

# 1. INTRODUCTION

Classical dengue, along with its more serious forms, dengue hemorrhagic fever (DHF) and dengue shock syndrome (DSS), is a serious health problem in many parts of the Americas, and it may harm national economies in the Region. Epidemics are extremely costly in terms of hospitalization, patient care, and emergency vector control efforts.

The Hemisphere-wide *Aedes aegypti* campaign succeeded in eradicating this dengue vector from most of Latin America during the 1950s and 1960s. However, the Region's drastic socioeconomic deterioration subsequently resulted in significant reductions in public expenditures for health, including vector surveillance, which led to a reinfestation in nearly all of the countries, subsequent epidemics of classical dengue in each one, and DHF epidemics in Cuba in 1981 and Venezuela in 1989-1990. Obviously, new approaches are needed to address this problem.

The traditional paternalistic, centralized, vertically structured programs that still exist in many countries, are largely ineffective, principally because they are neither affordable nor manageable. They overemphasize chemical control and attempt to cover all infested areas, but have insufficient resources to do so. Because there is no dengue surveillance capability that can detect an increased incidence and that would allow a timely response, most programs' reaction to outbreaks usually is too little and comes too late to significantly alter the epidemic's course. There is little collaboration with other departments within the health sector, or with other relevant government agencies, nongovernmental organizations, and the community at large.

Dengue is basically a problem of domestic sanitation. With little or no expenditure, the members of each household can easily eliminate the problem by physical means and without the use of chemi-

als. The challenge is to find ways of transferring to the community the responsibility, capability, and motivation for the prevention and control of dengue.

Previously published guidelines, manuals, and plans of action for dengue programs are now obsolete or incomplete. The World Health Organization (WHO) manual, "Dengue Hemorrhagic Fever" (1986), is excellent, but includes very little information on vector control, and needs to be adapted to the conditions in the Americas. The PAHO document "*Aedes aegypti*: Biology and Ecology" (1986), also includes little control information. The 1982 document, "Emergency Vector Control after a Natural Disaster," deals only with that aspect of *A. aegypti* control, and the paper "*Aedes albopictus* in the Americas" (PAHO, 1986), presents a plan of action only for that species. Clearly, a comprehensive document that incorporates all of the aspects of prevention and control of the disease and the two *Aedes* vectors, was needed.

With the full support and endorsement of the Pan American Health Organization's Member Countries, a meeting was held at the Organization's Washington D.C. headquarters from 16-20 December 1991, specifically to prepare such a document. The meeting was attended by eighteen participants from Brazil, Cuba, Honduras, Mexico, Panama, the United States, and Venezuela and eleven staff members of the Pan American Health Organization, all with experience in some aspect of prevention and control of dengue or related disciplines. These guidelines constitute the report presented by that group. Subsequent to the meeting, Erik Martínez of the Hospital William Soler in Havana, Cuba, and Suchitra Nimmannitya of the Children's Hospital in Bangkok, Thailand, also provided invaluable assistance in the elaboration of these guidelines.