Dengue Integrated Management Strategy (IMS) in Guyana

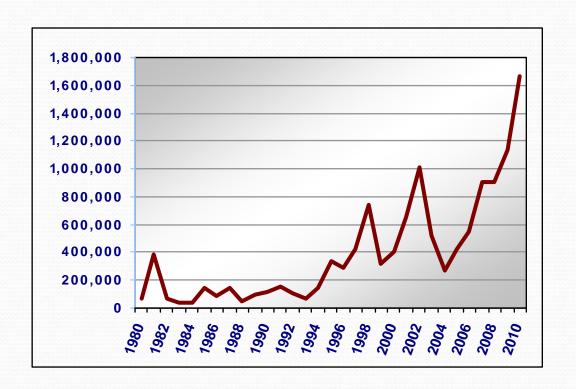


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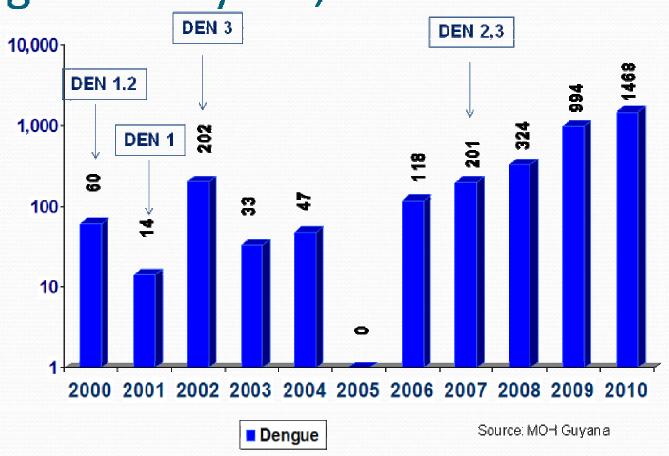
Background

- Dengue mosquito borne, Aedes aegypti, viral infection
- Annually millions of persons from tropical and sub tropical areas around the world are affected
- Over the last 35 years Dengue fever has spread throughout the Caribbean and Latin America with cyclical outbreaks.
- The last major outbreak occurred in 2010 with 1,662,296 cases reported and 1,193 deaths.

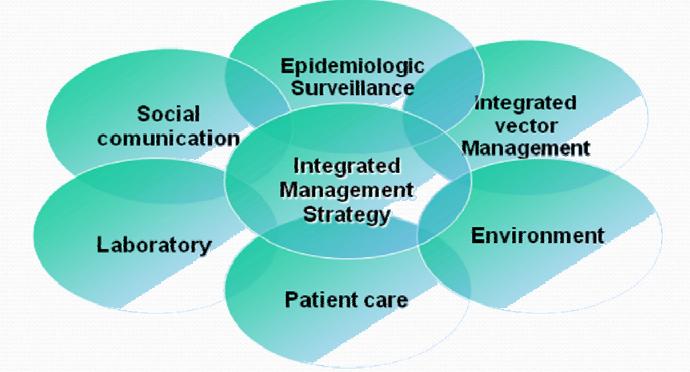
Dengue in the Americas



Dengue in Guyana, 2000 to 2010



Integrated Management Strategy



IMS-Dengue workshop in Guyana:

- <u>Participants:</u> government staff who work in surveillance, laboratory, environmental health, hospitals (MDs), communication experts
- <u>Facilitators</u>: experts from PAHO, CAREC, PANOFTOSA and other MOH staff with experience in dengue

IMS for Dengue: Procedure

- <u>Day 1</u>: Presentations on best practices by facilitators by area, strengths and weaknesses (SWOT) analysis in teams by area (lab, epi, communications, etc.)
- <u>Day 2 3</u>: Working group meetings by area to identify 1-4 Objectives, indicators, activities, timeline and cost for each item.
- <u>Day 4</u>: Each area presents their results to the group. Results compiled into 1 matrix or plan.
- <u>Day 5</u>: Plan presented to the entire group of attendees.

Strategic Plan - IMS for Dengue for Guyana

- Overall goal:
 - To reduce the social, economic and health impacts caused by dengue in Guyana
- Objectives, activities, task, timeline and responsible post for the focus areas:
 - Management
 - Epi/Surveillance
 - Vector Control (Integrated Vector Management)
 - Communication & Health Promotion
 - Case Management
 - Laboratory

Epidemiological Surveillance

- <u>Objective 1:</u> Establish epidemiological surveillance for timely alert and opportune response to outbreaks in Guyana
- <u>Objective 2:</u> Standardize common criteria for risk stratification in Guyana

Themes

Vector Control

 Objective: Integrated vector management for dengue prevention and control implemented to reduce vector populations

Communication and Health Promotion and Education

• <u>Objective</u>: A communications plan that takes into consideration social cultural factors and is based on epidemiological and entomological indicators

Themes

Case Management

• <u>Objective</u>: Reduce morbidity from severe dengue by 50% and maintain mortality from severe dengue at < 1% in Guyana

Management

• <u>Objective</u>: Reduce morbidity from severe dengue by 50% and maintain mortality from severe dengue at < 1% in Guyana.

Laboratory services



Laboratory

Results/Obje	ective	Indicators	Verification Sources	Assumptions / risks	
R6. To ensure the Laboratory capace strengthened to surveillance and investigations for public health acti	sity is support outbreak timely ions.	100% of regional laboratories, diagnostic centers and at least 5 district hospital laboratories report Dengue serological testing results monthly or more frequently according to the epidemiological situation, to the national laboratory. The National Laboratory performs 100% of confirmatory serological test. Two acute samples obtained from patients with undifferentiated fever will be analyzed weekly at the National Referral Laboratory for dengue identification. Quarterly reporting of the circulating serotype(s) in Guyana at CAREC- PAHO.	National guidelines for Dengue diagnosis and testing algorithm in Guyana. Laboratory reports through supervisory visits nationally on a quarterly basis	Human and financial resources Available. Changes in priorities. All monitoring sites should notify the central level if there is an increase in frequency of testing of undifferentiated fever.	

Results/objective	Activities
R6.To ensure that	R6A1 Development of national guidelines for dengue testing
Laboratory capacity is strengthened to support surveillance and	R6A2. Development of a national QA monitoring program for dengue testing
outbreak investigations for timely public health	R6A3. Establish a national courier system for transportation of specimens
actions.	R6A4. Implement a standardized laboratory recording and reporting system

		Execution period*		ution period*		Cost **	Comment
Activities	Task	S M L		L	Responsible	US\$	S
R6A1. Development	1. Review the				Laboratory		
of national	WHO	2 nd			Manager and		
guidelines for	guidelines for	Q			Director		
dengue testing	dengue	2011					
	diagnosis						
	2. Draft and	3 rd Q			Laboratory		
	share the	2011			Network		
	guidelines						
	within the						
	country's						
	laboratory						
	network.						
	3. Incorporate	3 rd &			Laboratory		
	comments	4 th Q			Manager and		
	and	2011			Director		
	recommendat						
	ions, pilot						
	and finalize						
	4. Disseminate	То			Laboratory	3,000	
	and train in	be			Manager and		
	the new	com			supporting		
	laboratory	plete			staff		
	guidelines.	d by					
		1st Q					
		2012			MOLLANDUDI	10.000	0 .
	5. Procure	3rd Q			MOH/NPHRL	10,000	Ongoing
	reagents and	2011					effort
	consumables						
	to target sites						
	6.	1 st			Laboratory		
	Implementati	and			Network		
	on of	2 nd					
	guidelines,	Q					
	monitoring	2012					
	and						
	evaluation of						
	diagnostic						
	system						

7.	Training and implementation of dengue typing by RT-PCR at National laboratory	3 rd and 4 th Q 2011		National Laboratory – PAHO/CDC	6,000	Will need international training, either in Puerto Rico (CDC) or organize Subregional training in Guyana
8.	Standardize and evaluate the use of dry blood spots for dengue typing by real time RT-PCR		1 st Q 201 2	Molecular Biology Lab-CDC	10,000	Ongoing across 2012

Questions?



Thank you!