

weight and premature birth¹³. Risk of vertical transmission also increases during pregnancy. Pleural effusion, ascites, hypotension are commonly associated with DF in pregnancy. Involvement of lungs and liver is also common in pregnancy. Patients may have respiratory symptom due to massive pleural effusion and high SGOT/SGPT due to liver involvement. Complications of DF depend on the different stages of pregnancy like early, late, peripartum and postpartum period.

Pregnancy is a state of hyper dynamic circulation and fluid replacement should be carefully done to prevent pulmonary oedema. Frequent platelet count and coagulation profile testing should be performed during DF in pregnancy. Regular BP monitoring should be performed during DF in pregnancy. Fulminant hepatic failure, ARDS and Acute Renal failure in pregnancy may be associated with dengue infection.

Management of dengue infection in pregnancy should be taken seriously to reduce morbidity and mortality in mother as well as foetus.

5.6 Management of neonatal dengue

After delivery, the newborn may go into shock which may be confused with septic shock or birth trauma. In this case, history of febrile illness during pregnancy is important which may help to diagnose Dengue Shock Syndrome among neonates and infants. Close observation, symptomatic and supportive treatment are the mainstay of management.

5.7 Management of dengue in infants

5.7.1 Management of dengue among infants without warning signs

Oral rehydration should be encouraged with oral rehydration solution (ORS), fruit juice and other fluids containing electrolytes and sugar, together with breastfeeding or formula feeding. Parents or caregivers should be instructed about fever control with antipyretics and tepid sponging. They should be advised to bring the infant back to the nearest hospital immediately if the infant has any of the warning signs.

5.7.2 Management of dengue among infants with warning signs

When the infant has dengue with warning signs intravenous fluid therapy is indicated. In the early stage, judicious volume replacement by intravenous fluid therapy may modify the course and severity of the illness. Initially isotonic crystalloid solutions such as Ringer's lactate (RL), Ringer's acetate (RA), or 0.9% saline solution should be used. The capillary leak resolves spontaneously after 24-48 hours in most of the patients.

5.7.3 Management of infants with severe dengue: Treatment of shock

Volume replacement in infants with dengue shock is very challenging and it should be done promptly during the period of defervescence. Each and every case should be critically analyzed separately.

5.8 Criteria for admission of a patient

If a DF patient presents with significant bleeding from any site, signs of hypotension, persistent high grade fever, rapid fall of platelet count, sudden drop in temperature should be admitted in hospital. However, those patients who have evidence of organ involvement should also be admitted for proper monitoring and management. Dengue patients with

warning signs and symptoms should be admitted and closely monitored.

5.9 Criteria for discharge of patients

The admitted patients who have recovered from acute dengue infection having no fever for at least 24 hours, normal blood pressure, adequate urine output, no respiratory distress, persistent platelet count $>50,000/\text{cu. mm}$ should be discharged from hospital.

5.10 Management of dengue Infection in outbreak situation

During outbreak situation dengue patient turn over may increase exceptionally. In endemic areas all the hospitals should have a plan dealing with emergency hospitalization for making the most effective use of hospital and treatment facilities in case of outbreak occurs. For epidemic management of dengue cases following issues to be considered:

- Space mobilization
- Staff mobilization
- Augmentation of Laboratory Services (Diagnosis not required in all cases in outbreak situation)
- Augmentation of blood bank services for blood and blood component
- Ensure public health measure to prevent transmission to hospital staff and other Patients by keeping *Aedes* mosquito (vector) free environment.

For Individual case management during outbreak situation following issues are crucial:

- Diagnosis
- Severity assessment
- Specific management