

Contact: CLINICAL RELATED QUESTIONS

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CASE REPORTING (CD EPI)

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GLOBAL INCREASE IN DENGUE CASES; BE ALERT FOR CASES IN WA

This is a Provider Alert from the Washington Department of Health (DOH) regarding a global increase in cases of **dengue (a mosquito-borne tropical disease)**. Washington healthcare providers are advised to remain alert for patients with symptoms of dengue, and to test for dengue when symptomatic patients report recent travel to high-risk areas.

Currently, many countries are experiencing dengue outbreaks. **CDC has recently issued Level 1 travel notices for Central and South America, Mexico, the Caribbean, parts of Africa and the Middle East, and many parts of Asia and the Pacific Islands.** Anyone arriving from an affected area could be at risk.

Current Situation in Washington

Washington DOH has also seen an increase in reported cases of dengue in persons arriving from affected areas. While WA DOH receives an average of 13 dengue cases per year, 31 cases were reported in 2023, and cases remain high in 2024. In many cases, appropriate diagnostic testing is not ordered by providers (namely, serologic testing is ordered too early after symptom onset, when it may be negative, and PCR testing that allows serotyping is not performed).

Actions Requested

- Healthcare providers should take a detailed travel history for a patient who reports fever or rash and who recently arrived from an affected region. Dengue can cause fever, rash, headache, body aches, and joint aches. Severe symptoms include central nervous system infection and hemorrhage.
- If dengue is a possible diagnosis based on symptoms and recent travel, recommend the patient avoid NSAIDs until dengue is ruled out.
- **If the person is within the first week of illness** (acute phase), order PCR or dengue virus antigen tests AND serology (IgM and IgG) for dengue and for any other likely conditions. Report positive results to the local health jurisdiction of the patient.
- **If the person is after the first week of illness**, order serology (IgM and IgG) for dengue and any other likely conditions. Report positive results to the local health jurisdiction of the patient; IgM antibodies can remain detectable for 3 months or longer after infection.

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- If the person with suspected dengue is hospitalized with encephalopathy or aseptic meningitis, also order PCR on cerebral spinal fluid. Report positive results to the local health jurisdiction of the patient.
- Dengue testing is not recommended for asymptomatic persons.
- When providing pre-travel consultation, recommend prevention measures to avoid mosquito bites if the person is traveling to an area at risk for dengue, including use of an EPA-registered insect repellent: <https://www.cdc.gov/dengue/prevention/plan-for-travel.html>

Resources for Providers

CDC Travel Notices (Dengue):

- **Central and South America, Mexico, the Caribbean:** <https://wwwnc.cdc.gov/travel/notices/level1/dengue-americas>
- **Africa and the Middle East:** <https://wwwnc.cdc.gov/travel/notices/level1/dengue-africa>
- **Asia and Pacific Islands:** <https://wwwnc.cdc.gov/travel/notices/level1/dengue-asia>

- **CDC - Areas at risk for dengue:** <https://www.cdc.gov/dengue/areaswithrisk/around-the-world.html>

- **CDC Dengue testing guidance:** <https://www.cdc.gov/dengue/healthcare-providers/testing/testing-guidance.html>

- **List of Washington Local Health Jurisdictions:** <https://doh.wa.gov/about-us/washingtons-public-health-system/washington-state-local-health-jurisdictions>

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