CHAPTER 6

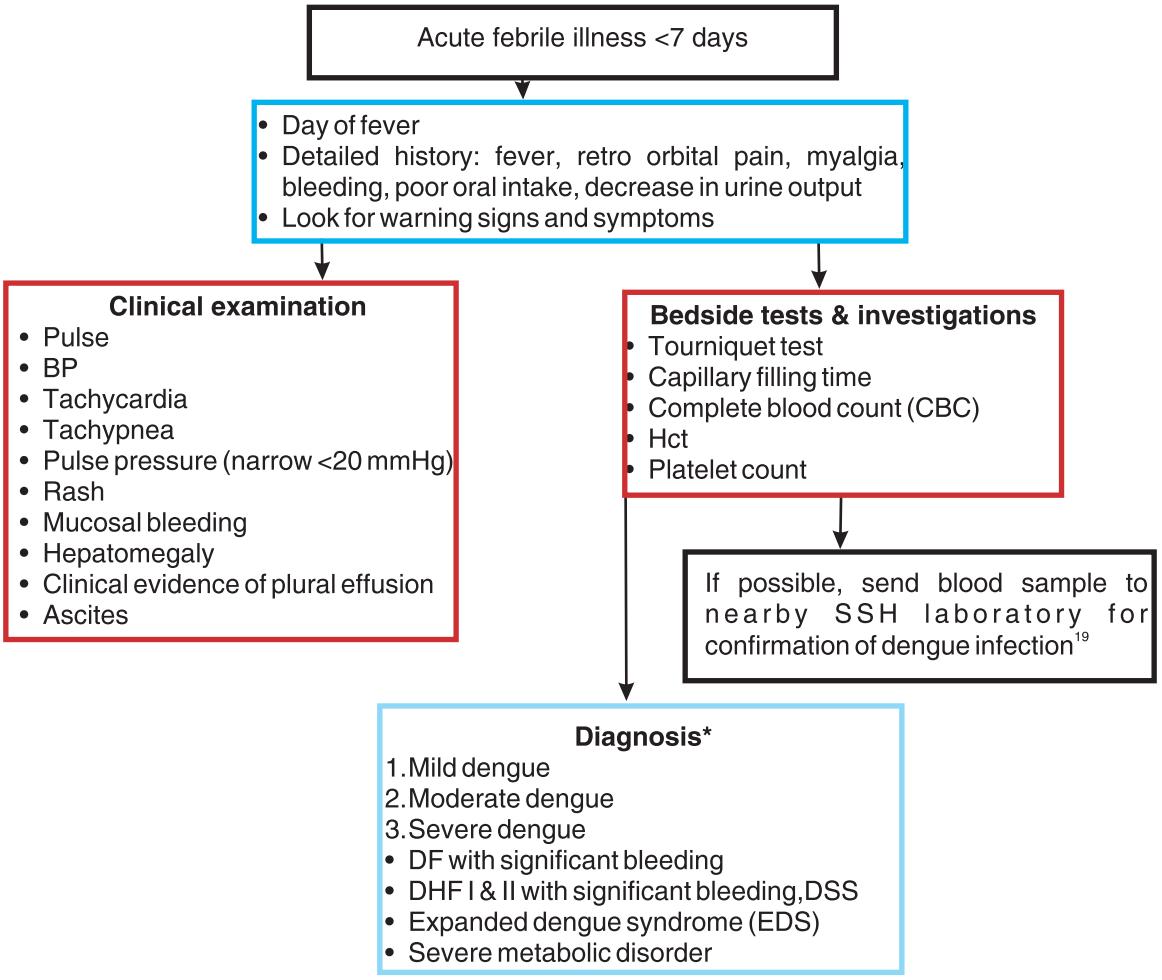
MANAGEMENT AND REFERRAL OF DENGUE CASES AT PRIMARY HEALTH-CARE LEVEL

Dengue was earlier known as an urban disease. However, due to manmade, environmental and societal changes and improper water storage practices, the vector *Ae. aegypti* has also invaded rural areas. Frequent movement of the population has also helped in introduction of the virus in rural areas, leading to rural spread of the disease.

6.1 Diagnosis of dengue cases

In the primary health centre (PHC), the guidelines to be followed for diagnosis of dengue cases are given at Figure 7.

Fig. 7. Guidelines for diagnosis of dengue cases



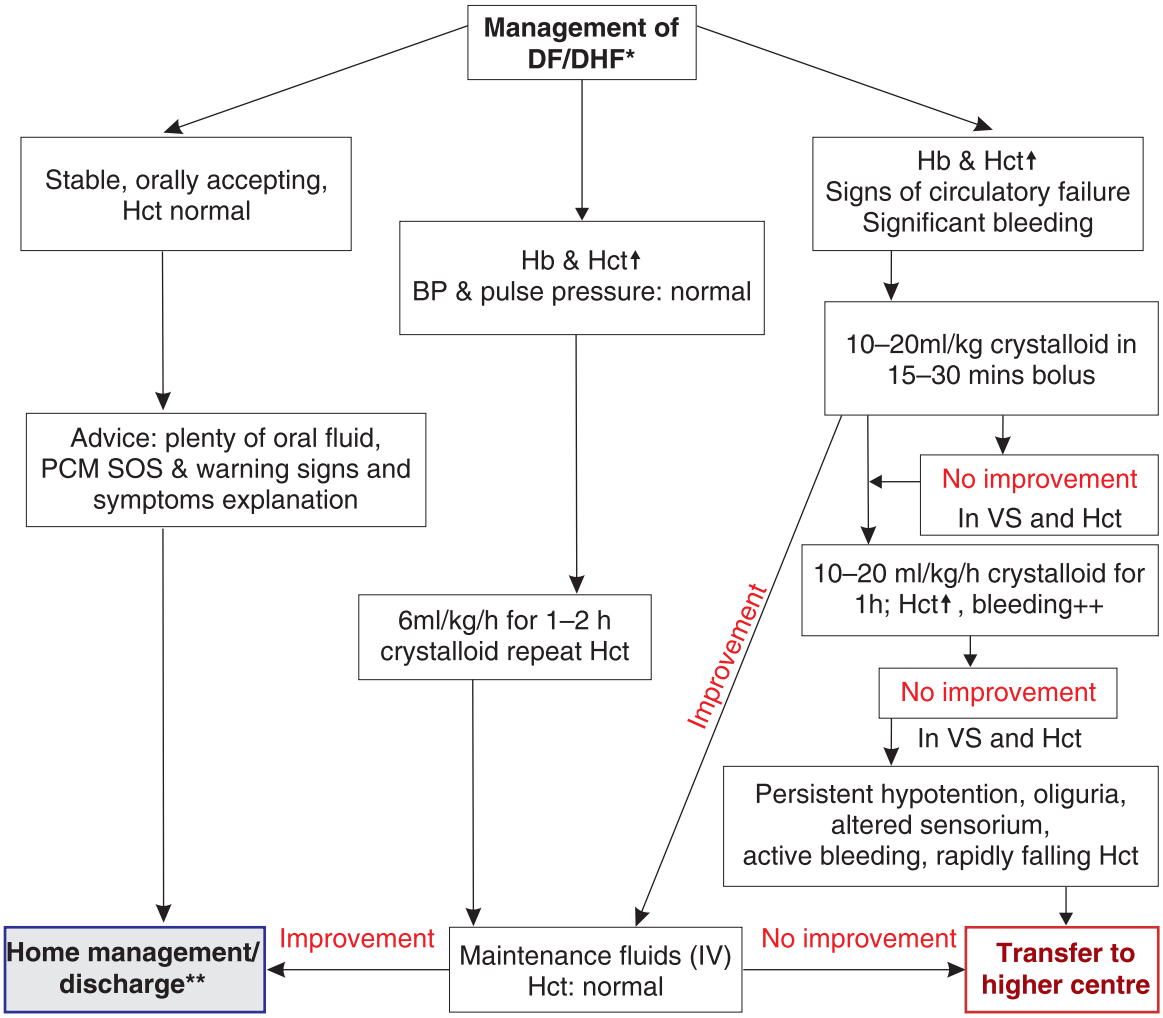
* For details, refer Dengue case classification at 3.7.

Note: Inform the District VBD Officer for taking public health measures in the affected area/s to prevent further spread of the disease.

6.2 Management and referral of dengue cases at PHC level

The guidelines to be followed in the PHC for management of dengue cases and for referral of severe/complicated cases to the higher centre are given in Figure 8.

Fig. 8. Guidelines to be followed in the PHC for management of Dengue cases



* Look for co-morbid illnesses and coinfections – refer Sections 5.3 and 5.4 for details

** Patient should be advised to come for follow-up after 24 h for evaluation. He should report to the nearest hospital immediately in case of the following complaints:

- Bleeding from any site (fresh red spots on skin, black stools, red urine, nose bleed, menorrhagia)
- Severe abdominal pain, refusal to take orally/poor intake, persistent vomiting
- Not passing urine for 12 h/decreased urinary output
- Restlessness, seizures, excessive crying (young infants), altered sensorium and behavioural changes and severe persistent headache
- Cold clammy skin
- Sudden drop in temperature

Also follow Chart 1 to 3 fir volume replacement algorithm

Notes:

– In a medical care set-up where blood transfusion facility is not available to manage thrombocytopenia of DHF, platelets can be obtained from a nearby licensed blood bank.

– Whole bood preserved at 4°C does not have much role in correcting thrombocytopenia as platelets are preserved at 22°C.