**Dengue mosquitos bite during the day and breed in clean, fresh water**

**New Delhi: 25th Augsut:** Dengue cases are on the rise, and everyone is rushing to find ways to protect him or herself from the disease. However what most people must remember while taking necessary precautions is that dengue mosquitos only bite during the day and breed in clean, fresh water. Often people remain unaware of these facts and protect themselves from bites during the nights by using mosquito nets and repellent creams. They also feel that they are the safest when in clean urban environments, not realizing that mosquitos could be breeding in the clean water filled bucket kept in their backyard.

Remaining in well–screened or air–conditioned buildings during the day can reduce the risk of exposure. When outside during the day, one should wear clothing that reduces the amount of exposed skin and use an effective mosquito repellent.

Speaking about the issue, Padma Shri Awardee **Dr KK Aggarwal**, President HCFI & Honorary Secretary General IMA said, “With the rising incidence of dengue in the city, it is extremely important that adequate precautions be taken against the disease. While dengue is only dangerous in 1% of the cases, dramatic plasma leakage can develop suddenly causing complications. Keeping this in mind, substantial attention must be placed upon the early identification of patients at higher risk of shock syndrome and other complications. Staying well hydrated is key for patients suffering from dengue.”

To prevent complications due to dramatic plasma leakage, the following clinical parameters must be kept in mind:

**Duration of illness:** The period of maximum risk for shock is between the third and seventh day of illness. This tends to coincide with the resolution of fever. Plasma leakage first becomes evident between 24 hours before and 24 hours after the fever is over.

**Alarm signs:** Severe abdominal pain, persistent vomiting, an abrupt change from fever to hypothermia, or abnormal mental status, such as disorientation, are noted in a minority of patients.

**Hematocrit:** An elevation of the hematocrit is an indication that plasma leakage has already occurred and that fluid repletion is urgently required.

**Platelet count:** Severe thrombocytopenia (<100,000/mm3) is one of the clinical criteria for dengue hemorrhagic fever and usually precedes overt plasma leakage

**Serum aspartate transaminase (SGOT):** Mild elevations in serum transaminases are common in both dengue fever and dengue hemorrhagic fever. However, levels are significantly higher in patients with dengue hemorrhagic fever and elevated SGOT levels are noted earlier in illness.

Patients with suspected dengue who do not have any of the above indicators can be safely managed as outpatients as long as close clinical observation is assured. They must regularly consume fluids as the dangers of dengue come with dehydration. Platelet transfusion is only needed when the counts are less than 10,000, and there is active bleeding. In all other scenarios, platelet transfusion is unnecessary and can cause more harm than good. Prevention of dengue is always better than cure since it is a painful illness.

**A patient should be hospitalized only when:**

* Blood pressure <90/60 mmHg
* Hematocrit >50 percent
* Evidence of bleeding other than petechiae