Annexure

ANNEXURE

ANNEX 1: LABORATORY INVESTIGATION FORM FOR DENGUE INFECTION

Hospital / Clinic / Practice:	_ Registration
no:	
Name of the patient:	Age:
Sex:	
Date of admission/consultation:	Date of
onset:	
Suspected diagnosis:	
Clinical findings:	
1. Fever:Days	
2. Petechiae Epistaxis Melena	
Other blooding.	
Other bleeding:	
3. Tourniquet test: 4. Shock: ———————————————————————————————————	
i. onock.	
Specimen Date of Collection Result of	serology
Critical Phase	
Convalescent phase	
LaboratoryDiagnosis:	
Signature:	
Date:	

ANNEX 2: HANDOUT FOR PATIENT WITH DENGUE FEVER

(Important information to be given to the patients or family members of outpatients with suspected dengue fever *It's better and appropriate to translate in local dialect these instructions for good understanding by the people in a given community or area.*)

Your child or family member probably has dengue fever. Since this disease can rapidly become very serious and may lead to medical emergency, it is important for you to carefully watch your child or relative for the next few days. The complications associated with dengue fever usually appear between the third and fifth days of illness. You should therefore watch the patient for two days after the fever disappears.

"WHAT SHOULD YOU DO?"

Keep body temperature below 39°C. Give the patient paracetamol (not more than four times in 24 hours) as per the dose prescribed below:

Age up to 12	Per Dose	
Years	(Syrup 1 TSF=120 mg)	Dose: 15
< 1 Year	1-1.5 TSF	mg/kg/dose 6
1 - 4 Years	1.5- 2 TSF	hourly after food
≥5 Years	2-2.5 TSF	

"Don't give Aspirin or any analgesic and antipyretics other than paracetamol"

Give large amount of fluids (water, soups, milk and juices) along with patient's normal diet. The patient should rest. Immediately consult your physician if any of the following manifestations appear: Red spots or points on skin; bleeding from nose or gums; frequent vomiting; vomiting with blood; black stools; sleepiness; constant crying; abdominal pain; excessive thirst; pale, cold or clammy skin; or difficulty in breathing.

If you encounter such a situation

ANNEX 3: HANDOUT FOR PATIENT WITH DENGUE FEVER (BENGALI)

সংযুক্তি

(ডেম্বু জুর সন্দেহ হলে রোগীকে অথবা রোগীর পরিবারের সদস্যদেরকে কিছু প্রয়োজনীয় তথ্য প্রদান করতে হবে)

ডেম্ব রোগীর জন্য প্রয়োজনীয় তথ্যঃ

আপনার রোগী খুব সম্ভবত ডেঙ্গু জ্বরে আক্রাম্ত্ম। আপনার রোগীকে সতর্কতার সাথে লড়্চ্য্য রাখা প্রয়োজন কারণ পরবর্তী কয়েকদিনের মধ্যে ডেঙ্গু রোগ দ্রমত জটিল আকার ধারন করতে পারে। এই রোগের জটিলতা সাধারনত তিন থেকে পাঁচ দিনের মধ্যে দেখা দেয়। কাজেই আপনার রোগীকে জুর সেরে যাওয়ার পর পরবর্তী দুই দিন খুব ভালভাবে লড়্চ্য রাখতে হবে।

ডেঙ্গু জ্বর হলে অথ্যাবশ্যকীয় কর্তব্যঃ

১। শরীরের তাপমাত্রা অবশ্যই ৩৯° সেন্টিগ্রেড বা ১০২° ফাররেনহাইট এর নীচে রাখতে হবে। এ জন্য শুধুমাত্র ট্যাবলেট/সিরাপ প্যারাসিটামল খাওয়াতে হবে (দিনে ৪ বারের বেশী নয়)

প্যারাসিটামল খাওয়ার হিসাব নিম্নে দেওয়া হলো ঃ

১২ বৎসরের নীচে শিশু	প্রতি ডোজ/মাত্রা/সিরাপ (১চামচ-১২০ মিঃ)	পূর্ণ বয়স্কদের জন্য
১ বৎসরে	১-১ <u>২</u> চা চামচ	
১-৪ বৎসরে	১- <u>২</u> ২ চা চামচ	মাত্রাঃ ১৫ মিঃ গ্রাম/কেজি/মাত্রা ৬ ঘন্টা পর পর খাওয়ার পর
৫ বৎসরে	২-২ <u>২</u> চা চামচ	

- ২। কোন অবস্থাতেই প্যারাসিটামল ব্যতিত এসপিরিন বা ব্যাথানাশক এবং জ্রনাশক বডি বা সিরাপ খাওয়া যাবে না।
- ৩। রোগীকে স্বাভাবিক খাবারের সাথে প্রচুর পরিমাণে তরল খাবার (পানি, সুপ, দুধ বা ফলের রস ইত্যাদি) খাওয়াতে হবে।
- 8। রোগীকে পূর্ণ বিশ্রামে রাখতে হবে।
- ৫। নিম্নোক্ত কোন সমস্যা দেখা দিলে অতিদ্রম্নত চিকিৎসকের কাছে যেতে হবে ঃ চামড়ায় লাল দানা, নাক বা দাঁতের মাড়ি দিয়ে রক্তপড়া, বারে বারে বমি, রক্ত বমি, কালো পায়খানা, ঘুম ঘুম ভাব, অনবরত কান্না, পেটে ব্যাথা, অত্যাধিক পানি পিপাসা, ফ্যাকাসে ভাব ও ঠাভা তুক বা শ্বাস কষ্ট।
- ৬। যদি এই সব সমস্য দেখা যায় তবে সাথে সাথে নিকটস্থ চিকিৎসক এর পরামর্শ নিন। তা না হলে রোগীর মারাক্তক জটিলতা দেখা দিতে পারে।

ANNEX 4

Normal Blood Pressure by Age (mm Hg)												
Age	Systolic Pressure	Diastolic Pressure	Systolic Hypotension									
Birth (12, <1000g)	39-59	16-36	<40-50									
Birth (12 h, 3 kg)	60-76	31-45	<50									
Neonate (96 h)	67-84	35-53	<60									
Infant (1-12 mon)	72-104	37-56	<70									
Toddler (1-2 y)	86-106	42-63	<70+ (age in year x 2)									
Preschool (3-5 y)	89-112	46-72	<70+ (age in year x 2)									
School-Age (6-11 y)	97-115	57-76	<70+ (age in year x 2)									
Preadolescent (10-11 y)	102-120	61-80	<90									
Adolescent (12-15 y)	110-131	64-83	<90									

Table - 3: Normal Blood Pressure in Children

Recommended Size of BP cuffs are also different in children:

Using a wrong sized Blood Pressure Cuff can affect accuracy up to 30 mmHg. Adults (by arm circumference)

22 to 26 cm	12 × 22 cm (small adult)
27 to 34 cm	16 × 30 cm (adult)
35 to 44 cm	16 × 36 cm (large adult)
45 to 52 cm	16×42 cm (adult thigh)

Children (by age)

Newborns and premature infants	$4 \times 8 \text{ cm}$
Infants	6 × 12 cm
Older children	9 × 18 cm

Pulse Pressure

- It is the difference between systolic and diastolic blood pressure
- A pulse pressure is considered abnormally low if it is less than 25% of the systolic value or less than 20 mmHg

ANNEX 5: CALCULATION OF IDEAL BODY WEIGHT

Calculation of Ideal Body Weight

- Best Method
- Weight for age using a growth chart (50th centile)
- In an emergency situation use these formulae

Weight for height using a growth chart (50th centile) -

Note: Actual body weight is taken for calculation of fluid requirement if it is lower than the IBW

Annex 6: Indication & preparing patient or family members for possible requirement

Indications for whole blood

- 1. Hemoglobin level \leq 5 gm %
- 2. Significant bleeding > 10% of total blood volume (TBV). TBV of body is 80 ml/kg.
- 3. Concealed bleeding manifested by HcT drop and unstable vital signs in spite of adequate volume replacement.

Dose of whole fresh blood: 10 ml/kg/dose at a time.

Indication for platelet concentrate

It has been observed that there is very limited role of platelet transfusion. In most of the situation fresh whole blood transfusion is sufficient. However, it may be required in some special situation. The indication of which may be as follows:

- 1. Very severe Thrombocytopania who need urgent surgery
- 2. Clinical judgement of the treating physician

If platelet concentrate is not available fresh whole blood may be transfused as per guidelines given under DHF management.

Preparing patient or Family members for Blood Transfusion

- Alert: Tell the patient or family member that a possible transfusion may require when you find that platelet count is < 100,000 /mm³ or there are bleedings.
- **Attention:** Tell the patient or family members to contact blood donors to remain in attention that at any moment onward blood may be required at short notice when you find that platelet count is < 10000 /mm³ or there are progressive unstable vital signs.
- **Collection:** Tell the patient or family members to collect blood, which may in all possibility, will be required at any moment when you found that platelet count is ≤ 5,000 /mm³ or there is dropping of HcT and unstable vital signs despite adequate volume replacement.

ANNEX 7: DF/DHF HOSPITAL FLOW SHEETS

DF/DHF HOSPITAL FLOW SHEETS

Hospi	tal:						Ward:_		B	ed:				
Unit: _			_ Date	of A	Admis	ssion:	_	_ _						
Name	:						Age:_		Sex	: 🗆 Ma	le □	Fema	ale	
BASE	LINE	PARAMI	ETER											
Hct:_ Platel WBC:_	Body Weight: Hct: Hb: Platelet: WBC:				D=	 	Date _ Day illnes T Tes	of a	□ Patient Group A					
1	L SIGN Time	S MON	1			1		Troot	mont	Cur	Symptoms		Domark	
Date	TIME	Puise	e BP	1	emp	Res	Hct	Treat	ment	Syn	прис	oms	Remark s	
Pulse:	F = Fu	 ull / M =	Moder	ate	/ R =	Rapio	d / N =	Not pal	pable					
				ΙV	' Infu	sion /	Tran:	sfusion	Log					
Date	е	Type o	f Fluid			art me		Rate /Min		nd me	Т	otal	Note	
					Fl	uid Ba	alance	Chart						
				tak	e				Outp	ut				
Date	Date Time Oral		SC/ IM/IV		2	otal 24 ours	Uri ne	Vomi Suctio	· .	Invisi ble			Balanc e	
					-				-					
									+					
Doctor	r.				1	M	irco							

Annex 8 Dengue Reporting Form for Practitioner

[dd/mm/yy]

DENGUE REPORTING FORM FOR PRACTITIONER (Photocopy & Use) From: Staple after folding To **POSTAGE** Staple after folding Civil Surgeon **PATIENT** Name:|_|_|_| | Sex: | Male | Female Guardian: **DIAGNOSIS** □ Patient Group A □ Patient Group B □ Patient Group C OUTCOME □ Recovered □ Referred □ Death □ Not known [Put √in appropriate box] Second fold here up Date of first Attendance / Admission: |_|_|_|_| [dd/mm/yy] Date of outcome: |_|_|_|_| [If known] [dd/mm/yy] Signature: Position: |_|_|_|_|_| Date: |_|_|_|_|

ANNEX 9: DENGUE REPORTING FORM FOR HOSPITAL /CLINIC

DENGUE REPORTING FORM FOR HOSPITAL/CLINIC (Photocopy & Use)

From: Dr				_					
						То		Post	AGE
						C: :1			
	_					Civil			
						Surgeon_			
First fold he	re dow	y n Seo	cond fold o	at nevt a	rrow ma	rks un			
Re	port se	rial no	: _ _ _	Date: _	_ _ _ _	_ _ [dd/	mm/yy]		
Name of Hos	pital/C	linic:							
Address:									
Date of Re	eport: _ _	_ _	_ _ _			Date	of Report	Beginr	ning:
	[dd/n	nm/yy]					[dc	l/mm/yy]	
Patient Category		in last	Deaths	Cumulat begin Deaths of rep			Total Outcome		
	OPD	IPD	in last 24 hours	Total Cases	Total Deaths	pr A ent admitted	Recovered & Discharged	Death s	DORB / Referred Not
									known
Group A									
Group B									
Group C									
Signatud Total					_				
Full name: _ _	_ _ _	_ _ _	_ _ _ _	_ _ _ _	_ _ _	.			
Position: _ _ _	. _ _ _	_ _ _	_ _ _ _	_ _ _	_ _ _				
Date: _ _ _	[dd/	/mm/vv							

ANNEX 10: BLOOD PRESSURE TABLES FOR BOYS AND GIRLS BY AGE AND HEIGHT PERCENTILE

TABLE 3. BP Levels for Boys by Age and Height Percentile

Age, y	BP Percentile			S	BP, mm	Hg			DBP, mm Hg							
				Perce	entile of	Height					Perce	entile of	Height			
		5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95tl	
1	50th 90th	80	81	83 97	85 99	87	88	89	34	35	36	37	38	39	39	
	95th	94 98	95 99	101	103	100 104	102 106	103 106	49 54	50 54	51 55	52 56	53 57 65	53 58	54 58	
2	99th 50th	105	106 85	108	110	112 90	113 92	92	61	62 40	63	64 42	43	66	66 44	
2	90th	97	99	100	102	104	105	106	54	55	56	57	58	58	59	
	95th 99th	101 109	102 110	104 111	106 113	108 115	109 117	110 117	59 66	59 67	60 68	61 69	62 70	63 71	63 71	
3	50th	86	87	89	91	93	94	95	44	44	45	46	47	48	48	
	90th 95th	100 104	101 105	103 107	105 109	107 110	108 112	109 113	59 63	59 63	60 64	61 65	62 66	63 67	63 67 75	
	99th	111	112	114	116	118	119	120	71	71	72	73	74	75		
4	50th 90th	88 102	89 103	91 105	93 107	95 109	96 110	97 111	47 62	48 63	49 64	50 65	51 66	51 66	52 67	
	95th 99th	106 113	107 114	109 116	111 118	112 120	114 121	115 122	66 74	67 75	68 76	69 77	70 78	71 78	71 79	
5	50th	90	91	93	95	96	98	98	50	51	52	53	54	55	55	
	90th 95th	104 108	105 109	106 110	108 112	110 114	111 115	112 116	65 69	66 70	67 71	68 72	69 73	69 74	70 74	
	99th	115	116	118	120	121	123	123	77	78	79	80	81	81	82	
6	50th 90th	91 105	92 106	94 108	96 110	98 111	99 113	100 113	53 68	53 68	54 69	55 70	56 71	57 72	57 72	
	95th 99th	109 116	110 117	112 119	114 121	115 123	117 124	117 125	72 80	72 80	73 81	74 82	75 83	76 84	76 84	
7	50th	92	94	95	97	99	100	101	55	55	56	57	58	59	59	
,	90th	106 110	107 111	109 113	111	113 117	114 118	115 119	70 74	70	71 75	72 76	73 77	74 78	74 78	
	95th 99th	117	118	120	115 122	124	125	126	82	74 82	83	84	85	86	86	
8	50th 90th	94 107	95 109	97 110	99 112	100 114	102 115	102 116	56 71	57 72	58 72	59 73	60 74	60 75	61 76	
	95th	111	112	114	116	118	119	120	75	76	72 77	78	79	79	80	
9	99th 50th	119 95	120 96	122 98	123	125	127	127	83 57	84 58	85 59	86 60	87 61	87 61	88	
9	90th	109	110	112	114	115	117	118	72	73	74	75	76	76	62 77	
	95th 99th	113 120	114 121	116 123	118 125	119 127	121 128	121 129	76 84	77 85	78 86	79 87	80 88	81 88	81 89	
10	50th	97	98	100	102	103	105	106	58	59	60	61	61	62	63	
	90th 95th	111 115	112 116	114 117	115 119	117 121	119 122	119 123	73 77	73 78	74 79	75 80	76 81	77 81	78 82	
	99th	122	123	125	127	128	130	130	85	86	86	88	88	89	90	
11	50th 90th	99 113	100 114	102 115	104 117	105 119	107 120	107 121	59 74	59 74	60 75	61 76	62 77	63 78	63 78	
	95th 99th	117 124	118 125	119 127	121 129	123 130	124 132	125 132	78 86	78 86	79 87	80 88	81 89	82 90	82 90	
12	50th	101	102	104	106	108	109	110	59	60	61	62	63	63	64	
	90th 95th	115 119	116 120	118 122	120 123	121 125	123 127	123 127	74 78	75 79	75 80	76 81	77 82	78 82	79 83	
	99th	126	127	129	131	133	134	135	86	87	88	89	90	90	91	
13	50th 90th	104 117	105 118	106 120	108 122	110 124	111 125	112 126	60 75	60 75	61 76	62 77	63 78	64 79	64 79	
	95th 99th	121 128	122 130	124 131	126 133	128 135	129 136	130 137	75 79 87	75 79 87	80 88	81 89	82 90	83 91	83 91	
14	50th	106	107	109	111	113	114	115	60	61		63	64		65	
1.1	90th 95th	120 124	121 125	123 127	125 128	126 130	128 132	128 132	75 80	76 80	62 77 81	78 82	79 83	65 79 84	80	
	99th	131	132	134	136	138	139	140	87	88	89	90	91	92	92	
15	50th	109	110	112	113	115	117	117	61	62	63	64	65	66	66	
	90th 95th	122 126	124 127	125 129	127 131	129 133	130 134	131 135	76 81	77 81	78 82	79 83	80 84	80 85	81 85	
1.6	99th	134	135	136	138	140	142 119	142	88	89	90	91	92	93	93	
16	50th 90th	111 125	112 126	114 128	116 130	118 131	133	120 134	63 78	63 78	64 79	65 80	66 81	67 82	67 82	
	95th 99th	129 136	130 137	132 139	134 141	135 143	137 144	137 145	82 90	83 90	83 91	84 92	85 93	86 94	87 94	
17	50th	114	115	116	118	120	121	122	65	66	66	67	68	69	70	
	90th 95th	127 131	128 132	130 134	132 136	134 138	135 139	136 140	80 84	80 85	81 86	82 87	83 87	84 88	84 89	
	99th	139	140	141	143	145	146	147	92	93	93	94	87 95	96	97	

The 90th percentile is 1.28 SD, the 95th percentile is 1.645 SD, and the 99th percentile is 2.326 SD over the mean. For research purposes, the SDs in Table B1 allow one to compute BP Z scores and percentiles for boys with height percentiles given in Table 3 (ie, the 5th, 10th, 25th, 50th, 75th, 90th, and 95th percentiles). These height percentiles must be converted to height Z scores given by: 5% = -1.645; 10% = -1.28; 25% = -0.68; 50% = 0; 75% = 0.68; 90% = 1.28; and 95% = 1.645, and then computed according to the methodology in steps 2 through 4 described in Appendix B. For children with height percentiles other than these, follow steps 1 through 4 as described in Appendix B.

TABLE 4. BP Levels for Girls by Age and Height Percentile

Age, y	BP Percentile			S	BP, mm	Hg				DBP, mm Hg								
				Perce	entile of	No. Color Color				Perce	ntile of l	Height						
		5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th			
1	50th 90th 95th	83 97 100	84 97 101	85 98 102	86 100 104	101 105	102 106	90 103 107	38 52 56	39 53 57	39 53 57	40 54 58	41 55 59	41 55 59	42 56 60			
	99th	108	108	109	111			114	64	64	65	65	66	67	67			
2	50th 90th 95th 99th	85 98 102 109	85 99 103 110	87 100 104 111	88 101 105 112	103 107	104 108	91 105 109 116	43 57 61 69	44 58 62 69	44 58 62 70	45 59 63 70	46 60 64 71	46 61 65 72	47 61 65 72			
3	50th 90th 95th 99th	86 100 104 111	87 100 104 111	88 102 105 113	89 103 107 114	104	106 109	93 106 110 117	47 61 65 73	48 62 66 73	48 62 66 74	49 63 67 74	50 64 68 75	50 64 68 76	51 65 69 76			
4	50th 90th 95th 99th	88 101 105 112	88 102 106 113	90 103 107 114	91 104 108 115	106 110	107 111	94 108 112 119	50 64 68 76	50 64 68 76	51 65 69 76	52 66 70 77	52 67 71 78	53 67 71 79	54 68 72 79			
5	50th 90th 95th 99th	89 103 107 114	90 103 107 114	91 105 108 116	93 106 110 117	107 111	109 112	96 109 113 120	52 66 70 78	53 67 71 78	53 67 71 79	54 68 72 79	55 69 73 80	55 69 73 81	56 70 74 81			
6	50th 90th 95th 99th	91 104 108 115	92 105 109 116	93 106 110 117	94 108 111 119	109 113	110 114	98 111 115 122	54 68 72 80	54 68 72 80	55 69 73 80	56 70 74 81	56 70 74 82	57 71 75 83	58 72 76 83			
7	50th 90th 95th 99th	93 106 110 117	93 107 111 118	95 108 112 119	96 109 113 120	111 115	112 116	99 113 116 124	55 69 73 81	56 70 74 81	56 70 74 82	57 71 75 82	58 72 76 83	58 72 76 84	59 73 77 84			
8	50th 90th 95th 99th	95 108 112 119	95 109 112 120	96 110 114 121	98 111 115 122	113 116	114 118	101 114 118 125	57 71 75 82	57 71 75 82	57 71 75 83	58 72 76 83	59 73 77 84	60 74 78 85	60 74 78 86			
9	50th 90th 95th 99th	96 110 114 121	97 110 114 121	98 112 115 123	100 113 117 124	114 118	116 119	103 116 120 127	58 72 76 83	58 72 76 83	58 72 76 84	59 73 77 84	60 74 78 85	61 75 79 86	61 75 79 87			
10	50th 90th 95th 99th	98 112 116 123	99 112 116 123	100 114 117 125	102 115 119 126	116 120	118 121	105 118 122 129	59 73 77 84	59 73 77 84	59 73 77 85	60 74 78 86	61 75 79 86	62 76 80 87	62 76 80 88			
11	50th 90th 95th 99th	100 114 118 125	101 114 118 125	102 116 119 126	103 117 121 128	118 122	119 123	107 120 124 131	60 74 78 85	60 74 78 85	60 74 78 86	61 75 79 87	62 76 80 87	63 77 81 88	63 77 81 89			
12	50th 90th 95th 99th	102 116 119 127	103 116 120 127	104 117 121 128	105 119 123 130	120 124	121 125	109 122 126 133	61 75 79 86	61 75 79 86	61 75 79 87	62 76 80 88	63 77 81 88	64 78 82 89	64 78 82 90			
13	50th 90th 95th 99th	104 117 121 128	105 118 122 129	106 119 123 130	107 121 124 132	122	123	110 124 128 135	62 76 80 87	62 76 80 87	62 76 80 88	63 77 81 89	64 78 82 89	65 79 83 90	65 79 83 91			
14	50th 90th 95th 99th	106 119 123 130	106 120 123 131	107 121 125 132	109 122 126 133	124 127	125 129	112 125 129 136	63 77 81 88	63 77 81 88	63 77 81 89	64 78 82 90	65 79 83 90	66 80 84 91	66 80 84 92			
15	50th 90th 95th 99th	107 120 124 131	108 121 125 132	109 122 126 133	110 123 127 134	111 125 129 136	113 126 130 137	113 127 131 138	64 78 82 89	64 78 82 89	64 78 82 90	65 79 83 91	66 80 84 91	67 81 85 92	67 81 85 93			
16	50th 90th 95th 99th	108 121 125 132	108 122 126 133	110 123 127 134	111 124 128 135	112 126 130 137	114 127 131 138	114 128 132 139	64 78 82 90	64 78 82 90	65 79 83 90	66 80 84 91	66 81 85 92	67 81 85 93	68 82 86 93			
17	50th 90th 95th 99th	108 122 125 133	109 122 126 133	110 123 127 134	111 125 129 136	113 126 130 137	114 127 131 138	115 128 132 139	64 78 82 90	65 79 83 90	65 79 83 91	66 80 84 91	67 81 85 92	67 81 85 93	68 82 86 93			

^{*} The 90th percentile is 1.28 SD, the 95th percentile is 1.645 SD, and the 99th percentile is 2.326 SD over the mean. For research purposes, the SDs in Table B1 allow one to compute BP Z scores and percentiles for girls with height percentiles given in Table 4 (ie, the 5th, 10th, 25th, 50th, 75th, 90th, and 95th percentiles). These height percentiles must be converted to height Z scores given by: 5% = -1.645; 10% = -1.28; 25% = -0.68; 50% = 0; 75% = 0.68; 90% = 1.28; and 95% = 1.645 and then computed according to the methodology in steps 2 through 4 described in Appendix B. For children with height percentiles other than these, follow steps 1 through 4 as described in Appendix B.

Annex 11: Further Reading & Reference

Further Reading & Reference

- Monograph on Dengue/DHF, WHO Regional Publication No 22, WHO/SEARO, New Delhi, 1993
- 2. Dengue and Dengue Hemorrhagic Fever, Edited by D J Gublar and G Kuno, Published by CAB International, 1997
- 3. Pathophysiology of dengue infection Dengue: Review article, Simmons CP, Jeremy J. Farrar JJ, Vinh Chau NV, Wills B, N Engl J Med: April, 2012: 366:pp-1427)
- 4. Dengue Hemorrhagic Fever Diagnosis, treatment, prevention and control, 2nd Edition, WHO, Geneva, 1997
- Regional Guidelines for Prevention and Control of Dengue/DHF, WHO/SEARO, New Delhi, 1998
- 6. Guidelines for Treatment of Dengue/Dengue Hemorrhagic Fever in Small Hospitals, WHO/SEARO, New Delhi, 1999
- 7. Dengue Bulleting, Regular by annual publication of WHO/SEARO, New Delhi
- 8. Dengue and Dengue Hemorrhagic Fever: Bangladesh Perspective, The Journal of Chapter Medical College Teachers Association, 1999; 10(1): 9-19
- 9. Guidelines for management of Dengue and Dengue Haemorrhagic Fever in adults, Srilanka2012
- 10. Guidelines for management of Dengue and Dengue Haemorrhagic Fever in children, Srilamka2012
- 11. Comprehensive Guidelines for Prevention and Control of Dengue and Dengue Haemorrhagic Fever Revised and expanded edition, SEARO, WHO,2011
- 12. Dengue guideline for diagnosis, treatment, prevention and control. New edition, 2009, TDR, WHO
- 13. Handbook for Clinical Management of Dengue, WHO TDR, 2012
- 14. E-Source
 - htip://www.mohfw.gov.bd
 - htip://www.who.int/tdr
 - htip://www.searo.who.int/dengue
 - htip://www.wpro.who.int/health_topics/dengue
 - htip:// www.wikipedia.com
 - htip://www.ncbi.nlm.nih.gov
 - htip://emedcine.medscape.com
 - hhp://www.cdc.gov
 - hhp://www.geocities.com

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