



बृहन्मुंबई महानगरपालिका  
सार्वजनिक आरोग्य खाते



# DENGUE

DENGUE is viral disease. Disease is transmitted from one person to other by bite of FEMALE AEADES AEGYPTI MOSQUITO. There are four types of DENGUE VIRUSES ( DEN V1, DEN V2, DEN V3 & DEN V4), DEN V2 & DEN V3 infection is common in Mumbai.

## DENGUE - CLASSICAL SYMPTOMS :

- Sudden onset fever (lasts 2 - 7 days)
- Frontal headache / Retro-orbital pain,
- Lumbosacral pain / Bone pain, Sever malaise / Myalgia
- Nausea / Vomiting / Anorexia

## LABORATORY FINDINGS:

- CBC - Leucopenia, Thrombocytopenia & Increased Haematocrit
- Positive Rapid test / ELISA / PCR
- Increased Serum Aminotransferase-

## DENGUE HAEMORRHAGIC FEVER:

### Criteria for identification of DHF:

- Fever or History of fever lasting for 2 - 7 days
- Haemorrhagic tendencies
  - ▶ Positive Tourniquet Test ▶ Petechiae, Ecchymosis, Purpura
  - ▶ Bleeding from mucosa, GIT - Haematemesis, Malena
- Thrombocytopenia ( $< 1,00,000 / \text{mm}^3$ )
- Plasma leakage
  - ▶ Rise in hematocrit  $> 20\%$
  - ▶ Pleural effusion, Ascitis, Hypoalbuminemia

**Management** No specific treatment., Patients are treated symptomatically.

- Bed Rest & Plenty of Oral Fluids
- Paracetamol to control fever **ASPIRIN / NSAIDS** to be avoided
- Report immediately if persistent vomiting, refusal of fluids / food, clinical deterioration or bleeding manifestations.
- Monitor Platelets / Haematocrit., Platelet transfusion is given as per recommendations by Specialists.

- In general there is no need to give prophylactic platelets even at  $<20,000 / \text{mm}^3$ .
- Prophylactic platelet transfusion may be given at level of  $<10,000 / \text{mm}^3$ . in absence of bleeding manifestations., Prolonged shock with coagulopathy & abnormal coagulogram.
- In case of massive bleeding, platelet transfusion is needed in addition to red cell transfusion even with a higher platelet count.
- **These are only broad guidelines, treating physician should consider the condition of the patient in totality & decide.**



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# LEPTOSPIROSIS

## INTRODUCTION :

It is a Zoonotic disease caused by spirochetes of the genus leptospira.

## INCUBATION PERIOD :

Symptoms can arise about two days to four weeks ( average 10 days) after exposure.

## RISK FACTORS INCLUDE :

- Occupational exposure - farmers, ranchers, slaughterhouse workers, trappers, veterinarians, loggers, sewer workers, rice field workers & military personnel.
- Recreational activities - fresh water swimming, canoeing, kayaking & trail biking in warm areas
- Household exposure - pet dogs, infected rodents domesticated livestock & rainwater catchment systems

## MODE OF TRANSMISSION :

- Leptospirosis is acquired through direct or indirect contact with urine of an infected animal. The spirochete most commonly enters through abrasions in the skin or through the conjunctiva.
- The principal source of infection in humans is the rat, although other sources include dogs, livestock, rodents & other wild animals.

## SYMPTOMS :

- Fever, Headache, Muscle pain, Nausea, Vomiting, Diarrhoea & Abdominal pain, the prognosis is generally good. However, a complicated case can be life-threatening if it is not treated promptly.

## TREATMENT : PROPHYLAXIS :

Cap. Doxy 200 mg stat for all those with h/o walking through water.  
High Risk population - Cap. Doxy 200 mg once a week for 6 weeks

## TREATMENT :

Presumptive treatment of fever cases with Chloroquine + DOXY CYCLINE

- Cap. Doxy 100 mg BD x 7 days plus Chloroquine - 4-4-2
- Children < 6 yrs - instead of Doxy CYCLINE-  
Syp Ampicillin / Amox - 30- 50mg/kg/day in 4 divided doses x7 days

Moderate / Severe / admitted cases -

- Inj Crystalline Penicillin - 20 Lac units IV 6 hrly x 7 days or
- Inj Ceftriaxone / Cefotaxim.