

Dengue Fever: A Public Health Threat to Bangladesh

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Abstract

Dengue fever has become a significant health concern in Bangladesh, with a substantial number of reported cases in recent years. This mosquito-borne viral infection is caused by the dengue virus, transmitted by the *Aedes* mosquito. The effects of dengue fever can range from mild symptoms such as high fever, muscle and joint pains, to severe complications that can be life-threatening. This paper aims to provide an update on the current situation of dengue fever in Bangladesh, the measures taken by the government and healthcare systems, and the challenges faced in controlling the spread of this disease. In recent years, Bangladesh has experienced a surge in dengue fever cases, particularly during the monsoon season when mosquitoes thrive. According to the Directorate General of Health Services (DGHS), the number of dengue cases has been increasing rapidly, with thousands of reported cases each year. The densely populated urban areas of Dhaka, the capital city, are particularly affected, as inadequate waste management and sanitation contribute to the breeding grounds for mosquitoes. The impact of dengue fever extends beyond health, as it also poses a significant economic burden on affected individuals and the healthcare system. To combat the spread of dengue fever, the government of Bangladesh has taken several measures. These include implementing public awareness campaigns to educate the population about the importance of mosquito control, encouraging practices such as removing standing water and using mosquito repellents, and promoting early diagnosis and treatment. The government has also strengthened its vector control and surveillance programs, focusing on increased mosquito control measures and the early detection of cases. Additionally, efforts have been made to improve healthcare infrastructure and capacity to handle the growing number of dengue cases. However, despite these efforts, challenges remain in controlling the spread of dengue fever in Bangladesh. Factors such as limited resources, inadequate urban planning, and a lack of community participation continue to hinder progress. Furthermore, the emergence of new strains of the dengue virus and the potential for future outbreaks make it crucial to continuously monitor and adapt control strategies. Collaborative efforts between the government, healthcare systems, and the community are essential to effectively manage and prevent the spread of dengue fever in Bangladesh. Only through a comprehensive and sustained approach can the country hope to combat this public health threat effectively.

CBMJ 2024 July: vol. 13 no. 02 P: 282-289

Keywords: Dengue fever; public health threat, Bangladesh

Introduction

Dengue fever is a viral infection transmitted primarily by mosquitoes of the *Aedes* genus. It is a major public health concern, especially in tropical and subtropical regions of the world.¹ The virus has four different strains, and infection with one strain provides immunity against that specific strain but not the others. Dengue fever is characterized by symptoms such as high fever, severe headache, joint and muscle pain, rash, and swollen lymph nodes.² In severe cases, it can lead to a life-threatening condition called

dengue hemorrhagic fever, which causes bleeding, organ failure, and even death.³

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Dengue fever can be attributed to various factors, including urbanization, increased travel and trade, inadequate sanitation, and ineffective mosquito control measures. As more people settle in urban areas, the conditions become conducive for the proliferation of mosquitoes and the transmission of the virus.⁴

Additionally, the increase in international travel and trade facilitates the spread of dengue fever to new areas, as infected individuals unknowingly carry the virus with them. Inadequate sanitation, such as the accumulation of stagnant water, provides breeding grounds for mosquitoes, while ineffective mosquito control measures allow their population to thrive.⁵ As a result, dengue fever has become a significant health concern in many parts of the world, affecting millions of people annually.

Understanding Dengue and Its Impact

Dengue fever, often referred to as "breakbone fever" due to the severe joint and muscle pain it causes, is a viral disease transmitted by mosquitoes. It is caused by four different types of dengue viruses (DENV 1-4) and is prevalent in tropical and subtropical regions around the world.⁶

Dengue fever is a significant global health concern, with an estimated 390 million infections occurring annually. This mosquito-borne disease can be found in over 100 countries, putting billions of people at risk of infection. The burden of dengue is not just limited to the physical suffering of individuals affected but also has substantial economic implications for affected countries.⁷

Current Dengue Situation in Bangladesh

Bangladesh has been grappling with dengue outbreaks for several years now. In recent times, the number of reported cases has seen a rise, resulting in a serious public health challenge. Between January and September of 2023, a total of 203406 people were infected, and 989 people died, with a case fatality rate of 0.49%. However, the country has been working tirelessly to combat the situation and reduce the impact of dengue on its population.⁸

Dengue outbreaks in Bangladesh often display seasonal patterns, with peak transmission occurring during the monsoon and post-monsoon periods. Urban areas, particularly densely populated cities, are more prone to outbreaks due to the presence of breeding grounds for the dengue-carrying mosquitoes.⁹

Epidemiology and Spread of Dengue Virus

The dengue virus is primarily transmitted to humans through the bites of infected female *Aedes* mosquitoes. These mosquitoes thrive in urban areas and are highly mobile, making it easier for the virus to spread rapidly within communities.⁸

Aedes mosquitoes, specifically *Aedes aegypti* and *Aedes albopictus*, are the primary carriers of the dengue virus. These mosquitoes breed in stagnant water sources commonly found in and around human habitats, such as water storage containers, discarded tires, and flower pots.¹⁰ Several factors contribute to the transmission of dengue, including urbanization, population

growth, climate change, and inadequate mosquito control measures. Increased movement of infected individuals across regions and countries also plays a role in the global spread of the virus.¹¹

Clinical Presentation and Diagnosis of Dengue Fever

Dengue fever typically presents with a sudden onset of high fever, severe headache, joint and muscle pain, fatigue, and a skin rash. In more severe cases, dengue can lead to dengue hemorrhagic fever (DHF) or dengue shock syndrome (DSS), which can be life-threatening.¹²

Distinguishing dengue from other febrile illnesses can be challenging, as the initial symptoms may resemble those of other viral infections, such as influenza or chikungunya. Healthcare professionals rely on clinical evaluation, travel history, and laboratory tests to differentiate dengue from other diseases.¹³

Diagnostics Tools and Tests for Dengue

Serological testing can be used to indirectly confirm the diagnosis in the laboratory or directly detect viral components in the blood. The timing of the clinical presentation influences the test selection.¹⁴ The detection of viral components in the bloodstream is extremely sensitive during the early stages of the febrile phase. One method for detecting viral nucleic acid in serum is the reverse transcriptase polymerase chain reaction (RT-PCR) assay. Another method is the enzyme-linked immunosorbent assay (ELISA), which measures the virus-expressed soluble non-structural protein 1 (NS1).¹⁵

When determining whether a dengue infection is primary or secondary, serology is used to identify IgM and IgG starting on the fifth day of illness. Secondary dengue infection is suggested by a high titre of haemagglutinin antibodies.¹⁶

Prevention and Control Measures in Bangladesh

Although dengue does not have a specific antiviral treatment, prompt and proper management is crucial to alleviate the symptoms and prevent complications.¹⁷ The management for dengue typically includes hydration, rest, and pain relief medication to alleviate fever, headache, and muscle pain. However, close monitoring of the patient's condition, such as platelet count and fluid balance, is essential to detect any warning signs of severe dengue, in which case immediate medical attention will be required.¹⁸ Moreover, efforts to prevent the spread of dengue should be undertaken, including eliminating mosquito breeding sites and adopting protective measures, such as using mosquito nets and repellents to reduce the mosquito bite risk.¹⁹ With comprehensive treatment and management strategies, the burden of dengue can be significantly reduced, leading to improved outcomes and a healthier population.

In the battle against dengue, knowledge is power. Bangladesh has implemented extensive public awareness and education campaigns to educate the population about dengue prevention and control. Through television advertisements, radio broadcasts, and community outreach programs, individuals are informed about the importance of

eliminating breeding sites, protecting themselves from mosquito bites, and seeking medical attention if dengue symptoms arise.²⁰

Mosquitoes may be small, but they are mighty carriers of dengue. Bangladesh has taken proactive measures to control mosquito populations and reduce dengue transmission. These include widespread larvicidal treatments, fogging in high-risk areas, and regular inspection and cleaning of stagnant water sources.²¹ Additionally, the use of insecticide-treated bed nets and window screens has become commonplace in households to provide an extra layer of protection.²²

Prevention is always better than cure, which is why Bangladesh has prioritized the development and deployment of dengue vaccines. Research and clinical trials are underway to assess the efficacy and safety of vaccines that can provide long-term protection against dengue. Once approved, widespread vaccination campaigns will play a crucial role in reducing the burden of dengue in the country.²³

Challenges and Opportunities in Managing Dengue in Bangladesh

As urbanization continues to reshape Bangladesh's landscape, it presents both challenges and opportunities for dengue management. Rapid urbanization often leads to unplanned settlements, inadequate waste management, and increased breeding grounds for mosquitoes. Balancing urban development with effective mosquito control and environmental management is crucial in mitigating dengue risks.²⁴ The availability and accessibility of healthcare facilities and resources are vital

factors in managing dengue cases effectively. Bangladesh faces challenges in providing adequate medical facilities, trained personnel, and diagnostic capacities, especially in remote areas. Strengthening healthcare infrastructure and ensuring an adequate supply of medical resources are essential for early diagnosis, prompt treatment, and efficient management of dengue cases.²⁵

Community engagement is key in the fight against dengue. Encouraging individuals and communities to actively participate in dengue prevention and control efforts can significantly impact the disease's transmission. Bangladesh recognizes the importance of community involvement and promotes community-led initiatives. By fostering a sense of responsibility and ownership, communities become empowered to take actions such as eliminating breeding sites, organizing clean-up campaigns, and engaging in regular monitoring and reporting.²⁶

Future Directions and Strategies for Dengue Control

Integrated Vector Management Approaches:

To tackle the complex nature of dengue, Bangladesh aims to adopt integrated vector management approaches. This involves combining multiple strategies, including vector surveillance, environmental management, larval source reduction, and targeted mosquito control interventions. By taking a comprehensive and multidisciplinary approach, Bangladesh aims to enhance the effectiveness and sustainability of dengue control efforts.²⁷

Enhancing Surveillance and Early Warning Systems:

Timely detection and response are vital in combating dengue outbreaks. Bangladesh is investing in the enhancement of surveillance systems, developing robust reporting mechanisms, and strengthening laboratory capacities for accurate diagnosis. Early warning systems, based on weather patterns, mosquito abundance, and disease trends, are being developed to provide timely alerts and trigger proactive measures to prevent and control dengue outbreaks.²⁸

Research and Innovation in Dengue Control:

Bangladesh recognizes the importance of continuous research and innovation to stay ahead in the fight against dengue. Efforts are being made to support research studies on dengue epidemiology, vector ecology, vaccine development, and novel control strategies. Collaboration between researchers, public health agencies, and international partners is encouraged to facilitate the exchange of information, ideas, and best practices.²⁹

Government Initiatives

In recent years, the government of Bangladesh has been implementing various initiatives to combat the growing dengue menace in the country. One of the key measures has been the establishment of dengue surveillance and response teams, which closely monitor the situation and take immediate actions in affected areas.³⁰ Additionally, the government has launched public awareness campaigns, educating communities about prevention methods, such as eliminating mosquito breeding

grounds and using bed nets.³¹ Furthermore, extensive research is being conducted to develop effective treatment options and vaccines. These endeavors are indicative of the government's dedication to controlling dengue and ensuring the well-being of its citizens.

Vaccination campaigns for dengue in Bangladesh have played a crucial role in mitigating the impact of the disease and safeguarding public health. In response to this growing concern, the government, in collaboration with international organizations, has initiated vaccination campaigns targeting high-risk areas.³² These campaigns aim to provide free or low-cost vaccinations to vulnerable populations, raise awareness about prevention methods, and strengthen healthcare infrastructure. By successfully implementing vaccination campaigns, BD has taken a significant step towards reducing the burden of dengue and ensuring the well-being of its citizens.

To prevent the spread of this infectious disease, effective mosquito control measures must be implemented. One of the most crucial approaches is the elimination of mosquito breeding sites, such as stagnant water sources found in discarded tires, flowerpots, and open containers. Public awareness campaigns can educate people about the importance of maintaining a clean environment and proper waste disposal practices.³³ Additionally, regular fumigation and spraying of insecticides in high-risk areas can significantly reduce the mosquito population. Furthermore, encouraging the use of mosquito nets, repellents, and wearing long sleeves and pants can provide individuals with personal protection against mosquito bites. By combining these mosquito control measures,

Bangladesh can make significant progress in reducing the incidence of dengue and safeguard public health.³⁴

Conclusion – Towards a Dengue-Free Bangladesh

In conclusion, dengue fever remains a pressing public health issue in Bangladesh. The increasing incidence of dengue cases highlights the need for comprehensive and sustained efforts to combat this disease. Through the implementation of effective prevention and control measures, such as public awareness campaigns, mosquito control strategies, and advancements in vaccine development, we can pave the way for a dengue-free Bangladesh. It is crucial to address the challenges and capitalize on the opportunities to strengthen dengue management and control. By embracing innovative strategies, enhancing surveillance systems, and fostering community engagement, we can collectively work towards a future where dengue no longer poses a threat to the health and well-being of the people in Bangladesh.

References

1. Heilman JM, De Wolff J, Beards GM, Basden BJ. *Dengue fever: a Wikipedia clinical review. Open Med.* 2014;8(4):e105-15.
2. Martins SDT, Silveira GF, Alves LR, Dos Santos CND, Bordignon J. *Dendritic Cell Apoptosis and the Pathogenesis of Dengue. Viruses.* 2012;4(11):2736-53.
3. Gubler DJ. *Dengue and dengue hemorrhagic fever. Clin Microbiol Rev.* 1998;11(3):480-96.
4. Gubler DJ. *Dengue, Urbanization and Globalization: The Unholy Trinity of the 21st Century. Trop Med Health.* 2011;39(4 Suppl):3-11.
5. Kayesh MEH, Khalil I, Kohara M, Tsukiyama-Kohara K. *Increasing Dengue Burden and Severe Dengue Risk in Bangladesh: An Overview. Trop Med Infect Dis.* 2023;8(1):32.
6. Kularatne SA, Dalugama C. *Dengue infection: Global importance, immunopathology and management. Clin Med (Lond).* 2022;22(1):9-13.
7. Hossain MS, Noman AA, Mamun SMAA, Mosabbir AA. *Twenty-two years of dengue outbreaks in Bangladesh: epidemiology, clinical spectrum, serotypes, and future disease risks. Trop Med Health.* 2023;51(1):37.
8. Bhowmik KK, Ferdous J, Baral PK, Islam MS. *Recent outbreak of dengue in Bangladesh: A threat to public health. Health Sci Rep.* 2023;6(4):e1210.
9. Kamal ASMM, Al-Montakim MN, Hasan MA, Mitu MMP, Gazi MY, Uddin MM, et al. *Relationship between Urban Environmental Components and Dengue Prevalence in Dhaka City-An Approach of Spatial Analysis of Satellite Remote Sensing, Hydro-Climatic, and Census Dengue Data. Int J Environ Res Public Health.* 2023;20(5):3858.
10. Ferdousi F, Yoshimatsu S, Ma E, Sohel N, Wagatsuma Y. *Identification of Essential Containers for Aedes Larval Breeding to Control Dengue in Dhaka, Bangladesh. Trop Med Health.* 2015;43(4):253-64.
11. Kolimenakis A, Heinz S, Wilson ML, Winkler V, Yakob L, Michaelakis A, et al. *The role of*

- urbanisation in the spread of *Aedes* mosquitoes and the diseases they transmit-A systematic review. *PLoS Negl Trop Dis*. 2021;15(9):e0009631.
12. Zerfu B, Kassa T, Legesse M. *Epidemiology, biology, pathogenesis, clinical manifestations, and diagnosis of dengue virus infection, and its trend in Ethiopia: a comprehensive literature review*. *Trop Med Health*. 2023;51(1):11.
 13. Soni S, Gill VJS, Anusheel, Singh J, Chhabra J, Gill GJS, Bakshi R. *Dengue, Chikungunya, and Zika: The Causes and Threats of Emerging and Re-emerging Arboviral Diseases*. *Cureus*. 2023;15(7):e41717.
 14. Andrew A, Navien TN, Yeoh TS, Citartan M, Mangantig E, Sum MSH, et al. *Diagnostic accuracy of serological tests for the diagnosis of Chikungunya virus infection: A systematic review and meta-analysis*. *PLoS Negl Trop Dis*. 2022;16(2):e0010152.
 15. Louten J. *Detection and Diagnosis of Viral Infections*. *Essential Human Virology*. 2016:111-32.
 16. Sa-NGasang A, Anantapreecha S, A-Nuegoonpipat A, Chanama S, Wibulwattanakit S, Pattanakul K, et al. *Specific IgM and IgG responses in primary and secondary dengue virus infections determined by enzyme-linked immunosorbent assay*. *Epidemiol Infect*. 2006;134(4):820-5.
 17. Palanichamy Kala M, St John AL, Rathore APS. *Dengue: Update on Clinically Relevant Therapeutic Strategies and Vaccines*. *Curr Treat Options Infect Dis*. 2023;15(2):27-52.
 18. Lum L, Ng CJ, Khoo EM. *Managing dengue fever in primary care: A practical approach*. *Malays Fam Physician*. 2014;9(2):2-10.
 19. Wong LP, Shakir SM, Atefi N, Abu Bakar S. *Factors affecting dengue prevention practices: nationwide survey of the Malaysian public*. *PLoS One*. 2015;10(4):e0122890.
 20. Hossain MI, Alam NE, Akter S, Suriea U, Aktar S, Shifat SK, et al. *Knowledge, awareness and preventive practices of dengue outbreak in Bangladesh: A countrywide study*. *PLoS One*. 2021;16(6):e0252852.
 21. Kayesh MEH, Khalil I, Kohara M, Tsukiyama-Kohara K. *Increasing Dengue Burden and Severe Dengue Risk in Bangladesh: An Overview*. *Trop Med Infect Dis*. 2023;8(1):32.
 22. Wilson AL, Dhiman RC, Kitron U, Scott TW, van den Berg H, Lindsay SW. *Benefit of insecticide-treated nets, curtains and screening on vector borne diseases, excluding malaria: a systematic review and meta-analysis*. *PLoS Negl Trop Dis*. 2014;8(10):e3228.
 23. Kabir KMA, Hagishima A, Tanimoto J. *Hypothetical assessment of efficiency, willingness-to-accept and willingness-to-pay for dengue vaccine and treatment: a contingent valuation survey in Bangladesh*. *Hum Vaccin Immunother*. 2021;17(3):773-84.
 24. Ali N. *The recent burden of dengue infection in Bangladesh: A serious public health issue*. *J Infect Public Health*. 2024;17(2):226-8.
 25. Mutsuddy P, Tahmina Jhora S, Shamsuzzaman AKM, Kaiser SMG, Khan MNA. *Dengue Situation in Bangladesh: An Epidemiological Shift in terms of Morbidity and Mortality*. *Can J Infect Dis Med Microbiol*. 2019;2019:3516284.
 26. Zahir A, Ullah A, Shah M, Mussawar A. *Community participation, dengue fever prevention and control practices in Swat, Pakistan*. *Int J MCH AIDS*. 2016;5(1):39-45.

27. Kayesh MEH, Khalil I, Kohara M, Tsukiyama-Kohara K. Increasing Dengue Burden and Severe Dengue Risk in Bangladesh: An Overview. *Trop Med Infect Dis.* 2023;8(1):32.
28. Haider N, Chang YM, Rahman M, Zumla A, Kock RA. Dengue outbreaks in Bangladesh: Historic epidemic patterns suggest earlier mosquito control intervention in the transmission season could reduce the monthly growth factor and extent of epidemics. *Curr Res Parasitol Vector Borne Dis.* 2021;1:100063.
29. Guillaume D, Meyer D, Waheed DE, Schlieff M, Muralidharan K, Chou VB, et al. Factors influencing the prioritization of vaccines by policymakers in low- and middle-income countries: a scoping review. *Health Policy Plan.* 2023;38(3):363-76.
30. Rahman MM, Islam ARMT, Khan SJ, Tanni KN, Roy T, Islam MR, et al. Dengue Fever Responses in Dhaka City, Bangladesh: A Cross-Sectional Survey. *Int J Public Health.* 2022;67:1604809.
31. Hasan MM, Sahito AM, Muzzamil M, Mohanan P, Islam Z, Billah MM, et al. Devastating dengue outbreak amidst COVID-19 pandemic in Bangladesh: an alarming situation. *Trop Med Health.* 2022;50(1):11.
32. Aguiar M, Anam V, Blyuss KB, Estadilla CDS, Guerrero BV, Knopoff D, et al. Mathematical models for dengue fever epidemiology: A 10-year systematic review. *Phys Life Rev.* 2022;40:65-92.
33. Olagunju EA. Is the presence of mosquitoes an indicator of poor environmental sanitation? *J Water Health.* 2023;21(3):385-401.
34. Schofield S, Plourde P; approved by CATMAT. Statement on Personal Protective Measures to Prevent Arthropod Bites: An Advisory Committee Statement (ACS) Committee to Advise on Tropical Medicine and Travel (CATMAT)†. *Can Commun Dis Rep.* 2012;38(ACS-3):1-18.