

Clinical and biochemical characteristics of dengue infections in children from Sri Lanka

Annexure 1: Locally modified version of WHO 1997 dengue classification and case definitions

Dengue Fever

- Probable—an acute febrile illness with two or more of the following manifestations:

- Headache
- Retro-orbital pain
- Myalgia
- Arthralgia
- Rash
- Haemorrhagic manifestations
- Leukopenia;

And

- Supportive serology

Or

- Occurrence at the same location and time as other confirmed cases of dengue fever

Dengue Haemorrhagic Fever

- Fever, or history of acute fever, lasting 2–7 days, occasionally biphasic, with

Evidence of plasma leakage due to increased vascular permeability, manifested by at least one of the following:

- a rise in the haematocrit equal to or greater than 20% above average for age, sex and population or baseline if known;
- a drop in the haematocrit following volume-replacement treatment equal to or greater than 20% of baseline;
- signs of plasma leakage such as pleural effusion, ascites and hypoproteinaemia.
- radiological evidence of plasma leakage

*Presence of bleeding/ positive tourniquet test was not used as a mandatory criteria as it is unreliable in dark skinned patients.

*Thrombocytopenia (100000 cells per mm³ or less) was not taken as a mandatory criteria as plasma leakage was seen in those with platelet count > 100000 cells per mm³.

Dengue shock syndrome

The above criteria of DHF must be present, plus evidence of circulatory failure manifested by:

- Rapid and weak pulse, and
- Narrow pulse pressure (,20 mmHg (2.7 kPa))

or manifested by:

- Hypotension for age, and
- Cold, clammy skin and restlessness.

Grading severity of dengue haemorrhagic fever

DHF is classified into four grades of severity, where grades III and IV are considered to be DSS. The presence of plasma leakage with concurrent haemoconcentration differentiates grades I and II DHF from DF.

Grade I: Fever accompanied by non-specific constitutional symptoms; without overt bleeding manifestations.

Grade II: Spontaneous bleeding in addition to the manifestations of Grade I patients, usually in the forms of skin or other haemorrhages.

Grade III: Circulatory failure manifested by a rapid, weak pulse and narrowing of pulse pressure or hypotension, with the presence of cold, clammy skin and restlessness.

Grade IV: Profound shock with undetectable blood pressure or pulse.