

Rationale

From 1985 dengue fever has been a public threat in Lao PDR. Outbreaks of the disease were often found in 2-3 year intervals in populated cities where hygiene levels were low, water containers were left uncovered or carelessly discarded. From 2005 to 2010 dengue cases had been reported in the entire country.

In response, NEIDCO supported the coordination of dengue prevention and control efforts at the national and community levels of identified provinces.

Objectives

Technical assistance was provided to NEIDCO and Vientiane Capital Health Department to contribute to an ...

- ❑ Improved case management of DHF/DSS (at provincial and district level, including public and private sectors)
- ❑ Improved community-based vector control (at district and village level, involving local authorities and VHW (Village Health Workers))
- ❑ Improved surveillance, outbreak preparedness, investigation and response (central, provincial and district level, including a reference laboratory and a surveillance system for communicable diseases)



Materials and Methods

Developing dengue fever prevention messages and materials



Training of health workers and community volunteers to mobilize community participation to destroy the breeding grounds of mosquitoes



Re-orientation of media practitioners about symptoms, danger and prevention of dengue fever



Orientation of HR managers and workers in 30 factories in Vientiane



Training of 66 hospital staff on clinical management of dengue fever in main hospitals in Vientiane Capital, Savannakhet, Champasack,



Results

Supportive media



Trained hospital staff gained confidence in handling case management of dengue fever, dengue hemorrhagic fever, (DHF) and dengue shock syndrome (DSS).

Data from NCLE shows a sharp decline in dengue cases in 2011, compared to 2010.

Year	Number of cases until week 26	Number of cases (Total Year)	Number of deaths
2006	1,495	6,904	6
2007	1,460	5,896	17
2008	1,537	4,328	22
2009	1,733	7,810	19
2010	4,397	22,912	46
2011	901		3

Conclusions

Dengue control requires a high level of sustained government and public commitment, strengthening of the public health infrastructure, collaboration and community mobilization.

Continuing training and upgrading the knowledge of health staff must be given priority; they should be encouraged to read medical research journals and keep themselves abreast with new developments in clinical management.

Community mobilization should be sustained engaging households and other community networks.

Communication materials should always be ready before any campaign.

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