA-based antigen detection test (NS1) for diagnosing the cases from the first day till the fifth day and antibody detection test **IgM capture ELISA (MAC-ELISA)** for diagnosing the cases after the fifth day of onset of fever.

A full blood count (FBC) is to be done

Keep watch on TLC and platelets.

Additional tests such as LFT, glucose, serum electrolytes, urea and creatinine, bicarbonate or lactate, cardiac enzymes, ECG and urine-specific gravity should be considered.

HOME TREATMENT

- can be considered in patients without warning signs.
- give paracetamol for fever. avoid NSAIDS
- maintain hydration. oral intake ~ 2l /day
- monitor platelet after 48 hrs until patient is afebrile for more than 24 hours

ADMISSION CRITERIA

Warning signs	<ul style="list-style-type: none"> • Persistent high grade fever (38.5° C and above) • Any of the warning signs including sudden drop of temperature • Bleeding: epistaxis, scanty haemoptysis, haematemesis, gum bleeding, black coloured stools, excessive menstrual bleeding, dark-coloured urine or haematuria • Convulsions • Difficulty in breathing or palpitation or breathlessness • Persistent vomiting >3 times a day • Severe abdominal pain
Signs and symptoms related to hypotension (possible plasma leakage)	<ul style="list-style-type: none"> • Dehydrated patient, unable to tolerate oral fluids • Dizziness or postural hypotension • Profuse perspiration, fainting, prostration during defervescence • Hypotension or cold extremities • Difficulty in breathing/shortness of breath (deep sighing breaths)
Bleeding	Spontaneous bleeding, independent of the platelet count
Organ impairment	Renal, hepatic, neurological or cardiac – enlarged, tender liver, although not yet in shock – chest pain or respiratory distress, cyanosis
Findings through further Investigations	<ul style="list-style-type: none"> • Rising haematocrit • Pleural effusion, ascites or asymptomatic gall-bladder thickening
Co-existing conditions	<ul style="list-style-type: none"> • Pregnancy • Co-morbid conditions, such as diabetes mellitus, hypertension, peptic ulcer, haemolytic anemias and others • Overweight or obese (rapid venous access difficult in emergency) • Infancy or old age
Social circumstances	<ul style="list-style-type: none"> • Living alone • Living far from health facility without reliable means of transport

MANAGEMENT IN HOSPITAL

- i. Use only Paracetamol to manage fever & aches.
- ii. Encourage frequent small amount of oral fluid intake.
- iii. Choice of IV fluids & calculation of fluid is very important. Fluid replacement therapy is very important- both initial replacement and maintenance dose.
- iv. One should keep a watch for urine output, liver size.

INDICATIONS FOR PLATELET TRANSFUSION

- Platelet transfusion is not the mainstay of treatment in patients with DF. In general, there is no need to give prophylactic platelets even if at platelet count $>10\,000/\text{mm}^3$.
- Prophylactic platelet transfusion may be given at levels of $<10\,000/\text{mm}^3$
- Haemorrhage with or without thrombocytopenia- transfuse platelet
- Prolonged shock with coagulopathy and abnormal coagulogram

DISCHARGE CRITERIA

The admitted patients who have recovered from acute dengue infection with visible clinical improvement having no fever for at least 24 - 48 hours, normal blood pressure, no respiratory distress from pleural effusion or ascites, improvement in clinical status (general well-being, return of appetite, adequate urine output, no respiratory distress), persistent platelet count $>50,000/\text{cu. mm}$ should be discharged from hospital.

REFERENCES:

1. [https://www.wbhealth.gov.in/uploaded_files/ticker/Dengue-National-Guidelines%20\(Dec-2014\).pdf](https://www.wbhealth.gov.in/uploaded_files/ticker/Dengue-National-Guidelines%20(Dec-2014).pdf)
2. <https://apps.who.int/iris/handle/10665/208893>