WHA46.31 Dengue prevention and control

The Forty-sixth World Health Assembly,


Aware that epidemic dengue continues to pose a problem, with dramatic increases in cases and extreme risk of rapid and serious outbreaks, and that dengue haemorrhagic fever and dengue shock syndrome are spreading with associated loss of life, hampering socioeconomic development, affecting hospital services, tourism and employment (through loss of days of work), and threatening the lives of children as well as the health and well-being of adults in a large proportion of the urban, peri-urban and some rural populations of tropical regions;

Deeply concerned at the increasingly frequent occurrence of new epidemics and the rising fatality rates in the Americas and Asia, the rapid spread of dengue mosquito vectors, Aedes aegypti and Aedes albopictus, and their continued proliferation, constituting a serious health hazard as a cause not only of epidemic dengue but also of other serious diseases such as yellow fever, chikungunya and epidemic polyarthritis of which they are the vectors;

Recognizing that epidemics of dengue and dengue haemorrhagic fever are predominantly confined to cities, although significant outbreaks have occurred in rural areas also, and that population movements and unplanned rapid urbanization, particularly where water supply is poor, will continue to increase the risk of dengue transmission;

Recognizing that although there are positive developments in dengue vaccine research, including the successful completion of formal Phase I and II clinical trials using a live, attenuated, tetravalent candidate vaccine, and acknowledging that while manufacturing for Phase III efficacy testing is proceeding, a vaccine is not yet available for public health use;

Appreciating the fundamental importance of community participation in most control measures, such as those to prevent breeding of A. aegypti;
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Aware that a major problem in controlling vector-borne diseases, including dengue, is the lack of specialists capable of planning and implementing such disease control programmes in many countries and carrying out the necessary operational research;

Acknowledging that governments in countries where dengue, dengue haemorrhagic fever and dengue shock syndrome are endemic are having great difficulty in organizing, staffing and financing nationwide dengue control programmes;

Recognizing that control efforts will require the joint efforts of high-level policy and decision-makers with health authorities, municipal planners and those responsible for public health,

1. CONFIRMS that dengue prevention and control should be among the priorities of WHO;

2. URGES Member States:

(1) to strengthen national and local programmes for the prevention and control of dengue, dengue haemorrhagic fever and dengue shock syndrome, ensuring monitoring and assessment by general health services and other institutions as appropriate and reinforcing surveillance of the vector population, prevalence of the virus and numbers of cases in urban areas and among high-risk populations such as the urban and peri-urban poor;

(2) to concentrate on cost-effective approaches and control measures which in the meantime can significantly reduce dengue vector density and disease transmission, such as improved and expanded vector monitoring, appropriate vector control and proper waste management;

(3) to expand diagnostic capabilities and strengthen clinical and epidemiological surveillance for dengue and dengue haemorrhagic fever better to define their distribution and burden;

(4) to establish, in collaboration with WHO, safe and economic measures for the prevention and control of dengue, including planned urban development and the provision of
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safe and dependable water supplies through coordinated efforts in the public and private sectors;

(5) to increase numbers of well trained staff at all institutional levels for the planning and implementation of measures against dengue and the reduction of mortality through improved clinical management;

(6) to strengthen research on the pathophysiology of dengue infections;

(7) to improve community health education, encourage health promotion and better hygiene, and increase awareness and the capacity for action at the community level;

(8) to facilitate Phase III field efficacy trials, testing candidate dengue vaccines;

3. URGES other specialized agencies and organizations of the United Nations system, bilateral development agencies, nongovernmental organizations and other groups concerned, to increase their cooperation in dengue prevention and control both through continued support for general health and social development and through specific support to national and international dengue prevention and control programmes, including emergency control;

4. REQUESTS the Director-General:

(1) to establish, in consultation with affected Member States, strategies to contain the spread and increasing incidence of dengue, dengue haemorrhagic fever and dengue shock syndrome in a manner sustainable by countries;

(2) to draw up plans for emergency health cooperation against outbreaks of dengue and coordinate their implementation with interested agencies and other groups concerned;

(3) to increase WHO's capacity, within available resources, for directing and strengthening research in dengue surveillance, epidemiology and vaccine development, and to guide Member States in the prevention and control of dengue, including vector control;

(4) to coordinate dengue prevention and control in cooperation with other specialized agencies and organizations of the United Nations system, bilateral development agencies,
nongovernmental organizations and other groups concerned;

(5) to increase efforts to find extrabudgetary resources for support to national and international dengue prevention and control activities;

(6) to keep the Executive Board and the Health Assembly informed of progress in the implementation of this resolution.

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Endnotes

1 (Popup - Popup)

1. See Annex 8.