

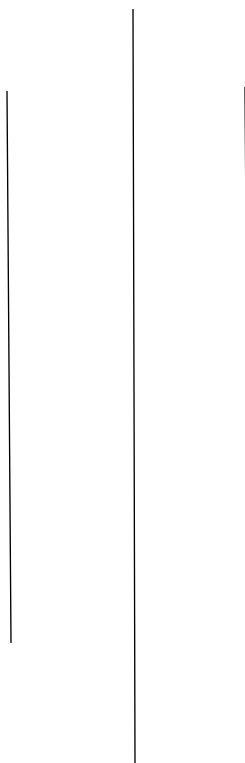
Community Level Program for Prevention and Control of Dengue Disease

Aurahi Rural municipality

Office of the Executive

Aurahi, Siraha

Madhesh Province



Reporter: Heard Nepal

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1. introduction

1.1. Brief Introduction of Dengue Disease:

Dengue is a mosquito-borne viral disease that has spread rapidly in recent years to all regions of the World Health Organization. Dengue virus is mainly transmitted by female mosquitoes of the *Aedes aegypti* species and to a lesser extent by *Ae. (albopictus)*. These mosquitoes are also carriers of chikungunya, yellow fever and Zika virus. Dengue is widespread throughout the tropics, with local differences in risk influenced by climatic parameters as well as social and environmental factors.

Dengue causes a broad spectrum of disease. It can range from subclinical disease (people may not even know they are infected) to severe flu-like symptoms. Although less common, some people develop severe dengue, which can lead to a number of complications related to severe bleeding, organ failure and/or plasma leakage. If severe dengue is not properly managed, the risk of death is high. Severe dengue was first identified in the 1950s during dengue epidemics in the Philippines and Thailand. Today, severe dengue affects most Asian and Latin American countries and is a leading cause of hospitalization and death among children and adults in these regions.

Dengue fever is caused by a virus of the Flaviviridae family and there are four different types and closely related, serotypes of the virus that causes dengue (DENV-1, DENV-2, DENV-3 and DENV-4). Recovery from infection is believed to confer lifelong immunity against that serotype. However, cross-immunity to other serotypes after recovery is only partial, and temporary. Subsequent infection with other serotypes (secondary infection) increases the risk of severe dengue.

Dengue has distinct epidemiological patterns, associated with four serotypes of the virus. These can co-transmit within a region, and in fact many countries are hyper-endemic for all four serotypes. Dengue has a devastating impact on human health and both global and national economies. DENV is often transported from place to place by infected travelers; When susceptible vectors are present in these new areas, local transmission is likely to be established.

Dengue has spread like an epidemic in Nepal. The country is experiencing an increase in cases from the week starting from August 8 to August 26. From January to September 28, 2022, a total of 28 thousand 909 suspected cases of dengue and 38 deaths due to dengue have been confirmed in all the seven provinces. The causative serotype(s) is unknown. This is the largest dengue outbreak in Nepal in terms of number of reported cases nationwide per year.

1.2 Description of Disaster:

From January 2022 to September 28, 2022, a total of 28,109 suspected and confirmed cases of dengue fever including 38 confirmed deaths (overall CFR 0.13%) were reported in 77 districts of Nepal. Bagmati Province, the second most populous province, has the highest number of infections (78.2%) and deaths (68.4%).

According to the Epidemiology and Disease Control Division (EDCD) of the Ministry of Health and Population, the highest number of cases in 2022 were in Kathmandu district (n=9528; 33.8%), Lalitpur (n=6548; 23.2%), and Makawanpur (n=2776, 9.8%).

Data on demographics were available for 23% of cases (n= 6734) of which 76% (5175/6734) were aged 15–59 years, and 54% were male (n=3637). As of 28 September, 38 deaths have been confirmed, with males aged 15-59 years and cases accounting for 55% (n=21) of each reported death. 39% (n=15) of the reported deaths are cases aged above 60 years.

Dengue cases increased from July with the rainy season, with most cases reported in September (83.6%; n=23 514).

This program has been implemented in partnership with the local government to prevent and control dengue disease completely by reducing the increasing cases and freeing the people from the disease to create a healthy village and society. In this program, there was direct cooperation and co-ordination of the rural municipality.

2. Objectives of the program:

- To conduct community awareness program for prevention and control of dengue disease in present situation and also orientation about malaria, kala-azar and related diseases.
- To conduct dengue awareness program at school children.
- TO conducting community spraying programs to eliminate mosquito habitats and nesting larvae.
- Building a healthy society and sustainability in pest control.

3. Program Procedure:

- Community awareness through orientation
- community spraying
- use of IEC/BCC materials

4. Detailed discussion and achievements of the program:

In order to save the life of people to the community from the painful situation of dengue disease, which is currently in Nepal and to prevent and control the disease, to raise awareness and the awakening as well as to prevent and control different types of insect diseases that appear according to the season, this program dates in collaboration and cooperation with the local government. It was operated from October 30, 2079 to October 25, 2079.

First of all, orientation program on Dengue, Malaria and Kala-azar was organized where various sectors were represented and more than 2500 participants (female/male) were present.

After the completion of the orientation program, an important program was conducted at the community level, which was to go to the village of the community and spray the possible habitats of mosquitoes and destroy the egg and larvae. For this work, a team of 17 people was formed, and a spray program was carried out in 5 wards of the rural municipality, from which it is estimated that more than 30,000 people and 4,800 households benefited directly. This program was completed with the cooperation coordination and collaboration of the representatives of the municipality, especially the health department, president, vice president, chief administrative officer, ward president, representatives of various political parties, local businessmen and intellectuals, and all other residents.

The spraying was done by the staff health Section, HEARD Nepal, and all the sprayers did the spraying according to the standards set by the government of Nepal by measuring the safety of PPE sets, masks, glasses, gloves etc.

5. Advice and Tips:

- Malaria, kala-azar, dengue, and other diseases affect specially in Terai area and cause damage to people's health and wealth, so the rural municipality should regularly implement its annual plan and budget for the control and prevention of such diseases.
- Regularly conduct community awareness programs and raise public awareness using various communication media about emerging disease.

- Assess the level of awareness of the community people by using government mechanisms and provide necessary support.

6. Results:

Therefore, this program has been completed by reassuring the community by doing different programs and believing that the people suffering from the fear of dengue disease can be prevented and controlled by different methods and media. Just as the government of Nepal is engaged in disease control and prevention, the whole community should also follow what they have learned, teach others what they know, properly dispose of waste, and change the acquired knowledge and behavior in order to protect themselves and their families and communities from the fear of disease. What can be saved is the essence of this program. In the future, it is seen that the local bodies will have to give priority to such programs and move forward.

7. Annex:





Thank you!