

LEARNING THE HARD WAY, DENGUE EPIDEMIC 2019.

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1 INTRODUCTION

"The job of each generation is to solve more problems than they create and to lift up the next generation to be better than the last. Repeating the past does neither."

~ LR Knost

Dengue is an emergent pandemic viral illness[[1, 2]]. Pakistan has witnessed Dengue epidemic since 1994[[3, 4]]. However this time in 2019, 11941 patients with dengue infection reported to Rawalpindi Medical University (RMU) Allied Hospitals[[5]]. This number is much more than the incidence reported before in previous epidemics.

During the start of epidemic almost 18000 patients with suspected dengue reported to RMU and more than 12000 were admitted. To handle this burden, emergency was declared at RMU.

2 TEAM TACTICS

The medical department was roped-in to tackle the influx of patients. Initially, we had thought that the extent of our duties would be to manage, treat and give consultation to patients diagnosed with dengue. However, working in an epidemic demands much more than this. As the toll of affected patients was increasing, so was the number of new doctors being inducted from the public and private sector, irrespective of their parent field of interest. Teams were formed and they had to work overtime, with 24 hours OPD service. In the beginning, most of the doctors coming from different specialties were perplexed, but we all learnt though, that to manage an epidemic, it is not only specialists of that particular disease that are needed, but also a dynamic team approach.

We had access to all the management guidelines and algorithms as well as trained paramedical staff to deal solely with dengue patients, so treatment and medical support were covered. The crucial factor in tackling this fraught situation was how to ensure that the team would work effi-

ciently and effectively.

Apart from the dengue infection management team, we had many new doctors, paramedical staff, students and volunteers coming to this hospital. Many private sector hospital sent their doctors for short period of training from other parts of the country and the core team always welcomed them. While they were thrust into a new and tense situation, they were able to adapt and get into the swing of things. This was because we had a very strict data collection and processing system throughout this epidemic.

3 THE STELLAR SENIORS

The senior staff proved invaluable – their round-the-clock reassuring presence as well as experience with difficult patients eased an overwrought atmosphere. Indeed, several personalities were authorities and whole systems themselves.

Motivation began to falter as the epidemic wore on. Two months into this battle, those on the frontlines began to display signs of exhaustion, irritability and stress. Although no mishap occurred in patient management, it was evident that the morale of the paramedics and doctors was flagging. The work was becoming monotonous and it seemed as though the epidemic showed no sign of abating. Once again, the seniors delivered in reviving spirits – each and every one of them selflessly ensured availability throughout the epidemic any day, anytime.

4 LESSONS LEARNT

Finally, we managed to breathe a collective sigh of relief when admissions began to decline. With the change in weather, increased efforts on the part of the government in containing mosquito breeding grounds as well as population education, it seemed as if the epidemic was under control.

It was heartening to note that we had not only competently and compassionately managed the patients, but also methodically trained paramedics and doctors from the periphery about the guidelines and management of dengue outbreaks. The government, local bodies, hospital authorities all were on one page in traversing this time of tribulation. This silver lining helped us to brighter days.

We need to step up preventive measures such as environmental management strategies that eliminate mosquito breeding grounds, local awareness programmes as well as employing sprays earlier in the season. At tertiary hospital level, we need more resources for data management and analysis. Let us not rest on our laurels, for the threat of another outbreak is always lurking.

REFERENCES

- [1] Chen D. A survey of clinical and laboratory characteristics of dengue fever epidemic from. *Ann Palliat Med.* 2014;2020(1):70–81.
- [2] Pandey BD, Costello A. The dengue epidemic and climate change in Nepal. *The Lancet.* 2019;394(10215):2150–2151. Available from: [https://dx.doi.org/10.1016/s0140-6736\(19\)32689-3](https://dx.doi.org/10.1016/s0140-6736(19)32689-3).
- [3] Saba S. Clinical Profiles of Dengue Fever Patients, during an Outbreak. *J Arthropod Borne Dis.* 2019;13(2):126–134.
- [4] Rana MS. Prevention and control of escalating dengue epidemics in Pakistan. *J Med Virol.* 2019;.
- [5] Haroon M. Dengue Outbreak in Peshawar: Clinical Features and Laboratory Markers of Dengue Virus Infection. *J Infect Public Health.* 2019;12(2):258–262.