

43.rd DIRECTING COUNCIL

53.rd Session of the Regional Committee

Washington, D. C., USA, 24-28 September 2001

RESOLUTION

CD43.R4

DENGUE AND DENGUE HEMORRHAGIC FEVER

THE 43rd DIRECTING COUNCIL,

Having considered the report on dengue and dengue hemorrhagic fever in the Americas (Document CD43/12);

Recognizing the trend of increasing numbers of cases of dengue and dengue hemorrhagic fever in the Americas, as well as the potential reurbanization of yellow fever in the Region; and

Considering Resolutions CD38.R12, CD39.R11, and CD40.R15,

RESOLVES:

1. To urge Member States to:
 - a) Promote intersectoral coordination, develop partnerships, and support networks to strengthen dengue prevention control programs;
 - b) Stimulate sustainable environmental actions in the areas of urban planning and services such as local water supply, wastewater disposal, solid waste management, and used tire disposal;
 - c) Incorporate community participation, health education, and social communication strategies to promote behavioral change into dengue prevention and control programs;
 - d) Implement appropriate patient care within and outside the formal health sector, including disease recognition, diagnosis, and proper response (including initial care in the home and knowledge of basic treatment measures);

- e) Standardize dengue case reporting throughout the Region to improve informationsharing that allows all countries to be knowledgeable about the dengue situation as well as the nature of the circulating viruses, with case reporting to include clinical cases (probable cases), laboratory-confirmed cases, cases of dengue hemorrhagic fever, deaths due to dengue hemorrhagic fever/dengue shock syndrome and serotypes identified;
- f) Implement emergency modes of action and preparedness for outbreaks and epidemics;
- g) Review the role of insecticides in dengue prevention and control programs, so as to better incorporate them in a comprehensive program.

2. To request the Director to:

- a) Continue promoting the incorporation by Member States of social communication and community participation measures that encourage positive behavioral changes into their dengue prevention and control programs;
- b) Continue to advocate the need to confront the threat of dengue and dengue hemorrhagic fever in Member States through intersectoral partnerships;
- c) Assist Member States to strengthen dengue prevention and control programs by incorporating health education components in formal (basic)education systems;
- d) Reinforce multisectorial actions which encourage the development of healthy habits in the community, such as Ecoclubs, healthy housing, and other environmentally oriented initiatives;
- e) Promote training of health workers at all levels to improve their capacity to address the ever-mounting dengue burden on society;
- f) As resources permit, give due attention and allocate resources within the Secretariat, as well as in the technical cooperation to the countries, in order to meet the great challenge that dengue, dengue hemorrhagic fever, and potential reurbanization of yellow fever pose to the Region.

(Fifth meeting, 26 September 2001)

PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

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DENGUE PREVENTION AND CONTROL

Country dengue control programs are predominantly vertical and based on the use of insecticides. Most countries focus on addressing emergency situations and place less emphasis on effective, long-term actions. This, along with the decentralization of health services high infestation rates with the vector *Aedes aegypti*, and lack of adequate water supply and solid waste management for the population exacerbates the problem.

This document is presented to the 43.rd Directing Council in light of the increase in incidence of dengue epidemics and of the more severe form of the disease, dengue hemorrhagic fever/dengue shock syndrome (DHF/DSS), as well as the threat of the re-urbanization of yellow fever, which has created an alarming situation in the Americas. If immediate action is not taken, DHF will become as endemic in the Americas as it is in Asia, where some countries report hundreds of thousands of cases per year.

In 1995 the Directing Council adopted Resolution CD38.R12 to address the magnitude and gravity of the emergence of DHF in the Region, and it recommended that Member States strengthen their programs. Few successful steps have been taken since then, and the situation is now much more grave.

The Directing Council is requested to review the document, giving particular attention to the following issues: 1) how to effectively build political commitment to prevent dengue; 2) the importance of intersectorial actions, community participation, health education, and social communication in dengue control programs with an emphasis on behavioral change; 3) promotion of government and private sector advocacy for higher financial commitment to dengue control; 4) the role of insecticides in dengue control programs and whether they are used for technical or political reasons; 5) source reduction of breeding sites as the means to sustain control over the vector; 6) the disastrous path we are going down in the face of DHF and possible re-urbanization of yellow fever and; 7) determine mechanisms for timely and uniform dengue case reporting throughout the Region.

The Executive Committee adopted Resolution CE128.R3 for consideration by the Directing Council.