













Current Knowledge and Awareness of Dengue Fever Among Students of Government College University in Faisalabad

Aqsa Naseer¹, Muhammad Akram²✉, Rida Zainab³, Momina Iftikhar⁴, Umme Laila⁵,
Mehak Razzaq⁶, Janeeta Yasmeen⁷, Muhammad Talha Khalil⁸, Marcos Altable⁹,
Adonis Sfera¹⁰, Fethi Ahmet Ozdemir¹¹, Gawel Solowski¹²

¹Department of Eastern Medicine, Government College University Faisalabad Pakistan. E-mail: aqsanaseer186@gmail.com

²Department of Eastern Medicine, Government College University Faisalabad Pakistan. E-mail: makram_0451@hotmail.com

³Department of Eastern Medicine, Government College University Faisalabad Pakistan. E-mail: ridazainab512@gmail.com

⁴Department of Eastern Medicine, Government College University Faisalabad Pakistan. E-mail: mominaiftikhar1234@gmail.com

⁵Department of Eastern Medicine, Government College University Faisalabad Pakistan. E-mail: Ummelaila14818@gmail.com

⁶Department of Eastern Medicine, Government College University Faisalabad Pakistan. E-mail: mehakrazaq798@gmail.com

⁷Department of Eastern Medicine, Government College University Faisalabad Pakistan. E-mail: janeetayasmeen@gmail.com

⁸Department of Eastern Medicine, Government College University Faisalabad Pakistan. E-mail: talhakhali49@gmail.com

⁹Department of Neurology, Neuroceuta, (Virgen de Africa Clinic), Spain E-mail: maraltable@gmail.com

¹⁰University of California Riverside, Patton State Hospital, USA. E-mail: dr.sfera@gmail.com

¹¹Department of Molecular Biology and Genetics, Faculty of Science and Art, Bingol University, Bingol, 1200, Türkiye. E-mail: aozdemir@bingol.edu.tr

¹²Department of Molecular Biology and Genetics, Faculty of Science and Art, Bingol University, Bingol, 1200, Türkiye. E-mail: gawelsolowski@gmail.com

*Corresponding Author, ²Department of Eastern Medicine, Government College University Faisalabad Pakistan. E-mail: makram_0451@hotmail.com

Article Info

Article type:

Original Article

Article History:

Received: 27Jan2023

Received in revised

form: 20March2023

Accepted: 19April2023

Published online:

31May2023

Abstract

Objectives: The study makes a specialty of analyses between risk factors and dengue fever occurrence in a particular vicinity of Pakistan area. Specifically, it makes a specialty of the Faisalabad, where the governmental businesses offer enormously enough quantity of information.

Methods: First, preferred complex of Neglected Tropical Diseases with recognition on dengue fever is added. Its transmission and influencing elements are exact. Then, cutting-edge strategies of dengue occurrence and threat factors dating modelling are reviewed. Furthermore, statistical processing of available statistics is carried out, in particular, in phrases of special evaluation of the relationship between climatic elements and dengue incidence inside Faisalabad.

Results: Based on the obtained results, a mathematical version describing the connection between dengue, cumulative precipitation, and imply temperature on local and weekly basis is created. Model estimation is finished with generalized linear regression by making use of bad binomial distribution.



Keywords:

Dengue Fever, Larvae,
Faisalabad, Prevalence,
mortality

Conclusion: With the model, the dengue occurrence dependency on selected hazard factors was proven.

Concurrently, universal complexity of the disease development and transmission turned into tested through the version.

Introduction

Dengue fever (DF) is a vector-borne infection introduced approximately by way of four firmly related dengue infections (DENV 1-four) [1, 2]. It is disseminated in supreme humid areas, in which *Aedes aegypti* are bountiful [3]. Sickness by means of dengue can likewise reason dengue hemorrhagic fever a condition defined with the useful resource of progressed vascular penetrability, plasma spillage, hypovolemia, and surprise [4, 5]. Albeit the pathogenesis of DHF isn't really perceived, a few dangers have been accounted for: non-obligatory disorder by means of heterologous straining [6, 7], this crucial contamination in babies brought into the pitch by mothers immune with dengue [8], contrasting destructiveness by the pressure [9] also by varying humanoid vulnerability as rendering to race or hereditary variables [10, 11]. Thinking about that DENV contaminations are often clinically in apparent, it's miles difficult to give an explanation for the take a look at of sickness transmission of dengue pathophysiology without viral assist [12,13]. Everyday records of dengue fever include from contamination to recovery after contamination. Nevertheless, albeit the medical facet outcomes of dengue fever have been reasonably all spherical depicted [14, 15], the hatching and irresistible periods for several DENVs nevertheless cannot seem to be analyzed exhaustively. This is part of the way because of the trouble in distinguishing the hour of contamination after a mosquito chomp. Point by point records on the above can also useful resource measurement of the broadcast impending and epidemiological cycles of the infection [16].

Previously worldwide struggle 2, numerous examinations were directed to illustrate the technique of transmission and in addition critical statistics on dengue. Those investigations have been completed with the resource of US military commissions [17] and by means of the usage of Australian [18] and Jap [19, 20] specialists. Powerful examinations incorporate folks of Craig and Ashburn [21] McDonald Cleland and, Bradley [18] previous of whom became as of past due audited in the magazine of Infectious illnesses [22]. Inside the contemporary-day assessment, we examined statistics as of two human employees.

International Dissemination of dengue virus

Written records for dengue are available for several mass of years. Dengue-like facet results had been recorded right off the bat in the China Clinical Encyclopedia determined north of 992 and again [10]. This contamination changed into identified as toxin of the water and associated with airborne bugs, and no unvarying association offered near the geological appropriation of dengue virus [11], [12]. An episode for contamination in comparison for dengue happened in America and vital West India [13]. Subsequently, a few proofs examined that mosquitoes infections had been available in Asia and Africa timberland with a great flare-up in individuals residing in Asia, Africa, Philadelphia, and North the united states all through 1780, plague occurred [11] [13]. Just nine of the republics eyewitness dengue pandemics already in nineteen seventy. spread of dengue infections with the aid of manner of now not been set in stone for twentieth hundred years. The quick distribution of dengue at some point of the sector due to the unfold of its guideline vector and beginning of the crucial route *Aedes* is regarded as from Africa and Asia. The Dengue devours unfold for the duration of the metropolitan coastal locale of the biosphere due to water-craft with attractive improvement in 18th century. The transportation ships help trade of rearing places for vectors alongside individuals to ample the dispersion series and license to the dissemination of contamination and parasite at some stage in the waterfront region of the arena. A flare-up of dengue became remoted within the long term due to the delivery technique of transportation [14, 15]. The extension of dengue internationally due to relocation, heading out to intra and entomb global places and coming about of devastation hooked up conflicts, delivery and fast development because upgrade broadcast of dengue in nearly in Asian international locations by the following begin of the acute practice of dengue, which brings about extra than thirty crease improved in dengue fee all over the international inside the course of 1960 to 2010 [11, 15]. There are a few brilliant elements which can be chargeable for the endemic danger of dengue which includes deforestation, expanding populace development, unplanned urbanization, going through air, missing popular medical care workplaces, terrible individuals facts, unlucky infection observation, hard to vector manipulate and an unnatural weather trade [16]. As of now, greater than three.Nine billion individuals in 128

international locations live in tropical and subtropical areas wherein dengue infections keep in mind to be communicated [17]. Dengue is a common fever, around 75 % population determined out to dengue has a place in Asia - the Pacific location. 1.3 billion human beings are designated in threats and have a place with ten pestilence international places inside the Asia locale.

In Asia, locale dengue instances were accounted by WHO in 2010 and the fee is more than one instance better even as contrasted with America [3] [14]. Dengue ascended in 22 African republics till 2010. In Greece and Europe, dengue emerges as accounted for in 1926 and 1928 one after the other [3]. Over 2 000 cases were accounted for inside the Portugal and ten special nations inside Europe till two thousand twelve [3] [19].

Dengue in Pakistan

Pakistan is unique of the maximum conspicuous nations in Asia. Pakistan comprises three very critical geographic regions, Baluchistan Plateau, Indus undeniable and excessive northerly worldwide places. Pakistan segments its assets line with China to the top east, Afghanistan to the west, India to the east, and Iran to the southwest. [22]. The environs of Pakistan are predominantly superb, four terms: arid winter from December to February a unruffled winter season; a heat, dry hairspring from March to can also; a storm season, from June via September; and a withdrawing rainstorm time of October and November. The start and time span seasons range certainly as indicated via the usage of territory [23].

Pakistan is a stifling nation and a crucial advert for vector-borne sicknesses like dengue hemorrhagic fever, intestinal illness, Crimean-Congo infection, West Nile and Dengue illness is a new-fangled and quick-growing irresistible contamination spherical right here. In Pakistan, four dengue serotypes are to be had circling the whole 12 months with pinnacle flare-united states of Americabetween (September-November) all through post rainstorm periods [24].

But, *Ae. Aegypti* has been portrayed erratically from numerous pieces of the us beginning around 1934 [28]. The fundamental dengue fever case changed into revealed within the final part of the Eighties which indicates both the DENV within reason new-fangled to this zone or the infection might have been overwhelming in Pakistan, because of miss statement and deficiency of statement, pestilence not knowledgeable till [1994] [29]. Numerous contamination activities have occurred in Pakistan at some stage inside the latest thirty years. Dengue flare-up in Pakistan is a primary favored nicely being worry beginning around 2005; permitting a terrific many humans at hazard, until 2016, 71649 times have been accounted for with 797 passing [20, 28, 30].

The number one dengue hemorrhagic case changed accounted for in the city of lights Karachi Pakistan [32][33]. In nineteen nitty five vital episodes of dengue became accounted for in a state of Pakistan named Baluchistan [29]. In the second episode of dengue with thirty-five hundred cases and 18 mortalities came insight in Khushab,Haripur,andNushra in two thousand three.

Fewer dengue instances were announced all through 2004, with 500 dengue times with 13 passing because of dengue virus-2, and dengue virus -3 in Karachi and Islamabad in two thousand and five [34] [35] distinct hundred and ten dengue swarmed sufferers 40 female and 70 males in two clinics in Lahore. The victims had side consequences contained fever (one hundred percent), muscle torment (sixty eight.2%), migraine (55.5%), sickness (39.1%), cutaneous (fifty three.6%), mucocutaneous hemorrhagic symptoms (fifty eight.2%), and visible pain (20%). Forty one.8% of the victims had only simple dengue fever while 56% had more specifically dengue hemorrhagic fever and simply 1.8t% of the patients had dengue surprise conditions. 9900 dengue instances (79 passing) because of serotypes 1,2,3 modified into accounted for within the diverse place of Pakistan.

In 2011, Dengue pestilence modified into expressed in Lahore (an jap piece of Pakistan) with 21685 dengue instances (350 passing) whilst 6000 dengue times (forty-eight passing) have been accounted for in area Swat (a western piece of Pakistan) for the duration of 2012 [33, 37]. At some point in 2011-12, the dengue pandemic came about in diverse districts of Pakistan such as Faisalabad,Gujrawala,Lahore,Rawalpindi,Attock, Sheikhpura. From two thousand eleven to might also add two thousand twelve dengue instances have been stored in the numerous emergency clinics in 9 towns of Lahore. The most impacted instances have been one-of-a-kind from the records GunjBaksh area with 19 % recurrence although the smallest case turned into logged from Wahga with 2% pervasiveness. maximum instances were accounted for as for gender in males 90 % and woman 36 in Shalimar solitary at a time. The most accelerated dengue instances announced for the age bunch were twenty to thirty years [38].Four types of dengue had been available in Punjab while type 1 and type 2 had been first and essentially facilitated in 2017 in Khyber and Sawat[15]. This pandemic occurred in MansehraandSawat from 13 -14 owing occurrence of types one,two,three, and brought on fifty-seven passing [29, 39]. A massive wellspring of dengue communication in Pakistan by the tire exchange from India [40] [41] aiming the occurrence of dengue in Swat and unsettled seven larval and thirty-four grown-up vampire swimming ponds had been tremendous wherein 30 and four swimming ponds of adult'smosquitoes even as five and more than one swimming pools of mosquitoes had been advantageous in my opinion. They tracked down type-2

(thirty-five% in fourteen mosquito ponds and thirty-nine % in the serum) whilst DENV-3 (sixty five% in 27 mosquitoes and 61 % serum). Better instances had been accounted for in July and August due to empowering the kingdom of vector development. The suite end up recorded extra impacted areas with 26 % dengue instances at the same time as Landikas and Kanju have been twenty % and twelve % dengue instances correspondingly. Forty % of dengue bare out devouring age under fifteen years shadowed with the useful resource of 15- forty five (35 %) and >forty-five (twenty-five %) years. inside the direction of pre and publish-storm seasons. Results confirmed that the house listing ranged from 12 to 18 % and 14 to 29 % for pre and put-up-typhoon seasons in my view even as the holder document range emerges as eleven.40 to 13.71 for premonsoon and 11.22 to 30.39 % for post-rainstorm. Breslau's document changed into 11 and 69 % and the premises file differed from 24.40 to 40.32 one at a time for each season. The most vital reproducing electricity became accounted for in Lahore observed via Sheikhpura observed with the resource of Faisalabad. In 2015 dengue episode happened within the Malakand locale of Khyber Pakhtunkhwa due not the unusual serotype DENV-three. 9899 affirmed dengue times have been accounted for from 3 areas of Pakistan in conjunction with Sindh, Khyber Pakhtunkhwa, and Punjab in two thousand fifteen [43]. The significance of episodes of this infection becomes developed in Punjab was observed via manner of Sindh and Khyber Pakhtunkhwa by extra cases of this infection accounted in Sindh most shadowed Punjab and lastly by Khyber Pakhtunkhwa in twenty sixteen [43, 44].

Dengue kind dissemination in Pakistan

Spherical one hundred and four varieties of vampires had been added in Bangladesh and Pakistan, at the same time as both dengue-causing vampire species have been to be had in Pakistan nonetheless little statistics is obtainable around their range and comparative inhabitant's dispersion in Pakistan [45, 46]. Every of the species has distinct from other dengue impacted locale of Pakistan, at the same time as *Aedes albopictus* turned into prominent from the extra district. The two species have been identified from the urbanized placing of significant Punjab commonly beaten with dengue. *Ae. Aegypti* changed into accrued at factor going in level 112-1004 m and *Ae. Albopictus* has a height territory of a hundred and ten-[672] m. But *Albopictus* became noticeable types in Punjab not unsettled on the quantity internet site [48][49]. *Ae. Albopictus* and *Ae. Aegypti* first of all from Asia, but *Ae. Albopictus* has dragged out its attain stirring alert as regards hints of infection on the board [50][51]. *Aegypti* is the maximum inescapable trajectory metropolitan piece of Pakistan which consist of Karachi, Lahore, Rawalpindi, Attock, Haripur locale like choppy regions Abbottabad,

Mansehra, Sawat, Azad Jammu, and Kashmir at the identical time as *Ae. albopictus* were moreover located throughout the dengue flare-up [52].

Clinical features of DF and DHF

It's miles traditional that most medical contaminations are asymptomatic; however, the illness begins from mild influenza-like anguish to intense thoughts-boggling condition, portrayed by means of manner of spillage from vessels, drain, and surprise, which brings approximately the death of the affected character. 21 DF is portrayed as a febrile disorder. Fever remains for five-7 days and around half of the patients cope with the issues associated with pores and skin. Inside the direction of the initial 24-forty eight hours flushed faces are at the whole noticed. Inside the path of the time of defervescence, maculopapular or petechial rashes are diagnosed in patients. 22 clinical aspect results are depicted as migraine, fever, pores and skin rashes, leukocytopenia, and torment in bones and muscular tissues. Given die-difficult pain, DF is otherwise called break bone fever. Pores and skin rashes emerge nearly a day after the shortfall of fever. Friend et al. 23 located that there is a significant courting among's dengue viral burden (VL) and the degree of interferon-gamma (IFN-g). They presumed that there may be a strong dating among infection, fever, torment, hurts, rash and pain, regular heaving, and leucopenia. Such sufferers who've excessive upsides of VL showed constant regurgitating, stomach anguish, leucopenia, and liquid amassing. Premaratna et al. [24] recorded 12 sufferers experiencing DF mirroring severe an inflamed appendix. Each one of the 12 patients became experiencing proper iliac fossa torment with intense tenderness and 8 of them have been from leucopenia. The seriousness of dengue disease would probably activate a condition referred to as DHF [25]. Most intense sorts of DHF can have an effect on the life of the affected person, essentially via expanding the vascular penetrability and marvel. Subcutaneous loss of existence, petechiae, and immediately swollen pores and skin are the maximum considerably recognized component outcomes of DHF. 15 This devastating situation is commonly defined through hemorrhages and marvels. 26 it's far advocated that contamination antigens and the reaction of host safe framework can lessen the relationship of endothelial cells it really is extra every day in DHF [27]. Boosted vascular penetrability and spillage of plasma are the basics to segregate DHF/DSS from DF. Element effects of DSS are equal to that of DHF greater with circulatory breakdown, hypotension, and surprise [28]. There can likewise be moderate liver brokenness. The event of DHF and DSS is around 5%, but the incidence may also increment in presently inflamed humans with other serotypes of dengue

[29]. Recently, Lardo et al [30] brought an assessment linked with the multi-serotype Dengue viral disorder in Indonesia in sufferers with severe scientific signs and symptoms as example drain, extreme plasma spillage, and organ damage regarding the liver, lung, and kidney. On this evaluation, contamination with dengue infection serotypes 2 and 3 was diagnosed and became presumed that viremia due to dengue infection 3 became higher whilst contrasted with dengue infection 2.

Structure

Dengue infections are round, lipid-encompassed that consist of a fantastic strand of RNA genome. And it is of around 200 nucleotides encoding 3 primary structure of the proteins and seven of the non-structural proteins. The wrapper protein assumes an important part in some massive cycles which includes receptor proscribing, platelet hemagglutination, the reputation of a shielding cozy response, movie mixture, and the meeting of virion [6]. A glycoprotein of almost fifty-five, with 3 unmistakable areas. By means of X-beam crystallography, those areas were described as type 2 and 3. Place 1 is situated inside the middle, and the location consists of an inner mixture circle it is related to film mixture and dimerization of a protein called E. Place is an immune-globulin-like space remembered related to mobile the receptor limit. Place is good sized, as it carries generally flavivirus accumulating and sub-bunch flow-reactive the epitopes. Protein-M, which is remarkable in the improvement and development of the virion molecule, includes 7 antiparallel β -strands settled via the use of 3 disulfide bonds [7]

Transmission

Every of the 4 serotypes of dengue infection has a comparable ordinary history, together with human beings because the crucial vertebrate host. Because of the significant vampire flight path [8]. In India and Africa, the subcontinent, dengue infections furthermore occur in epizootic and enzootic wooded place series with non-human cardinals because the congregation [9,10]. Specific vertebrate classes are for the most detail now not defenseless to dengue infections, except for newborn mice, examined intra-cerebral. Subsequently assimilation of a blood supper comprising infection, there may be an ailment of the epithelial cells overlaying the midgut. The infection then leakages from the midgut epithelium mad about the hemocoel and taints the saliva organ. At lengthy remaining, infection is discharged in the spit, inflicting infection at some point of the examination. The genital lot is moreover tainted and contamination would possibly enter the sincerely advanced egg on the hour of ovipositor [11]. For transmission to manifest, the woman A.

Aegypti ought to chomp an inflamed human in the route of the viraemic length of the disorder which through manner of and large endures four to five days yet might also go through as a great deal as twelve days [12]. Aegypti is probably plague-ridden with two specific infections deprived of influencing the vintage of both virus [13]. Extraneous brooding time body alludes to the time anticipated from himself becoming transmittable. This era is round eight to twelve dayz [14]. The taking care behavior of the vampire is portrayed by using handily intruded on taking care of and persisted sorting out of 1 or a few swarms [15]. While the A. *Aegypti* takes a bye and massive low weak factor to verbal ailment with infection, it remainders the number one trajectory due to its profoundly educated behavior [16]. The willpower of dengue contamination, therefore, is based upon the improvement of immoderate well-known titers in swarms to guarantee conduction in vampires. [17]

Diagnosis of the Dengue

Vampire cell traces and monoclonal the antibody growth for virus-related segregation and character.

This technique is predicated upon the accessibility of swarm mobile societies or rats that act as a mark of contamination, i.e. Cytopathic influences in compartment way of life, an indication of disorder, or demise in rats. That is an extreme technique for impurity segregation [37]. Some ceaseless of vampire cellular traces were diagnosed to be profoundly defenseless to the infection contamination. C6 by 36 much like *Albopictus* compartments changed into picked for infection separation considering that it's a high aversion to dengue contamination ailment and simplicity of dealing with [38,39]. Mosquito mobile societies are a new enlargement to dengue infection separation tactics. 3 cellular traces of just about identical responsiveness are most usually applied. The C6 by 36 similar to *Albopictus* cells is much fewer profound than the vampire vaccination approach. Utilization of these compartment strains devours given a brief, touchy and conservative technique for infection seclusion. The awareness of vampire cell lines would possibly fluctuate with the form of infection. In spite of the truth that cellular societies are a lot much less sensitive than mosquito immunization, a huge huge form of assessments may be handled in a quite brief time [40]. Mammalian cell societies have a big extensive form of comparable blessings as toddler mice for the confinement of dengue infections, as instance, being steeply-priced, gradual, and widespread [41].

Reverse transcriptase PCR

As of past due, switch transcriptase-polymerase chain response produced for numerous [RNA] contaminations,

collectively with dengue infections a swell. Wonderful to maximum outstanding approaches which necessitate transmission of swimming ponds of vampires to distinguish infections, PCR does the profession with a unique instance. This method takes into attention the multifold herbal intensification of virus-related nucleic corrosive and applied to rapid examine virus-related ailments [42] [45]. That crucial gain of this sub-atomic instrument lies within the tempo at which examples may be appraised for the occurrence of dengue contaminations and via its profoundly touchy and explicit region. It could show the ailment price in mosquitoes, the 2 grown-ups, and hatchlings, with a Spartan notch of accuracy [46]. PCR can likewise discover little portions of infection three. This technique has likewise remained applied for figuring out and composing contamination RNA in the area were given *Aedes* mosquitoes, apart from influencing the contamination fee in close-by *Aedes* mosquitoes [47]. Those 3 techniques cowl the serological, virological, and sub-atomic evaluation of dengue [48].

Treatment against dengue Immunization

The expansion of dengue immunization takes outstanding difficulties. The four serotypes circle global and sickness by one dengue type gives continuing warranty in opposition to re-contamination with the same serotype, but certainly temporary protection towards the opposite three types. Furthermore, dengue is novel in that consecutive contaminations through various serotypes increment the gamble of creating excessive and possibly deadly illnesses [77]. There may be limited comprehension of methods the infection cooperates with the resistant framework and the manner precise forms of the previous invulnerability can worsen the infection. In this way, a blanketed and powerful dengue immunization has to be tetravalent and set off strong and big safety in opposition to every one of the four serotypes at the identical time to keep away from the gamble of sprucing the antibody beneficiary to excessive disorder [78]. There are numerous dengue immunization competitors at numerous transformative levels. The further advanced contain of tetravalent combos of live-lesened infections addressing every serotype. One-of-a-kind lessening components were utilized to foster 3 of the main opposition. Single vaccination is not top enough to instigate insurance to every of the four serotypes, probably because of viral obstruction a number of the stay elements of the immunization. 2) Booster dosages are not possible while regulated below a half of year separate. Therefore, stay constricted immunizations require three vaccinations over a prolonged dosing timetable of 12 months to get adjusted killing neutralizer reactions to each of the four serotypes.

Therefore, there's of venture that an insufficient reaction brought on by using the underlying inoculations will decorate contamination assuming contamination occurs at some degree within the gap between the primary and closing vaccination.

Medication

Dengue temperature is mostly a self-restricted infection. It comprises no exact antiviral remedy at gift accessible. Steady interest nn painkillers, liquid substitution, and mattress time-out is generally adequate [79]. No medicinal drug has been taken into consideration as treasured within the treatment of dengue and its association with hassle or confusion. Be that as it may, Acetaminophen might be applied to address fever and alleviate one-of-a-kind aspect outcomes. Headache remedies, non-steroidal calming capsules (NSAIDs), and corticosteroids must stay away from them. The board of severe dengue calls for careful consideration regarding fluid management and hands-on management of drain. Unmarried-component methyl-prednisolone showed no death improvement within the management of dengue surprise illness in a coming close to near, randomized, twofold visually impaired, fake treatment managed test [80]. NITD in Singapore is in advanced knowledge of tuning down blockers of dengue virus-related objective proteins to lessen the viral burden during dynamic contamination [81]. Few actions might be occupied as a robust consideration in illness. Those can be ordered into commands: four.2.1. For concept dengue 1) patients with slight drying out brought approximately by way of manner of immoderate fever and heaving are counseled oral rehydration treatment. 2) must have to go for a daily platelets count. 3) medical signs and symptoms of lack of hydration and a growing hemato-crit degree or falling platelet matter have to have iv volume deficiencies supplanted below near remark [82].

In Severe Cases

1) In Severe dengue calls for cautious regard for liquid administration and proactive remedy of a drain. Admission to an emergency unit showed for patients with dengue marvel situations.

2) Sufferers would probably require a focal IV line for bulk substitution and a blood vessel line for specific pulse checking and successive investigations of blood[83].

3) IV volume shortages want to be remedied with NS beverages, for instance, RL association.

4) Feed of ten to twenty mL/kg needs to be allowed extra than twenty mins and might be rehashed.

5) If that neglects to address the shortfall, the platelets' worth ought now not to be without a doubt settled. Assuming

it's far-rising, restrained scientific statistics recommend that a plasma diluter is probably controlled. dextrin forty, or egg whites of five% at part of ten to twenty mL/kg might be applied. An evaluation has advocated that arrowroot might be best since of touchiness responses to dextrin [84].

Natural Remedies of Treatment

Usual remedy alternatives for dengue fever

everyday drugs have an action in the direction of their anti-viral device, mosquitocidal I and larvicidal activity, and vampire-repellant residences. A part of the large ordinary fixes is indexed beneath. 1) Boneset is a regularly on-hand herb that assumes a huge detail within the administration of dengue fever. It's miles first-rate fed on as tea [85].

2) Temukunci or *Boesenbergia rotunda* A glue prepared with the ancestries is often applied for remedy. The usage of the spice diminishes robust torment and infection which motives exceptional ache in those who experience the ill outcomes of this complaint [86].

3) Leaves and stems of *Kaempferia parviflora* are carried out as natural recovery methods closer to contamination. Studies have tested that dengue virus 2 debris are straightforwardly incapacitated with the aid of the use of a few bio-active complexes in it[87].

Prevention

The most pleasant way to avoid dengue contamination procurement is to try not to be nibbled with the resource of a vector mosquito. Albeit this may be done by using way of staying away from the motion to areas in which dengue is prevalent, this is not a perfect practice considering that it'd necessitate an individual to stay far from steamiest and sub-tropical locations of the world, a huge range of which is probably tour and paintings locations [96]. Specific actions are in line with the subsequent like mosquito repellent and putting on a shielding getting dressed, preferably soaked with permethrin bug nosegay live in chilled locations indoor sprays might be helpful to avoid this infection [97,98].

Previous studies

For the duration of the 19th era, dengue become supposed as sporadic contamination which was brought about waves best at extended time periods. But, adjustments came about and presently, dengue is measured because the maximum essential vampireabided viral contamination in worldwide. In the beyond fifty ages its prevalence has advanced with the beneficial aid of 25 times with outbreaks in step with WHO. Currently, dengue is decided in greater than a hundred and ten global places in Asia Africa, and America. It is positioned specifically in more populations areas globally, specifically in big and small towns areas. Around four billion people are forecast to be susceptible to dengue [99] There are greater one

hundred million new infections predicted to get up every three hundred and sixty-five days. Excessive dengue modification into first recognized within the 1950s in the course of dengue epidemics. It takes vicinity in maximum Asian commonplace places and has turned out to be a primary endurance of admission of patients in hospitals and in the long run death [100].

There are 3 kinds of dengue contamination; dengue wonder syndrome, dengue hemorrhagic fever, and dengue fever additionally known as harm bone fever [101]. Dengue fever is a self-limiting infection. In severe dengue, dengue hemorrhagic fever is in case of plasma leakage in severity grades one and as a result it may motive dengue wonder syndrome pathology of the dengue marvel syndrome has not been however honestly understood. The extreme dengue has moreover been described with the beneficial useful resource for hemorrhage and organ failure [102].

Dengue infection is a general viral infection which may be decided worldwide in prevalent and rampantspread cycles [103]. The dengue is an unmarried RNAgerm which has its place in the *Flaviviridae* domestic. There are 4 forms of dengue, which are categorized steady with herbal and immunological requirements. In fashionable, a person inflamed with the useful resource of one type advancement shielding protection in competition to that particular serotype. However, it does not boom immunity closer to the closing serotypes. Furthermore, while a person is inflamed yet again with some distinctive serotype an extra excessive infection can also furthermore arise [99] primarily based completely absolutely totally on a patho from a very particular deliver the term dengue viruses (DENGUE VIRUS 1-4) may be furthermore located. All four viruses are superior in non-human primates and each entered the city cycle independently [103].

No matter variations among every DENGUE VIRUS the serotypes cause nearly the equal syndromes in humans and flow into in the same natural region. The syndromes produced are regularly conditioned with the aid of way of age and immunological reputation. Because of this, for an instance, in preliminary dengue infection children will most probably revel in subclinical contamination or slight undifferentiated febrile syndromes. Then all over again kids with secondary dengue infection will revel in a dramatic trade of the pathology of the infection e.G. Specifically sequential infections, due to this differential serotype order occurrences. This must-purpose DSS, its severity is age hooked up [103].

Tt the opportunity, in adults, the number one infections with every of the four DENGUE VIRUS serotypes, frequently result in DENGUE FEVER. Some outbreaks of number-one infections had been predominantly subclinical. Nevertheless, infections in adults carry the tendency for bleeding which results in DENGUE HEMORRHAGIC

FEVER. Secondary dengue infections in adults can produce every DSS and DENGUE HEMORRHAGIC FEVER. As stated above, the immunological recognition may additionally want to have an impact on the contamination approach e.G.; in humans with diabetes, allergic reactions, and unique continual diseases the contamination can be life-threatening. Some host elements can also have an impact on the growth of the threat of severe dengue [103].

There are however no vaccines or pills available for treating dengue, but it can be controlled by using way of the use of the usage of cautious tracking of the caution symptoms and symptoms and signs and symptoms and early initiation of competitive intravenous rehydration treatment [104] The efforts to lower dengue transmission are focused on vector manipulate, via the usage of a mixture of chemical and natural focused on of the vector mosquitoes and control in their refinement sites[103]

The vector of the dengue contamination are mosquitoes from the *Aedes* genus. The number one and most critical vector of the three is the *Aedes aegypti*, the possibility also can moreover act as vectors relying on the geographical vicinity. It bites at a few degree within the day and breeds internal boxes. It rests indoors, indoors a house, it could be discovered in particular in bedrooms and living rooms. Therefore, it's far instead complicated to govern this vector, as it's far out of the variety of out of doors insecticides and it maximizes the character-vector contact. It breeds inner polluted water or small containers such as flower vases or buckets and the eggs stay on for long-term durations [99].

Immoderate mosquito densities in endemic areas may be introduced approximately amongst unique motives thru mistaken disposal of garbage or insufficient wastewater drainage. Increased mosquito larval populations can be determined at the end of the wet season. That is furthermore a cause of why epidemics of dengue coincide with the moist season. The viral propagation in mosquitoes is stricken by ambient temperature and humidity. The mosquitoes aren't capable live to inform the story bloodless wintry climate, consequently, the temperature want to not decline beneath 10°C. After biting an infected human, the dengue virus enters a grownup lady mosquito and it then, in addition, transmits the virus to every one-of-a-kind human. Because the inflamed mosquitoes take longer to finish their blood meal, it's miles perceived as a contributing problem to the general performance of this unique mosquito as a vector [99]

Dengue in Asia

Dengue is the maximum hastily spreading arbovirus disorder in the tropics and subtropics [105]. It offers as a health burden in many nations of the location, however, particularly in South East Asia worldwide locations, it's far

recognized as a top fitness hassle in the WHO Western Pacific region countries. These global places make up over ninety% of the entire instances counseled within the region. In Vietnam, it's miles a high purpose of hospitalization. Inside Pakistan, dengue is presently the maximum big vector-borne ailment. Even in spite of the truth that, the amount of dengue instances differs in numerous areas of America [106].

Steady with [103] there had been ninety-seven million expected obvious dengue infections globally in thousand and ten. Apparent dengue contamination might be characterised as contamination with visible clinical signs and symptoms and symptoms. Hence, affecting the each day sporting sports of a person. Asia by myself accounted for 71% of this burden. Asia is likewise typically perceived as disproportionate in distribution of the sickness interior its international places. Additionally, there have been 295 million obvious infections predicted across the world. An in obvious infection can be one without a scientific signs and symptoms visible and therefore, has no impact at each day lifestyles of an man or woman. This sort of infection isn't detected through manner of using most people fitness surveillance structures. However, it represents a big functionality reservoir of the infection.

EPIDEMIOLOGY FUNDAMENTALS

Consistent with Schoenbach & Rosamond [7] epidemiology is: "every a place of studies to boom scientific know-how and moreover of utility of recognise-a way to manipulate contamination and lift public health.

The important element components of incidence are the following: it offers with populations and due to this consists of expenses and proportions, dynamics, averages and masses of others. It consists of measurements for that reason, the want for definition of the, spectrum of contamination, phenomena, supply of statistics and compromise. It commonly includes evaluation and consequently, considers requirements of reference for baseline hazard, equal length accuracy, and adjustment for versions. In the long run, it's far multidisciplinary because it should hold in mind: facts, biology, chemistry, geography environmental generation physics, demography, and insurance evaluation [107].

There exist maximum vital assets of records for epidemiology: first, mixture statistics, which are data obtained from some of the following properties: crucial information (start fees, loss of life charges, and so on.), data from the Census and other government statistics-gathering sports activities (demographic, housing, and plenty of others.), summaries of sickness and harm reporting systems and registries, place of work tracking systems, environmental monitoring systems (e.G. Air pollution measurements) and manufacturing and earnings data. A second form of statistics

supply is the person-degree information, important sports activities sports registration (births, deaths, and so on.), sickness and harm reporting systems and registries, national surveys, pc statistics files (e.G. Fitness insurers), clinical records, questionnaires, natural specimens [107]

The records exceptional in epidemiology is critical, however, it is able to irrespective of the reality turn out to be a project to make sure it. That is due to many possible assets of mistakes, specifically, in observational research of human populations. It has become a terrific problem rely in epidemiologic strategies to discover, avoid and manage the potential sources of mistakes [107].

The terrific quantifiable and understood mistakes but is concept to be sampling errors, it is a distortion that would rise up from the “real fortune of the draw” in small samples from a population.

Perceived as more hard is the choice bias, it is a mistakes that takes location at the equal time because they have a look at humans aren't consultant of the population of interest. This mistakes can result from some of the following: self-preference (volunteering), nonresponse (refusal), loss to take a look at-up (attrition, migration), selective survival, fitness care usage patterns, systematic errors in detection and assessment of fitness conditions, desire of a beside the element assessment enterprise organization (investigator preference).

Every specific error decided as appreciably complex is records bias, it's far a systematic blunder due to incorrect definition, length, or elegance of variables of hobby. Resources of such mistakes may be; keep in mind or reporting bias, faux positives or negatives on diagnostic checks, mistakes in project of cause of demise, errors and omissions in scientific facts. Another mistakes relevant for epidemiologists is confounding, a blunder within the interpretation of comparisons among agencies that aren't absolutely comparable [107]

RISK FACTORS

Dengue belongs to a number of the vital illness burdens in SEA and it is been hyper-endemic for decades within the place. The place has the very extremely good dengue incidence and the epidemics take location in cycles each 3 to 5 years [108] factors such are: demographic, monetary, behavioral, and social often provide a key pace on pinnacle of things of communicable illnesses, no matter the reality that, the ones factors have now not been without a doubt understood and their impact has not been sufficiently reviewed and showed in case of dengue [109]

every weather variables e.G. Temperature, humidity, precipitation, wind velocity or El Niño activities and non-climatic tendencies along with socio-environmental factors

e.G. Populace increase, migration, urbanization, housing, circle of relatives earnings, worldwide trade and tour and vector manipulation [110], are predicted to increase the superiority of mosquito breeding internet websites, mosquito survival, the charge of mosquito replica, the fee of viral incubation, the distribution of dengue virus and its vectors, human migration styles towards city regions and displacement after herbal failures[111].

The geographic distribution of dengue viruses and their vector emerged in SEA after the area battle II. It turn out to be, specifically, because of the superior transport of device and motion of humans which added the spread of the vector mosquito to new geographic regions. Similarly, a first rate breeding habitat for the mosquito changed into ensured through manner of using inadequate water garage and structures and the presence of abandoned tool and junk. The leaving troops, then again, served as susceptible hosts for the virus [112]

With all the previously stated, it's far although believed that it turn out to be the urbanization of the vicinity that emerged after international struggle II, which supplied the correct situations for virus propagation. In unique, the rural-town migration to the cities which brought at the unplanned increase of town centers, found with the beneficial useful resource of manner of disability to offer right sufficient housing, water supply, and sewerage systems. The metropolis population at another time served as willing host and taken approximately a deadly disease [112]

Current research define temperature, rainfall and relative humidity as important climatic factors in phrases of the boom and dispersion of the mosquito vector and potential of dengue outbreaks. Distinct studies determines the populace growth, out-of-control urbanization, and spread of mosquito vector and movement of virus thru international adventure, because of the truth the principal contributing non-climatic elements of new dengue increase in endemic areas of SEA location [110]

simultaneously, there can be a lack of extra complex research that would incorporate cutting-edge-day multivariable predictive version with every; climatic and non-climatic record, which can also moreover help in controlling and preventing DENGUE FEVER and the capability effect of these factors on dengue incidence and transmission [110]

Climatic factors

Primarily based totally completely totally on various sources of evidence the complexity of the connection between climatic variables and dengue occurrence is apparent. There can be a close to a unanimous clinical

consensus that international temperatures are developing, and annual global rainfall will boom, regardless of the truth that differing in areas, flooding turns into extra immoderate, and weather variability will grow. The change in global temperature, precipitation, and humidity will affect the biology and ecology of vectors and the hazard of vector-borne illnesses [110] for that reason, adjustments in weather would modify the three-dimensional dynamics of DENGUE VIRUSbionetwork [113]

Temperature

It is predicted that the endemic form of DENGUE FEVER will expand geographically with developing temperatures. This may also additionally moreover permit for prolonged replica and hobby and reduced incubation time of larvae, resulting in multiplied offspring productivity. Because of this, a boom in transmission capability and the occurrence of DENGUE FEVER will take region. Increased temperatures will maximum in all likelihood boom DENGUE FEVER transmission through extending the season wherein transmission takes place. Even no matter the truth that, dengue prevalence is related to temperature, the connection varies via place. Better temperature lets in virus replication, vector proliferation and feeding frequency and consequently, enhances transmission. But, it's miles critical to phrase, that the effect of risen temperature is not without delay in phrases of time. Various studies document differing lag instances amongst advanced temperature and an apparent increase in dengue transmission. The range end up from four to sixteen weeks, counting on the region and place placed [110] on the opposite, prolonged temperatures in already warmth areas may additionally moreover have terrible results at the style of the virus transmission thru way of lowering vector survival, replica and immature habitat. Furthermore, the growing temperatures will trade the latitudinal and elevation quantity of the disease [113].

The temperature may moreover definitely have an effect on vector ecology. The accurate style of temperatures for *Ae. aegypti* and its survival, thru all development degrees, is among 20–30 °C. Evidence indicates that mortality of a grownup mosquito will increase with extended excessive warm temperatures (over 40 °C) and cold (below 0 °C). The woman mosquito's reproductive cycle is likewise ruled with the beneficial aid of ambient temperature. The fertilization decreases below 20°C. The temperature has a proper away biophysical impact on viral replication and on vector improvement and survival [113].

Precipitation

Precipitation offers vital assesses for the aquatic ranges of the mosquito life cycle. The right habitat for the vector

commonly is; boxes commonplace in town environments. But, in popular any guy-made subject becomes the habitat for the mosquito pupae. Monsoon rains are related to superior numbers of eggs and adults. For this reason, precipitation has a sturdy impact on vector distributions. Mosquito variety has been determined to growth inside the direction of I. A. Niña conditions (normally wetter). Simultaneously, extreme rainfall may moreover wash out breeding internet websites and consequently, have a terrible effect on vector populations. Nevertheless, drier conditions e.G.; El Niño situations, can also not immediately bring about a boom of vector's variety, as with droughts humans will growth their water storage [113]. However, the rainfall and it has impact on dengue transmission are inconsistent during geographical locations. In many countries of Asia-Pacific place, dengue outbreaks with exceptional affiliation among wet season and dengue prevalence and precipitation were stated [110]

Humidity

Better expenses of precipitation in combination with higher temperatures bring about multiplied humidity. Better humidity is associated with extended mosquito feeding hobby, survival, and egg development [113] ordinary with a few belongings it grows to be located that humidity is the most critical indicator of DENGUE FEVER outbreak globally. It advocated a higher prevalence of DENGUE FEVER with the useful resource of 30% in areas with better humidity in assessment to areas with low humidity [114]

it is essential to stress the climate-dengue institutions in connection to community climate variations. A version in rainfall, humidity, and temperature styles among precise regions, municipalities, or provinces may be a huge determinant of the power and path of institutions amongst weather variables and DENGUE FEVER incidence. Even though such truth is widely recognized, the availability of records regularly forces researchers to scale up [113].

Social factors

It miles believed that different factors contributing to dengue prevalence are the developing dispositions in populace boom, out-of-control urbanization, the spread of mosquito vectors, and international exchange and adventure [110].

Housing

The transmission of dengue can be recommended with the useful resource of the socio-financial recognition of people. People in developed countries have better living conditions, specifically in phrases of housing, that is an important detail for the dengue occurrence. Centers together with glazed

domestic home windows, piped water, insect screening or air-conditioning correctly reduce touch with the vector mosquitoes and decrease their survival rate and decrease the danger of transmission. In maintaining with a few research, single homes e.G. On plantations, had three-15 times better threat of dengue in assessment to the city homes and slum houses [110] conventional practices e.G. Rainwater storage on roofs, expose the humans to better danger. The feature of the housing can be moreover identifying, as regions close to markets and open sewers have 1.Eight instances higher chance of contracting the contamination [109]

Urbanization

Even although, there was evidence of dengue transmission and outbreaks in rural regions in SEA, especially because of multiplied delivery contact and spread of peri-urbanization. Urbanization remains strongly associated with DENGUE FEVER instances. However, because of rural-metropolis migration, and therefore, boom of metropolis population, dengue interest remains at big degree.

City and suburban environments in tropical and sub-tropical areas are fragile due to rapid population movement, which reasons unorganized urbanization with developing housing densities and an abundance of breeding internet websites for mosquitoes [115]]

Transport

International trade and transport are endorsed to have an impact on geographical distribution of vectors and pathogen. Commercial organization transport is probably related to the spread of *A. aegypti* amongst regions. Air-journey has multiplied the dissemination of dengue viruses via rapid transit of infected human beings around the arena. Because of this, the movement of the virus has been facilitated via, especially, air journeys [110].

Genes variations

DENGUE FEVER is in preference mentioned to be a kids' disease and is often said to be a crucial reason for pediatric hospitalization in SEA. Nowadays, there was developing evidence of the illness shifting in the route of older age agencies. For that purpose, the epidemiological alternate in dengue infection interior SEA location has been visible. Numerous studies confirmed that, specifically in DENGUE HEMORRHAGIC FEVER and DSS times, the contamination occurred in patients older than 15 years [109]

Racial predisposition appears to be moreover one of things that ought to be considered while managing human susceptibility to dengue contamination. The essential statement is that black humans have a reduced threat for dengue fever in contrast to white or Hispanic people. [115]

it's miles believed the cause for this predisposition to be a dengue-resistant genotype in black population. In addition, research for higher know-how of dengue pathogenesis in connection to racial predisposition is normally recommended [109]

It's miles vital to understand the male-woman variations in infection expenses and severity of disease for public fitness control packages. Steady with some studies the sort of male in assessment to woman patients have end up times as big, every so often even better. Exceptional belongings display, however higher incidence in men, excessive contamination to be better amongst ladies. It's an extended manner notwithstanding the truth that dubious what the reason is for the male gender to be more willing. In line with some, in lots of Asian and exceptional conventional societies, it isn't always specifically for the girls to be trying to find medical care, as an alternative they're searching for traditional practitioners who no longer record to public surveillance structures [109].

Methodology

Participants and study place

A pass-sectional has a look at modified achieved from May additionally 2022 to June 2022 inside the GCUF Faisalabad. The goal population had been people of the public reading, running, or residing in the Faisalabad District. Contributors have been decided on from a few public places

people had been approached by using the usage of enumerators at numerous instances of the day sooner or later of information collection. First-rate individuals who consented have been included in this have a look. Those aged under 18 years' antique have been excluded.

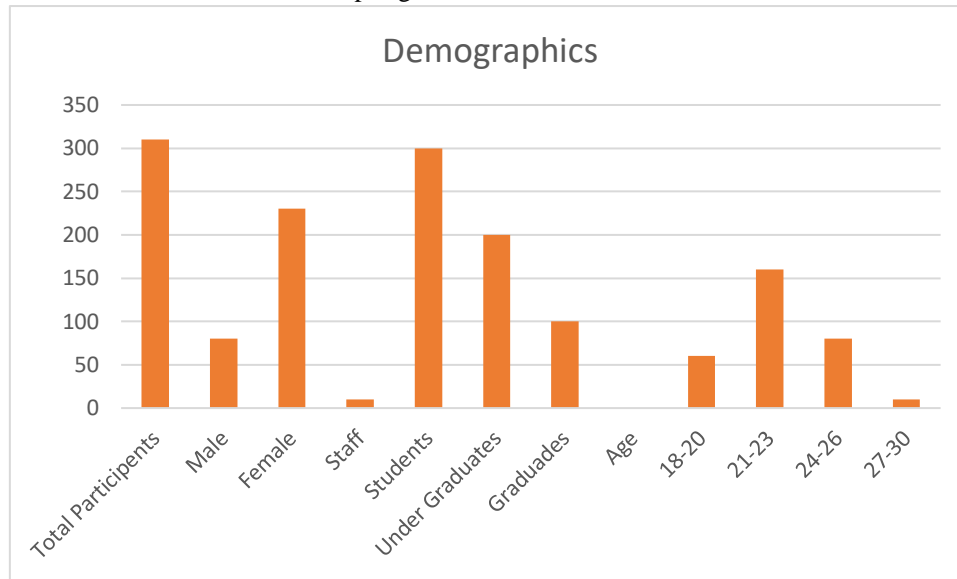
Quantitate Research

A quantitative technique includes information assortment, dissecting, deciphering, and putting the consequences of the concentrate down. Factors like populace. Test and configuration are directed devices in this methodology. Particular strategies were accessible in both the study and exploratory examination that immediate holding on for the variables named previously.

This study endeavors to recognize the reasons for the weight of understudies' scholastic achievement and its administration in GCUF. Quantitative information is shipped into numbers, in a formal, evenhanded, methodical cycle to get data and portray factors and their connections.

Data Collection

Considering the reason for this review, the specialists rely fundamentally upon essential information as a wellspring of



information assortment. Essential information with the end goal of this study got through polls.

There is some optional information that we extricated from previously existing records and utilized for a reason other reason it was initially gathered.

Optional information was with the goal that this study was published on electronic sources. (For example Administration reports, webs, research reports, and so on.).

Questionnaire

The scientists planned a survey with both opened and shut finished inquiries from the area of examination. The polls were organized cautiously to stay away from difficulties for respondents not getting a proper understanding. Straightforward simple words were consequently utilized so respondents were closely comprehended and respond to them. Likely answers were given to empower respondents to tick any point answer they track down appropriately concerning their reaction to the inquiry.

Published Reports

The specialists likewise thought about certain reports that have been distributed currently by different scientists that have a bearing on the subject of this review. Jumpers ends have been made by scientists on different points which were of significance to this examination.

Data Analysis

Elucidating insights, for example, bar and pie visits were utilized to introduce data handled from information with respect to the reasons for weight on understudies' scholarly achievement and its administration

Findings

Demographic Characteristics

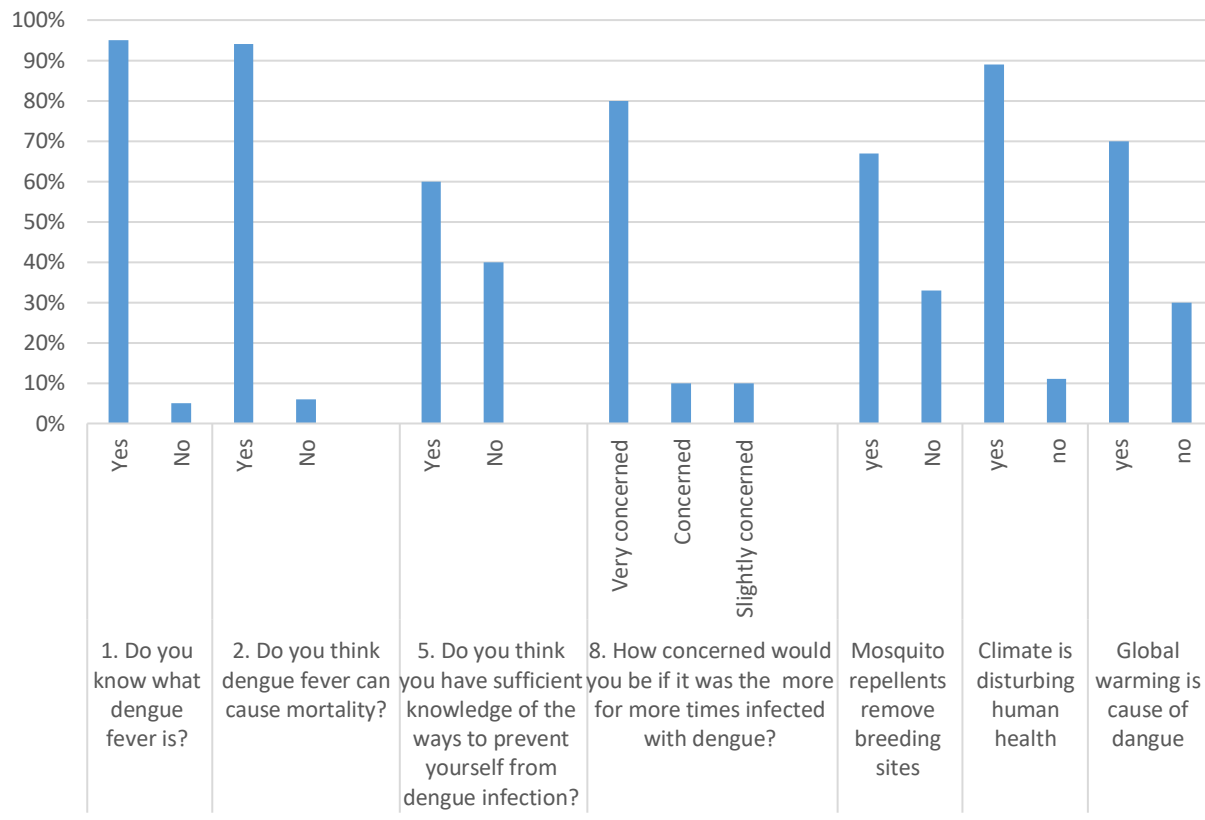
There are 310 survey forms scattered, the most effective eighty-four have been stuffed really, giving a reaction rate of eighty-four.%. A maximum of the candidates had in no way DF (80 %) however, do understand folks that have been infected with dengue (seventy-eight.%).

The respondents have been ordinarily girls (64.7%) with a mean age of (age range: 18–26years antique. Almost all the people had been from GCUF. Similarly, details about the demographic facts of the individuals are shown in under chart.

Notion toward a weather grounded denguePremature caution

Most of the people of participants knew what dengue fever is (ninety-five%) and that it can result in loss of lifestyle (ninety-four.%). More than 1/2 of that acknowledged having enough information on dengue avoidance (60%) and might be actually concerned in the event that they had been to get an infection greater than as soon as (eighty.%). Maximum agreed that mosquito repellents (sixty-seven%) and putting off breeding net sites had been vital in defense towards dengue. The general public (89%) of candidates agreed that weather alternate disturbs human ability and 70% settled that worldwide warming will boom the probability of dengue plagues.

Notion toward a weather grounded dengue premature caution



Reaction closer to a weather based dengue initial caution

Attitudes in the direction of a weather-based totally dengue early caution

Most of the people of candidates desired to help decrease the number of dengue instances (90%). Additionally, they decided that timely attention devices became essential in stopping a virus (89%) and that a complicated warning gadget enables avoiding ability dengue infections (88%). The network desires public training approximately the caution system (86. %) and need to understand greater near how adjustments in the environment may be cast off to expect a dengue epidemic (ninety-one%). Maximum respondents would love to get preserve of a review to apprise on statistics of dengue initial caution (98%)

Most candidates do now not take a look at the dengue scenario in their region (60%) however are organized to take greater motion if the dengue threat in their location will grow (87%). After getting timely attention to dengue eruption, maximum motivation escapes out of doors sports activities (84%) and will share the information with others (ninety-six%).

Most of the people of respondents granted that the elimination of vampire refinement sites of their prevalence would diminish the threat of dengue contamination among their household people (79%) it has become their obligation to cast off vampire breeding sites of their houses (86%). They ordinarily settled that occurrences may be managed if each circle of relatives performed a function in casting off breeding sites (ninety-two%). They had been also eager to take part in a community hobby for dengue management or elimination of vampire upbringing t sites (79%). The respondent’s idea is that each the fitness consultant (83%) and the domestic (80 two%) want to be liable for avoiding the unfold of the dengue virus

Understanding of dengue and primary caution structure

On that check, greater than 1/2 of (sixty-three. %) of the respondents suppose that they've sufficient recognize-how to save you dengue. Candidates selected deduction of breeding places and vampire repugnant due to the fact high-quality techniques in stopping dengue. Undergraduates and those incarnate within the rustic areas of Pakistan moreover have beforehand been proven to have a true understanding approximately dengue. In relation to mind-set, we observed that the volunteers desired to help in decreasing dengue instances.

They may too percentage dengue records by others and could evade doors sports at sunrise. Though, there was a percentage of the volunteers who acknowledged to now keen to be worried about community sports. This has a look at also located that sixty-two% of the participants determined that they no longer checked dengue circumstances everywhere in their state recurrently.

Discussion

The objective of disease warning system is designed in such a way that it can prepare community and health care providers and highlighting the dengue pandemic so that Institutions and community peoples can take proper action to post Upon The Fact and transmission of infection buy advance alert it is hope that policy makers can take preventive management and measures to control the fogging of infection in the areas the candidates and volunteers of case study agreed that prior cautionary system can be helpful to be safe from the infection and it will give the broad picture of the situation to take preventive measures

Not only dengue but any other pandemic like this can cause I huge button on the economy of a state but by early warning system policy maker can make cost effective control measures and efficient vectors that would be very helpful to avoid this excessive button on the economy

Morning systems and using free weather conditions and climate conditions around the state can help a lot to avoid the infection and it would be beneficial to generate a proper warning system and high alert for the where conditions happen. This is system will not only use the effect of dengue but it will be helping to manage the according economic budget Singapore and Columbia published there warning system and it have managed to detect more than 75% of dengue chances and the past 6 months and it just missed 13% of the cases. The system was able to produce many other useful information such that the major part of Columbia was under high risk due to the very high population and the

climate of that area was also very favorite for the mosquitoes. Men wire the cautionary system in Singapore was liking with 3 months which was aligned to manage the outbreak of dengue

And the other hand in the study we notice that most of the research participants don't know the dengue situation in their specific area but they were willing to have during this pandemic to lower the effect and risk. This studies suggested that an advance warning system can be very beneficial to avoid the complication and circumstances happened with the dengue. Meanwhile, it is hope that authorities and general public will response appropriately toward these cautionary systems and higher alert so that this system would be very effective and it would not go to waste.

This system will not automatically lead to some positive actions but the positive propose toward this alert at a time from both the decision makers and the general public will make it successful the more people will know about this condition the more positive they will be acting the news. Only gathering information and not doing a proper action will not lead this system to success but an innovative approach is needed to make this system fruitful. The proper method of analysis feedback and pro productions will make a way to make this cautionary system affectful and fruitful for both the comm.

The study of the perception and attitude of the community towards the early warning system will explore the needs of actions and guidelines for the beneficiary of the community.

Conclusion

Dengue has a high prevalence and is an increasing disease all over the world it has more preference and impact on the people of Asia as it is a vector-borne disease. It is very important to study the interaction and other elements which have a close effect on the occurrence of dengue and its transmission in the community. The most common element that can affect the perception and prevalence of dengue is humidity transportation housing conditions and temperature in the living environment these factors can directly impact the cases of dengue in the community. All these factors can directly or indirectly facilitate the life cycle and transmission of the infection. All the relationships between growing agents for the dengue infection and reducing suggestions have a very complicated dynamic on the prevalence of dengue. Outcome of the study have shown that there are manufacturers which so lonely can affect the outbreak and can increase the chances of dengue incidents in the community

The outcomes display the independent climatic variables are capable of provide a cause of the dengue incidence most effective to a degree. In which the two variables used inside the version have been not capable of supply an explanation for the relationship, it changed into assumed that exceptional

unspecified elements do have an impact on the prevalence. It became additionally determined out that for any in additional modeling, it'd be an opportunity powerful to version the connection of any variables for areas one after the other, in preference to Pakistan as an entire.

Due to other elements with extensive environmental and climatic varieties many of the areas, distinctive degree and fine of statistics fourth estate within every location and plenty of others. The exceptional degree of data reporting within America have been numerous, as a few counties do document steadfastly no to that quantity.

References

1. Awais H, Zahid A, Afzaal A, Mannan T, Habib H. Coding Genome Sequence and Protein Sequence Analysis of Dengue Strains: In Silico Correlation. *Advancements in Life Sciences*. 2023 Apr 14; 10(1):48-53.
2. Hussain T, Jamal M, ur Rehman T, Andleeb S. Dengue: pathogenesis, prevention and treatment—a mini review. *Advancements in Life Sciences*. 2015 May 25;2(3):110-4.
3. Widoyo H, Mohammed ZY, Ramírez-Coronel AA, Iswanto AH, Thattarauthodiyil U, S.Alkhayyat A, Karimi M, Bahmani M, Eftekhari Z. Herbal therapy in Covid-19: A systematic review of medicinal plants effective against Covid-19. *Caspian Journal of Environmental Sciences*, 2022: 1-10. doi: 10.22124/cjes.2022.6062
4. Siqueira Jr JB, Martelli CM, Coelho GE, da Rocha Simplicio AC, Hatch DL. Dengue and dengue hemorrhagic fever, Brazil, 1981–2002. *Emerg Infect Dis*. 2005;11(1):48. doi:10.1128/cmr.11.3.480
5. Gubler DJ. Epidemic dengue/dengue hemorrhagic fever as a public health, social and economic problem in the 21st century. *Trends Microbiol* 2002; 10:100–3. doi: 10.1016/s0966-842x(01)02288-0
6. Halstead SB. Pathogenesis of dengue: challenges to molecular biology. *Science* 1988; 239:476–81. doi: 10.1126/science.3277268
7. Sangkawibha N, Rojanasuphot S, Ahandrik S, et al. Risk factors in dengue shock syndrome: a prospective epidemiologic study in Rayong, Thailand. I. The 1980 outbreak. *Am J Epidemiol* 1984; 120:653–69. doi:https://doi.org/10.1093/oxfordjournals.aje.a113932
8. Kliks SR, Nimmanitya S, Nisalak A, Burke D. Evidence that maternal dengue antibodies are important in the development of dengue hemorrhagic fever in infants. *Am J Trop Med Hyg* 1988; 38:411–9. doi:10.4269/ajtmh.1988.38.411
9. Cologna R, Armstrong PM, Rico-Hesse R. Selection for virulent dengue viruses occurs in humans and mosquitoes. *J Virol* 2005; 79:853–9. doi: 10.1128/JVI.79.2.853-859.2005
10. Stephens HA, Klaythong R, Sirikong M, et al. HLA-A and -B allele associations with secondary dengue virus infections correlate with disease severity and the infecting viral serotype in ethnic Thais. *Tissue Antigens* 2002; 60:309–18. doi:https://doi.org/10.1034/j.1399-0039.2002.600405.x
11. Guzman MG, Kouri GP, Bravo J, Soler M, Vazquez S, Morier L. Dengue hemorrhagic fever in Cuba, 1981: a retrospective seroepidemiologic study. *Am J Trop Med Hyg* 1990; 42:179–84. doi: 10.4269/ajtmh.1990.42.179
12. Guzman MG, Kouri G, Valdes L, et al. Epidemiologic studies on Dengue in Santiago de Cuba, 1997. *Am J Epidemiol* 2000; 152:793–9. doi:10.1093/aje/152.9.793
13. Islam MT, Quispe C, Herrera-Bravo J, Sarkar C, Sharma R, Garg N, Fredes LI, Martorell M, Alshehri MM, Sharifi-Rad J, Daştan SD. Production, transmission, pathogenesis, and control of dengue virus: a literature-based undivided perspective. *BioMed Res Inter*. 2021;15;2021. doi:10.1155/2021/4224816
14. Malavige GN, Fernando S, Fernando DJ, Seneviratne SL. Dengue viral infections. *Postgrad Med JI*. 2004;80(948):588-01. doi: 10.1136/pgmj.2004.019638
15. Schlesinger RW. *Dengue viruses*. Wien: Springer-Verlag, 1977. doi: 10.1007/978-3-7091-8466-0
16. Favier C, Degallier N, Rosa-Freitas MG, et al. Early determination of the reproductive number for vector-borne diseases: the case of dengue in Brazil. *Trop Med Int Health* 2006; 11:332–40. doi: 10.1111/j.1365-3156.2006.01560.x
17. Sabin AB. Research on dengue during World War II. *Am J Trop Med Hyg* 1952; 1:30–50. doi:10.4269/ajtmh.1952.1.30
18. Cleland JB, Bradley J, McDonald W. Further experiments in the etiology of dengue fever. *J Hyg* 1919; 18:217–54. doi:10.1017/s0022172400007476
19. Koizumi T, Yamaguchi K, Tonomura K. An epidemiological study of dengue fever [in Japanese]. *Taiwan IgakkaiZasshi* 1917; 176:369–92 (abstract reprinted in English in *Trop Dis Bull* 1918; 12:77–8). doi 19182900150
20. Banu, S., Hu, W., Hurst, C. & Tong, S. Dengue transmission in the Asia-Pacific region: impact of climate change and socio-environmental factors. *Trop. Med. Int. Heal. TM IH16*, 598–607 (2011). doi:https://doi.org/10.1111/j.1365-3156.2011.02734.x

21. Ashburn PM, Craig CF. Experimental investigations regarding the etiology of dengue fever. *J Infect Dis* 1907; 4:440–75 (reprinted in *J Infect Dis* 2004; 189:1747–83). doi: [10.1086/383418](https://doi.org/10.1086/383418)
22. Gubler DJ. Commentary: Ashburn PM, Craig CF. Experimental investigations regarding the etiology of dengue. *J Infect Dis* 1907; 4: 440–75. *J Infect Dis* 2004; 189:1744–6. doi: [10.1086/383418](https://doi.org/10.1086/383418)
23. Holmes EC, Twiddy SS. The origin, emergence and evolution genetics of dengue virus. *Infect Genet Evol.* 2003;3:19–28. doi: [10.1016/s1567-1348\(03\)00004-2](https://doi.org/10.1016/s1567-1348(03)00004-2)
24. Mukhopadhyay S, Kuhn RJ, Rossmann MG. A structural perspective of the flavivirus life cycle. *Nat Rev Microbiol.* 2005;3:13–22. doi: [10.1038/nrmicro1067](https://doi.org/10.1038/nrmicro1067)
25. Lindenbach BD, Thiel H-J, Rice CM. *Fields virology*. 5th ed. Philadelphia: Lippincott Williams & Wilkins Publishers; 2007. p. 1101–52. doi: [10.4236/aim.2014.413106](https://doi.org/10.4236/aim.2014.413106)
26. Slonczewski JL, Foster JW. *Microbiology: An evolving science*, 2nd ed. New York: W. W. Norton and Company; 2010. doi: [10.1128/jmbe.v12i2.339](https://doi.org/10.1128/jmbe.v12i2.339)
27. Whitehead SS, Blaney JE, Durbin AP, Murphy BR. Prospects for a dengue virus vaccine. *Nat Rev Microbiol.* 2007;5:518–28. doi: [10.1038/nrmicro1690](https://doi.org/10.1038/nrmicro1690)
28. Guha-Sapir, D. & Schimmer, B. Dengue fever: new paradigms for a changing epidemiology. *Emerg. Themes Epidemiol.* 2, (2005). doi: <https://doi.org/10.1186/1742-7622-2->
29. Shepard, D. S., Undurraga, E. A. & Halasa, Y. A. Economic and Disease Burden of Dengue in Southeast Asia. *PLoS Negl. Trop. Dis.* 7, 1–12 (2013). doi: <https://doi.org/10.1371/journal.pntd.0002055>
30. Gould EA, Solomon T. Pathogenic flaviviruses. *Lancet.* 2008;371:500–9. doi: [10.1016/S0140-6736\(08\)60238-X](https://doi.org/10.1016/S0140-6736(08)60238-X)
31. Wang E, Ni H, Xu R, Barrett ADT, Watowich SJ, Gubler DJ, et al. Evolutionary relationships of endemic/epidemic and sylvatic dengue viruses. *J Virol.* 2000;74:3227–34. doi: [10.1128/jvi.74.7.3227-3234.2000](https://doi.org/10.1128/jvi.74.7.3227-3234.2000)
32. Ghosh D, Basu A. Present perspectives on flaviviral chemotherapy. *Drug Discov Today.* 2008;13:619–24. doi: [10.1016/j.drudis.2008.04.001](https://doi.org/10.1016/j.drudis.2008.04.001)
33. Tchankouo-Nguetchou S, Khun H, Pincet L, et al. Differential protein modulation in midguts of *Aedes aegypti* infected with chikungunya and dengue 2 viruses. *PLoS One.* 2010;5:13149. doi: <https://doi.org/10.1371/journal.pone.0013149>
34. Halstead SB. Dengue. *Lancet.* 2007;370:1644–52. doi: [10.1016/S0140-6736\(07\)61687-0](https://doi.org/10.1016/S0140-6736(07)61687-0)
35. Brathwaite Dick O, San Martín JL, Montoya RH, del Diego J, Zambrano B, Dayan GH. The history of dengue outbreaks in the Americas. *Am J Trop Med Hyg.* 2012;87(4):584–93. doi: [10.4269/ajtmh.2012.11-0770](https://doi.org/10.4269/ajtmh.2012.11-0770)
36. WHO. *Global Strategy for Dengue Prevention and Control, 2012–2020*. Geneva: WHO Press, 2012. ISBN: 9789241504034
37. Gubler DJ. Dengue/dengue haemorrhagic fever: history and current status. *Novartis Found Symp.* 2006; 277:3–16. doi: [10.1002/0470058005.ch2](https://doi.org/10.1002/0470058005.ch2)
38. Gubler D. Dengue and Dengue Hemorrhagic Fever. *Clin Microbiol Rev.* 1998; 11(3):480–496. doi: [10.1128/CMR.11.3.480](https://doi.org/10.1128/CMR.11.3.480)
39. Ehrenkranz NJ, Ventura AK, Cuadrado RR, Pond WL, Porter JE. Pandemic dengue in Caribbean countries and the southern United States – Past, present and potential problems. *N Engl J Med.* 1971; 285(26):1460–9. doi: [10.1056/NEJM197112232852606](https://doi.org/10.1056/NEJM197112232852606)
40. Gubler DJ. Dengue and Dengue Hemorrhagic Fever: Its History and Resurgence as a Global Public Health Problem. In: Gubler DJ, Kuno G, editors. *Dengue and Dengue Hemorrhagic Fever*. London: CAB International, 1997, 1–22. doi: [10.1128/cmr.11.3.480](https://doi.org/10.1128/cmr.11.3.480)
41. WHO. *Regional Office for South-East Asia. Comprehensive Guidelines for Prevention and Control of Dengue and Dengue Haemorrhagic Fever, Revised and Expanded Edition*. New Delhi: World Health Organisation South East Asia Regional Office, 2011. ISBN 978-92-9022-387-0
42. Wilder-Smith A, Gubler DJ. Geographic expansion of dengue: the impact of international travel. *Med Clin N Am.* 2008; 92(6):1377–1390. doi: [10.1016/j.mcna.2008.07.002](https://doi.org/10.1016/j.mcna.2008.07.002)
43. Guzman MG, Halstead SB, Artsob H, Buchy P, Farrar J, Gubler DJ, et al. Dengue: a continuing global threat. *Nat Rev Microbiol.* 2010; 8(12):7–16. doi: [10.1038/nrmicro2460](https://doi.org/10.1038/nrmicro2460)
44. Murray NEA, Quam MB, Wilder-Smith A. Epidemiology of dengue: Past, present and future prospects. *Clin Epidemiol.* 2013; 5(1):299–309. doi: [10.2147/CLEP.S34440](https://doi.org/10.2147/CLEP.S34440)
45. Arima Y, Matsuui T. Epidemiologic update of dengue in the western Pacific region, 2010. *Western Pac Surveill Response J.* 2011; 2(2):1–5. doi: [10.5365/WPSAR.2011.2.2.005](https://doi.org/10.5365/WPSAR.2011.2.2.005)
46. Morin, C. W., Comrie, A. C. & Ernst, K. Climate and dengue transmission: Evidence and implications.

- Environ. Health Perspect.121, 1264–1272 (2013). doi: <https://doi.org/10.1289/ehp.1306556>
47. Guzman, M. G. et al. Dengue: a continuing global threat. *Nat. Rev. Microbiol.*8, 7–16 (2010). doi: <https://doi.org/10.1038/nrmicro2460>
 48. World Health Organization. Report on Dengue. Report of the Scientific Working Group meeting on Dengue (2007). doi:10.1111/j.1556-4029.2009.01139.x
 49. Paul RE, Patel AY, Mirza S, Fisher H, Luby SP. Expansion of epidemic dengue viral infection to Pakistan. *Int J Infect Dis.* 1988; 2:197-201. doi:10.1016/s1201-9712(98)90052-2
 50. Muhammad S, Rani F, Muhammad MA, Salmaan S, Shahzad S, Uzma BA, et al. Dengue Virus Serotypes Circulating in Khyber Pakhtunkhwa Province, Pakistan, 2013-2015, (Annals of laboratory medicine) *Ann Lab Med.* 2017; 37:151-154. doi: 10.3343/alm.2017.37.2.151
 51. Huy, N. T. et al. Factors Associated with Dengue Shock Syndrome: A Systematic Review and Meta-Analysis. *PLoS Negl. Trop. Dis.*(2013)7, 1–15. doi: 10.1371/journal.pntd.0002412
 52. Bhatt, S. et al. The global distribution and burden of dengue. *Nature*(2013)496, 504–507. doi: <https://doi.org/10.1038/nature12060>
 53. Barraud PJ. The Fauna of British India, Including Ceylon and Burma. Diptera. Family Culicidae. Tribe Megarhinini and Culicinae. Taylor and Francis: London, 1934. doi: <https://doi.org/10.5962/bhl.title.48423>
 54. Rasheed SB, Butlin RK, Boots M. A review of dengue as an emerging disease in Pakistan. *Public Health.* 2013; 127(1):11-7. doi:10.1016/j.puhe.2012.09.006.
 55. Erlanger TE, Keiser J, Utzinger J. Effect of dengue vector control interventions on entomological parameters in developing countries: a systematic review and meta-analysis. *Med Vet Entomol* 2008; 22: 203-221. doi: <https://doi.org/10.1111/j.1365-2915.2008.00740.x>
 56. [98]Kay B, Vu SN. New strategy against *Aedes aegypti* in Vietnam. *Lancet* 2005; 365: 613-617. doi: [https://doi.org/10.1016/S0140-6736\(05\)17913-6](https://doi.org/10.1016/S0140-6736(05)17913-6)
 57. Malavige, G. N., Fernando, S., Fernando, D. J. & Seneviratne, S. L. Dengue viral infections. *Postgrad. Med. J.*(2004)80, 588–601. doi: 10.1136/pgmj.2004.019638
 58. Huy, N. T. et al. Factors Associated with Dengue Shock Syndrome: A Systematic Review and Meta-Analysis. *PLoS Negl. Trop. Dis.* 2013 7, 1–15 doi: <https://doi.org/10.1371/journal.pntd.0002412>
 59. Cossio, M. L. T. et al. A brief guide to emerging infectious diseases and zoonoses. World Health Organization (2014). doi:10.1007/s13398-014-0173-7.2
 60. Khana E, Siddiquia J, Shakoora S, Mehraj V, Jamil B, Hasana R, et al. Dengue outbreak in Karachi, Pakistan, 2006: experience at a tertiary care center. *R Soc Trop Med Hyg.* 2007; 101:1114-1119. doi: <https://doi.org/10.1016/j.trstmh.2007.06.016>
 61. Humayoun MA, Waseem T, Jawa AA, Hashimi MS, Akram J. Multiple dengue serotypes and high frequency of dengue hemorrhagic fever at two tertiary care hospitals in Lahore during the 2008 dengue virus outbreak in Punjab, Pakistan. *Int J Infect Dis.* 2010; 14(3):54-59. doi: <https://doi.org/10.1016/j.ijid.2009.10.008>
 62. Ooi, E. E. & Gubler, D. J. Dengue in Southeast Asia: epidemiological characteristics and strategic challenges in disease prevention. *Cad. Saude Publica* 2009 25, 115–124. doi:10.1590/s0102-311x2009001300011
 63. Muhammad S, Rani F, Muhammad MA, Adnan K, Salmaan S, Shahzad S, et al. Outbreak of dengue virus type-3 in Malakand, Pakistan 2015; A laboratory perspective. *Acta Tropica.* 2017; 169:202-206. doi: <https://doi.org/10.1016/j.actatropica.2017.02.011>
 64. Billingsley PF, Foy B, Rasgon JL. Mosquitocidal vaccines: a neglected addition to malaria and dengue control strategies. *Trends Parasitol* 2008; 24: 396-400. doi: <https://doi.org/10.1016/j.pt.2008.06.003>
 65. Jehangir K, Inamullah K, Ibne A. A comprehensive entomological, serological and molecular study of 2013 dengue outbreak of Swat, Khyber Pakhtunkhwa, Pakistan. *PLOS ONE,* 2016. doi: <https://doi.org/10.1371/journal.pone.0147416>
 66. Muhammad S, Ghulam G, Dilbar H, Hafiz MS, Muneer A. Distribution of Dengue Vectors during Pre and Post-Monsoon Seasons in three districts of Punjab, Pakistan *J Mosq Res.* 2014; 4(16):53-76 doi:10.5376/jmr.2014.04.0016
 67. Maheswaran R, Ignacimuthu S. A novel herbal formulation against dengue vector mosquitoes *Aedes aegypti* and *Aedes albopictus*. *Parasitol Res* 2012; 110: 1801-1813. doi: <https://doi.org/10.1007/s00436-011-2702-z>
 68. Alam MF, Safhi MM, Chopra AK, Dua VK. Toxicological properties of several medicinal plants from the Himalayas (India) against vectors of malaria, filariasis and dengue. *Trop Biomed* 2011; 28: 343-

350. doi: https://scholar.google.com/scholar?cluster=15386711886479469540&hl=en&as_sdt=0,5
69. Kumar S, Warikoo R, Mishra M, Seth A, Wahab N. Larvicidal efficacy of the Citrus limetta peel extracts against Indian strains of *Anopheles stephensi* Liston and *Aedes aegypti* L. *Parasitol Res* 2012; 111: 173-178. doi: <https://doi.org/10.1007/s00436-011-2814-5>
70. Kovendan K, Murugan, K, Vincent, S. Evaluation of larvicidal activity of *Acalypha alnifolia* Klein ex Willd. (Euphorbiaceae) leaf extract against the malarial vector, *Anopheles stephensi*, dengue vector, *Aedes aegypti* and Bancroftian filariasis vector, *Culex quinquefasciatus* (Diptera: Culicidae). *Parasitol Res* 2012; 110: 571-581. doi: <https://doi.org/10.1007/s00436-011-2525-y>
71. Marimuthu G, Rajamohan S, Mohan R, Krishnamoorthy Y. Larvicidal and ovicidal properties of leaf and seed extracts of *Delonix elata* (L.) Gamble (family: Fabaceae) against malaria (*Anopheles stephensi* Liston) and dengue (*Aedes aegypti* Linn.) (Diptera: Culicidae) vector mosquitoes. *Parasitol Res* 2012; 111: 65-77. doi: <https://doi.org/10.1007/s00436-011-2802-9>
72. Muhammad A, Paul DNH, Jawwad HM, Arif MK, Yusuf Z, Muhammad SM. Analyzing Mosquito (Diptera: Culicidae) Diversity in Pakistan by DNA Barcoding. *PLOS ONE*. 2014; 9(5):68-72. doi: <https://doi.org/10.1371/journal.pone.0097268>
73. Ilahi I, Suleman M. Species composition and relative abundance of mosquitoes in Swat, Pakistan. *Intr J Innov Appl Studies*. 2013; 2:454-463. ISSN 2028-9324 Vol. 2 No. 4 Apr. 2013, pp. 454-463 © 2013 Innovative Space of Scientific Research Journals <http://www.issr-journals.org/ijias/>
74. Lambrechts L, Scott TW, Gubler DJ. Consequences of the expanding global distribution of *Aedes albopictus* for dengue virus transmission. *PLoS Negl Trop Dis*. 2010; 4:e646. doi: <https://doi.org/10.1371/journal.pntd.0000646>
75. WHO. Country report, Vector borne diseases in Pakistan, Directorate of Malaria Control, Government of Pakistan. Sudan: Inter country workshop Khartoum, 2003, 21-3. doi: <https://doi.org/10.1177/1757913915599019>
76. Bagny L, Delatte H, Quilici S, Fontenille D. Progressive decrease in *Aedes aegypti* distribution in Reunion Island since the 1900s. *J Med Entomol*. 2009; 46:1541-1545. doi: <https://doi.org/10.1603/033.046.0644>
77. Raharimalala FN, Ravaomanarivo LH, Ravelonandro P, Rafarasoia LS, Zouache K. Biogeography of the two major arbovirus mosquito vectors, *Aedes aegypti* and *Aedes albopictus* (Diptera, Culicidae), in Madagascar. *Parasite Vector*. 2012; 5:56. doi: <https://doi.org/10.1186/1756-3305-5-56>
78. Chowdhury N, Ghosh A, Chandra G. Mosquito larvicidal activities of *Solanum villosum* berry extract against the dengue vector *Stegomyia aegypti*. *BMC Complement Altern Med* 2008. doi: [10.1186/1472-6882-8-10](https://doi.org/10.1186/1472-6882-8-10).
79. Braks MAH, Honorio NA, Lourenco-de-Oliveira R, Juliano SA, Lounibos P. Convergent habitat segregation of *Aedes aegypti* and *Aedes albopictus* (Diptera: Culicidae) in Southeastern Brazil and Florida. *J Med Entomol*. 2013; 40:785-794. doi: <https://doi.org/10.1603/0022-2585-40.6.785>
80. Benedict MQ, Levine RS, Hawley WA, Lounibos LP. Spread of the tiger: global risk of invasion by the mosquito *Aedes albopictus*. *Vector Borne Zoonotic Dis*. 2007; 7:76-85. doi: <https://doi.org/10.1089/vbz.2006.0562>
81. Ahmad N, Fazal H, Ayaz M, Abbasi BH, Mohammad I, Fazal L. Dengue fever treatment with *Carica papaya* leaves extracts. *Asian Pacific J Trop Biomed* 2011; 330-333. doi: [https://doi.org/10.1016/S2221-1691\(11\)60055-5](https://doi.org/10.1016/S2221-1691(11)60055-5)
82. Ashley EA. Dengue fever. *Trends Anaesth Crit Care* 2011; 1: 39-41. doi: <https://doi.org/10.1016/j.tacc.2010.1>
83. Oishi K, Saito M, Mapua CA, Natividad FF. Dengue illness: clinical features and pathogenesis *J Infect Chemother* 2007; 13: 125-33. doi: <https://doi.org/10.1007/s10156-007-0516-9>
84. Pal T, Dutta SK, Manda S, Saha B, Tripathi A. Differential clinical symptoms among acute phase Indian patients revealed significant association with dengue viral load and serum IFN-gamma level. *J Clin Virol* 2014; 61: 365-70. doi: <https://doi.org/10.1016/j.jcv.2014.09.003>
85. Premaratna R, Bailey MS, Rtnasena BGN, de Silva HJ. Dengue fever mimicking acute appendicitis. *Trans R Soc Trop Med Hyg* 2007; 101: 683-5. doi: <https://doi.org/10.1016/j.trstmh.2007.02.006>
86. Jardim DL, Tsukumo DM, Angerami RN, Carvalho Filho MA, Saad MJ. Autoimmune features caused by dengue fever: a case report. *Braz J Infec Dis* 2012; 16: 92-5. doi: [https://doi.org/10.1016/s1413-8670\(12\)70283-0](https://doi.org/10.1016/s1413-8670(12)70283-0)
87. Aneja VK, Kochar G, Bisht N. Unusual manifestations of Dengue fever. *Apollo Med* 2010; 7: 69-76. doi: [https://doi.org/10.1016/S0976-0016\(12\)60013-1](https://doi.org/10.1016/S0976-0016(12)60013-1)

88. Carod-Artal FJ, Wichmann O, Farrar J, Gascón J. Neurological complications of dengue virus infection. *Lancet Neurol* 2013; 12: 906-19. doi: [https://doi.org/10.1016/S1474-4422\(13\)70150-9](https://doi.org/10.1016/S1474-4422(13)70150-9)
89. Lardo S, Utami Y, Yohan B, Terigan S, Santoso WD, Nainggolan L, et al. Concurrent infections of Dengue virus serotypes 2 and 3 in patient with severe dengue from Jakarta, Indonesia. *Asian Pacific J Trop Med* 2016; 9: 134-40. doi: <https://doi.org/10.1016/j.apjtm.2016.01.013>
90. Chambers TJ, Hahn CS, Galler R, Rice CM. Flavivirus genome organization, expression and replication. *Annu Rev Microbiol* 1990; 44: 649-688. doi: <https://doi.org/10.1146/annurev.mi.44.100190.003245>
91. Lai CY, Tsai WY, Lin SR, Kao CL, Hu HP, King CC, et al. Antibodies to envelope glycoprotein of dengue virus during the natural course of infection are predominantly cross-reactive and recognize epitopes containing highly conserved residues at the fusion loop of domain Ⅲ. *J Virol* 2008; 82: 6631-6643. doi: <https://doi.org/10.1128/jvi.00316-08>
92. Simmons CP, Farrar JJ, Nguyen VV, Wills B. Dengue. *N Engl J Med* 2010; 366(15): 1423-1432. doi: [10.1056/NEJMra1110265](https://doi.org/10.1056/NEJMra1110265)
93. Chen LH, Wilson ME. Dengue and chikungunya infections in travelers. *Curr Opin Infect Dis* 2010; 23: 438-444. doi: [10.1097/QCO.0b013e32833c1d](https://doi.org/10.1097/QCO.0b013e32833c1d)
94. Guzman MG, Halstead SB, Artsob H, Buchy P, Farrar J, Gubler DJ, et al. Dengue: a continuing global threat. *Nat Rev Microbiol* 2010; 8(12 Suppl): S7-S16. doi: [10.1038/nrmicro2460](https://doi.org/10.1038/nrmicro2460)
95. Vector-borne viral infections. World Health Organization. [Online] Available from: http://www.who.int/vaccine_research/documents/Vector_Borne_Viral_Infections. [Accessed on Jan 2013]. doi: [https://doi.org/10.1016/S1995-7645\(14\)60016-X](https://doi.org/10.1016/S1995-7645(14)60016-X)
96. Schwartz E, Mileguir F, Grossman Z, Mendelson E. Evaluation of ELISA based serodiagnosis of Dengue fever in travellers. *J Clin Virol* 2000; 19: 169-173. doi: [https://doi.org/10.1016/S1386-6532\(00\)00114-1](https://doi.org/10.1016/S1386-6532(00)00114-1)
97. Jelinek T, Washhuber J, Proll S, Schtetterkirchner M, Loscher T. Influence of rheumatoid factor on the specificity of a rapid immunochromatographic test for diagnosing Dengue infection. *Euro J Clin Microbiol Infect Dis* 2000; 19: 555-556. doi: <https://doi.org/10.1007/s100960000318>
98. Vaughn DW, Nisalak A, Solomon T, Kalayanarooj S, Minh Dung N, Kneen R, et al. Rapid serologic diagnosis of dengue virus infection using a commercial capture ELISA that distinguishes primary and secondary infections. *Am J Trop Med Hyg* 1999; 60: 693-698. doi: [https://doi.org/10.1016/S0928-0197\(98\)00002-6](https://doi.org/10.1016/S0928-0197(98)00002-6)
99. Palmer CJ, King SD, Cuadrado RR, Perez E, Baum M, Ager AL. Evaluation of the MRL diagnostics dengue fever virus IgM capture ELISA and the PanBio Rapid Immunochromatographic Test for diagnosis of dengue fever in Jamaica. *J Clin Microbiol* 1999; 37: 1600-1601. doi: <https://doi.org/10.1128/jcm.37.5.1600-1601.1999>
100. Cuzzubbo AJ, Vaughn DW, Nisalak A, Solomon T, Kalayanarooj S, Aaskov J, et al. Comparison of PanBio dengue Duo IgM and IgG capture ELISA and venture technologies dengue IgM and IgG Dot Blot. *J Clin Virol* 2000; 16: 135-144. doi: [https://doi.org/10.1016/S1386-6532\(99\)00076-1](https://doi.org/10.1016/S1386-6532(99)00076-1)
101. Wu SJL, Paxton H, Hanson B, Kung CG, Chen TB, Rossi C, et al. Comparison of two rapid diagnostic assays for detection of immunoglobulin M antibodies to dengue virus. *Clin Diagn Lab Immunol* 2000; 7: 106-110. doi: <https://doi.org/10.1128/cdli.7.1.106-110.2000>
102. Cuzzubbo AJ, Endy TP, Nisalak A, Kalayanarooj S, Vaughn DW, Ogata SA, et al. Use of recombinant envelope proteins for serological diagnosis of dengue virus infection in a immunochromatographic assay. *Clin Diagn Lab Immunol* 2001; 8: 1150-1155. doi: <https://doi.org/10.1128/cdli.8.6.11501155.2001>
103. Laferte J, Pelegrino JL, Guzman MG, Gonzalez G, Vazquez S, Hermida C. Rapid diagnosis of dengue virus infection using a novel 10 µL IgM antibody capture ultramicro ELISA assay (MAC UMELISA Dengue). *Adv Mod Biotech* 1992; 1: 19.4. doi: [https://doi.org/10.1016/S1995-7645\(14\)60016-X](https://doi.org/10.1016/S1995-7645(14)60016-X)
104. Ilkal MA, Dhanda V, Rodrigues JJ, Mohan Rao CVR, Mourya DT. Xenodiagnosis of laboratory acquired infection by mosquito inoculation and immunofluorescence. *Indian J Med Res* 1984; 79: 587-590. doi: [https://doi.org/10.1016/0035-9203\(89\)90288-5](https://doi.org/10.1016/0035-9203(89)90288-5)
105. Yull TM, Sukhavachana P, Nisalak A, Russell PK. Denguevirus recovery by direct and delayed plaques in LLC-MK2 cells. *Am J Trop Med Hyg* 1968; 17: 441. doi: [10.4269/ajtmh.1968.17.441](https://doi.org/10.4269/ajtmh.1968.17.441)
106. Race MW, Williams MC, Agostini CFM. Dengue in the Caribbean: virus isolation in a mosquito (*Aedes pseudoscutellaris*) cell line. *Trans R Soc Trop Med Hyg* 1979; 73: 18-22. doi: [https://doi.org/10.1016/0035-9203\(79\)90122-6](https://doi.org/10.1016/0035-9203(79)90122-6)

107. Philip Samuel P, Tyagi BK. Diagnostic methods for detection & isolation of dengue viruses from vector mosquitoes. *Indian J Med Res* 2006; 123: 615-628. doi: <https://doi.org/10.1016/j.ijid.2003.03.003>
108. Tesh RB. A method for the isolation and identification of dengue viruses using mosquito cell cultures. *Am J Trop Med Hyg* 1979; 28: 1053-1059. doi: [10.4269/ajtmh.1979.28.1053](https://doi.org/10.4269/ajtmh.1979.28.1053)
109. Maneekarn N, Morita K, Tanaka M, Ugarashi A, Usawattanakul W, Srisanthana V, et al. Application of polymerase chain reaction for identification of dengue virus isolated from patient sera. *Microbiol Immunol* 1993; 37: 41-47. doi: [https://doi.org/10.1016/s1995-7645\(14\)60016-x](https://doi.org/10.1016/s1995-7645(14)60016-x)
110. Saiki RK, Gelfand DH, Stoffel S, Scharf SJ, Higuchi R, Horn GT, et al. Primer directed enzymatic amplification of DNA with a thermostable DNA polymerase. *Science* 1988; 239: 487-491. doi: [10.1126/science.2448875](https://doi.org/10.1126/science.2448875)
111. Henchal EA, Polo SL, Yaemsiri VVC, Hoke CH. Sensitivity and specificity of a universal primer set for the rapid diagnosis of dengue virus infections by polymerase chain reaction and nucleic acid hybridization. *Am J Trop Med Hyg* 1991; 45: 418-428. doi: [10.4269/ajtmh.1991.45.418](https://doi.org/10.4269/ajtmh.1991.45.418)
112. Morita K, Tanka M, Igarashi A. Rapid identification of dengue virus serotype by polymerase chain reaction. *J Clin Microbiol* 1991; 29: 2107-2110. doi: <https://doi.org/10.1128/jcm.29.10.2107-2110.1991>
113. Pinheir VC, Tadei WP, Barros PM, Vascelos PF, Cruz AC. Detection of dengue virus serotype 3 by reverse transcription polymerase chain reaction in *Aedes aegyptis* Diptera-Culicidae captured in Manaus, Amazonas. *Mem Inst Oswaldo Cruz* 2005; 100: 833-839. doi: <https://doi.org/10.1590/S0074-02762005000800003>
114. Gibbons RV, Vaughn DW. Dengue: an escalating problem. *BMJ* 2002; 324: 1563-1566. doi: <https://doi.org/10.1136/bmj.b4338>
115. Putnak JR, Collier BA, Voss G, Vaughn DW, Clements D, Peters I, et al. An evaluation of dengue type-2 inactivated, recombinant subunit, and live-attenuated vaccine candidates in the rhesus macaque model. *Vaccine* 2005; 23: 4442-4452. doi: <https://doi.org/10.1016/j.vaccine.2005.03.042>