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# DENGUE FEVER-PREVENTION STRATEGIES

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Haemorrhagic fever is a syndrome caused by Arbo viruses. These viruses are transmitted either by tick or mosquitoes. Congo fever, dengue and yellow fever are the commonest among these within certain geographical distribution. These diseases present with fever, maculopapular rash, petichae along with haemorrhage from skin & mucous membrane. [2] The disease varies in intensity from moderate to severe. Congo fever is zoonosis and man is infected rarely, however cases have been reported from Africa, Bulgaria, Kosovo and Albania.[3] The frequency of Dengue fever is much in Asian & pacific countries than in America[4]. Yellow fever is more prevalent in Africa, South America, Brazil and Colombia. Dengue is a mosquito born infection and has become an important internationalproblem[2]. It has become a hot topic related to health, in our print and electronic media. New cases are reported regularly, mostly from Punjab and southern parts of Pakistan It are a severe flu like illness that affects infants, young children and adults. Commonly it is a mild febrile illness, self limiting, and lasting for 1-3 days. Dengue haemorrhagic fever (DHF), a potentially lethal complication, was first recognized in the 1950s during the dengue epidemics in the Philippines and Thailand, but today DHF affects most Asian countries and has become a leading cause of hospitalisation and death among children in several of them.[5] The spread of dengue is attributed to expanding geographic distribution of the four dengue viruses and of their mosquito vectors, the most important of which is the predominantly urban species *Aedes aegypti*. A rapid rise in urban populations is bringing ever greater numbers of people into contact with this vector, especially in areas that are favorable for mosquito breeding, e.g. where household water storage is common and where solid waste disposal services are inadequate.[6] For such a deadly infection with no treatment currently available and no vaccines manufactured so for, prevention seem to be the only way out of this epidemic. At present, the only method of controlling or preventing dengue and DHF is to combat the vector mosquitoes. In Asia and Americas, *Aedes aegypti* breeds primarily in man-made containers like earthenware jars, metal drums and concrete cisterns used for domestic water storage, as well as discarded plastic food containers, used automobile tyres and other items that collect rainwater. In Africa it also breeds extensively in natural habitats such as tree holes and leaf axils[5]. Vector control is implemented using environmental management and chemical methods. Proper solid waste disposal and improved water storage practices, including covering containers to prevent access by egg laying female mosquitoes are among methods that are encouraged through community-based programs[8]. In Pakistan, the situation seems to have deteriorated over the past few years; we are regularly now witnessing sporadic cases and an epidemic seems to be eminent in next few years. Therefore concrete steps are needed to bring the hygiene conditions to our life styles. Vectors are breeding every where and so are the microorganism; the entire picture is ultimately leading to a worst situation where this year dengue and in the years to come other dipterous related diseases will be there to welcome us. Keeping in view the existing situation there is a need to make short and long term planning by including our environment as the major concerns of the future issues.

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