

EDITORIAL

Another epidemic fight: dengue fever

Apparently, the celebration for the control of morbidity and mortality of COVID-19 cases could not take too long without the old guest *Aedes Aegypti* showing *its wings*. We are heading towards what could probably be the worst dengue epidemic ever faced in Brazil.

It is frightening to think that, in the first four months of 2024, there is already another outbreak of dengue, in which, as of early April, there are records of more than three million probable cases and more than a thousand confirmed cases of dengue deaths, and this does not take into account the possibility of a large number of underreported cases¹.

Nothing new for the heroes of healthcare, who although still injured from the last pandemic battle (controlled, but still ongoing) must to prepare for the three phases of dengue (febrile, critical and recovery), which may include symptoms such as high fever, muscle and joint pain (myalgia and arthralgia), persistent headaches, retro-orbital pain, prostration and weakness².

In addition, groups that may have more severe outcomes, such as pregnant women, children, the elderly, and those with chronic conditions, are priorities in monitoring. For the management of severe cases, the observation time increased, in addition to the well-known care, such as increased hydration and symptom control, and the attempt to break the cycle of contamination with the use of mosquito repellents².

Even with efforts to make available the long-awaited dengue vaccine (Qdenga), already approved by the National Health Surveillance Agency (ANVISA - Brazil) in 2023, which can induce immune responses against the four serotypes of the dengue virus, the number of cases is still increasing and vector control appears ineffective. Fortunately, in 16 Brazilian states, the vaccine is already available for children and adolescents between 10 and 14 years old who live in cities with more than 100 thousand inhabitants³. However, there is not enough of it available for purchase to cover all age groups yet, and not even those at higher risk of severity.

It can be seen that even with the proposal of epidemic control management bringing topics such as "*organization of care*", "*vector control*" and "*training and continuing education*", success is closely related to the participation of primary health care (PHC) due to its reach throughout the Brazilian territory, considering its continental dimension⁴.

From this perspective, in addition to government proposals such as garbage collection and reduction of potential mosquito development sites, early detection and active search for cases and identification of the risk of increased transmission, as well as the organization of the

care network⁵ itself, actions to raise awareness among the population are fundamental, since most cases are related to the domestic environment. This requires a review of family routines, because dengue control programs are not able to solve it on their own⁶.

Happy reading!

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