

Local Spread of Dengue Fever Occurring in Florida

The Florida Department of Health (FLDOH) is expected to issue a statewide public health advisory regarding dengue fever. More than 60 locally acquired cases of this serious disease have been confirmed in Florida this year.

Dengue fever is caused by any of four distinct but closely related dengue virus (DENV) serotypes. Dengue is the most frequent cause of acute febrile illness among returning U.S. travelers from the Caribbean, Central and South America, and Asia. It is also locally transmitted through the bite of an infected mosquito. The incubation period is two to 14 days.

What You Need to Know

Local transmission has been confirmed in the following counties: Bay, Broward, Escambia, Hardee, Hillsborough, Jefferson, Miami-Dade, Nassau, Orange, Polk, St. Johns, Suwannee, and Walton. A **mosquito-borne illness advisory** is in effect for Bay, Hardee, Hillsborough, Jefferson, Nassau, Orange, Polk, St. Johns, Suwannee, and Walton counties. Broward, Escambia, and Miami-Dade counties are under a mosquito-borne illness alert.

Clinical presentation can range from a mild non-specific febrile syndrome to classic dengue fever or “break-bone fever.” It may also present in severe forms of the disease (2% to 4% of cases) as dengue hemorrhagic fever (DHF) and dengue shock syndrome. More than 20% of cases may be asymptomatic.

A dengue diagnosis should be considered when locally acquired infection is suspected, and in persons that live in or have traveled to a dengue endemic area in the two weeks prior to symptom onset and have a fever and **two of the following symptoms**:

<ul style="list-style-type: none"> • Headache or retro-orbital pain 	<ul style="list-style-type: none"> • Myalgia, bone pain, and/or arthralgia
<ul style="list-style-type: none"> • Anorexia and nausea 	<ul style="list-style-type: none"> • Rash
<ul style="list-style-type: none"> • Thrombocytopenia 	<ul style="list-style-type: none"> • Leucopenia
<ul style="list-style-type: none"> • Hemorrhagic fever or shock symptoms may appear after a two-to-seven-day febrile phase and include abdominal pain or tenderness, persistent vomiting, mucosal bleeding, liver enlargement, clinical fluid accumulation, or laboratory results indicating an increase in hematocrit concurrent with a rapid decrease in platelets. 	

If dengue fever is suspected, clinicians should order polymerase chain reaction (PCR) testing and contact the county health department within one business day to initiate mosquito control actions.

Patients at risk for severe complications as a result of DENV include those previously infected with another dengue virus, or patients with diabetes mellitus, chronic renal failure, obesity, and sickle cell anemia. Pregnant women, infants, and the elderly are also at risk.

Treatment and Prevention Information for Patients

There is no treatment for dengue fever or DHF, but **quick recognition and management of symptoms and complications** may help prevent deaths. Though multiple vaccine candidates are in development, there is currently no vaccine for dengue and research has been challenging due to variation in the four viral types.

The public is asked to remain diligent with dengue prevention by following key tactics. These include using the appropriate type of mosquito repellent and wearing protective clothing (long sleeve shirts and long pants) to cover their skin in areas where mosquitoes may be present. It is also important to remember other “**Drain and Cover**” measures to keep mosquitoes from multiplying.

Drain and Cover Measures

- **Drain** water from garbage cans, gutters, buckets, flowerpots, or any other containers where water has collected from sprinklers or rain.
- **Cover** windows and doors with screens. **Cover** baby strollers with netting.

Additional information and guidelines for the [diagnosis and treatment of dengue](#) is available at the Centers for Disease Control and Prevention website.