Subject: Urgent Instructions for Improved Reporting of Dengue Patients Data on the Dashboard

This is with reference to the proceedings of the meeting of the Provincial Cabinet Committee on Dengue held on 8th April 2019 and the communication made by the Additional Director (EP & C) office of the Director General Health Services (DGHS) Punjab on 21st March, 2019 whereby it has been noted that uploading of patients' data w.e.f 1st January 2019 to 21st March, 2019, especially from the private hospitals has been very low.

2. It is reiterated that all private hospitals/clinics entertaining patients suspected / suffering from Dengue; are advised to ensure compliance with the following guidelines:
   i. All private hospitals and clinics attending dengue patients are under legal obligation to communicate details of such patients on prescribed format to the Chief Executive Officer of the concerned District Health Authority / DGHS Punjab office and update the data on the CM Punjab Dengue Dashboard (http://dashboard.tracking.punjab.gov.pk/dengue-patients) regularly. The Focal Person Dengue/ Environment Manager, Irrigation Department Government of the Punjab has already provided usernames and passwords to all private hospitals for this purpose. Revised criteria for diagnosis of dengue fever is also attached (Annex-A).
   ii. All private hospitals and clinics in Punjab are required to implement the SOPs / guidelines issued by the Government of the Punjab in terms of the Punjab Prevention and Control of Dengue Regulations; The SOPs for Prevention & Control of Dengue, issued by Health Department, Government of Punjab and the Dengue GCP (Good Clinical Practice) Guidelines 2012, and as updated from time to time. The updated Algorithms given in the above quoted Guidelines is also available on the PHC website.
   iii. All private hospitals and clinics having indoor facilities for treating suspected or confirmed dengue patients must establish Dengue Counters as per the DEAG guidelines for facilitation of dengue patients. Further, all private hospitals having bed strength of 50+ have to establish high dependency units (HDUs) for providing treatment as per DEAG guidelines.
iv. All such facilities must ensure that their clinical staff is trained to treat / manage the suspected / confirmed Dengue patients as per the DEAG guidelines; and the trained staff is available in each shift (round the clock) to manage such patients during dengue season;

a. Six professionals (3 doctors and 3 nurses) must be trained from DEAG certified / notified training facility to treat such patients as per DEAG notified treatment guidelines.

b. Consultants must visit the Dengue Ward and HDUs at least twice daily.

3. The Punjab Healthcare Commission has placed the relevant reference material on the PHC website (www.phc.org.pk/downloads) for your convenience. In its capacity as a regulator for all healthcare establishments in the province (public and private), the Punjab Healthcare Commission (PHC) has formally advised you to implement the above stated recommendations in letter and spirit.

4. The compliance report of the above instructions may be communicated to the office of the Director General of Health Services (DGHS), Punjab and the Irrigation Department, Government of the Punjab. The PHC teams may undertake random inspection of the hospitals and clinics to assess implementation of the guidelines. In case you need any clarification in this regard, please contact Ms. Nosheen Fazal, Manager Environment, Irrigation Department/ Focal Person Dengue at 03311489787 and the office of DGHS, 24-Cooper Road Lahore (telephone 042-99201139-40).

5. Your full cooperation in this regard would be greatly helpful in effective Dengue Control in the province of Punjab.

CC:

1. The Secretary P&SHC Department, Lahore
2. The Additional Director (EP&C), DGHS office Punjab, Lahore
3. Dengue Focal Person/Manager Environment, Irrigation Department, 3-Canal Bank, Mughal-Pura, Lahore
Revised Criteria for Diagnosis of Dengue Fever
(Dengue fever during Rainy Season)

The revised criterion is being introduced by DEAG to supersede the previous diagnostic criteria during inter-epidemic period (from 27-11-2011 to date). Essentially the diagnostic criteria for suspected and probable cases will remain the same, only the criterion for confirmation of cases will be changed. Issuance of this criterion is considered essential in view of following points.

1. During any epidemic one need to make a criteria for diagnosis to minimize the false negative cases so that alert for epidemic can be generated in time.
2. This will also help in statistical analysis of the cases during epidemic.

The diagnostic criteria would be divided into 3 categories;

1. Suspected case of Dengue Fever
2. Probable case of Dengue Fever
3. Confirmed case of Dengue Fever

Following is the revised criteria for each segment.

1. Suspected Case – (Presence of 3 or more Clinical Criteria)

   Clinical Criteria:

   - Fever of 2 to 10 days duration (essential criterion) and two of the followings:
     - Headache
     - Retro orbital pain
     - Myalgia
     - Arthralgia/ severe backache/ bone pains
     - Rash
     - Bleeding manifestations (epistaxis, hematemesis, bloody stools, menorrhagia, hemoptysis)
     - Abdominal pain
     - Decreased urinary output despite adequate fluid intake
     - Irritability in infants
2. Probable Case — (Suspected Case with both Supportive Lab Evidence)

**Supportive Lab Evidence:**

- Thrombocytopenia = 100,000/mm$^3$
- Leukopenia = 4000/mm$^3$

3. Confirmed Case — (Probable case with any one of the three Confirmatory Evidence)

Confirmatory evidence of viral infection would therefore, be based on:

- Detection of viral antigen (NS1 antigen in blood)
  OR

- Detection of virus by PCR
  OR

- Detection of IgM
  OR

- Demonstration of ≥ 4 fold rise in IgG antibody titre in paired acute and convalescent serum

**Note:** Laboratory tests for IgM, IgG and NS-1 should be carried out by ELISA method using a kit which should cover all four strains of Dengue virus (DEN – 1, DEN-2, DEN3 and DEN-4)

**Issued by Dengue Expert Advisory Group (Punjab)**
**29.02.2014**