



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

April 12, 2024

MEDICAL ADVISORY: DENGUE FEVER CASE IN HALE'IWA, OAHU

- DOH has confirmed a travel-related dengue virus case in Hale'iwa, O'ahu and has found conditions that could increase the risk of transmission in the area around Hale'iwa boat harbor adjacent portions of Hale'iwa town
- Providers should be vigilant to the possibility of dengue fever in persons presenting with compatible symptoms and who have spent time in Hale'iwa during the month of April
- Urgently report all suspect dengue fever cases, do not wait for laboratory confirmation
- Diagnostic PCR (within the first seven days of illness) and serologic testing for dengue virus can be performed at the State Laboratories Division.

Dear Healthcare Provider:

The Hawai'i Department of Health (DOH) has confirmed [a travel-related dengue virus case in Hale'iwa, O'ahu](#). Upon investigation, DOH found conditions that could increase the risk of transmission in the area around Hale'iwa boat harbor and adjacent portions of Hale'iwa town. Vector control teams have responded and will continue to be active in the Hale'iwa area.

The area where the case was reported experiences high traffic of visitors and tourists. Highly dense populations of *Aedes albopictus* mosquito, a vector of dengue virus, were identified around the residence where the case was found and the surrounding area. Initial vector control response resulted in a marked reduction of mosquitoes around the case residence. DOH will continue to monitor mosquito numbers in this area and take additional measures as needed. Signage will be posted to educate the public on how to protect themselves and prevent transmission.

Dengue fever presents typically 5–7 (range 3–10) days after a bite by an infected mosquito. Symptoms include high fever, arthralgias, myalgias, severe headache, retro-orbital eye pain, maculopapular rash, and mild hemorrhagic manifestations (e.g., petechiae). Mild cases may have only a nonspecific febrile syndrome. Uncomplicated dengue fever resolves within 2–7 days. In some, symptoms can progress to severe dengue, which can be fatal and present after initial fevers resolve. Hemorrhage and extensive plasma leakage, requiring critical, aggressive supportive care and monitoring, are characteristic. Dengue can occasionally present with signs and symptoms of aseptic meningitis or encephalitis. Early laboratory values in dengue fever typically demonstrate leukopenia and thrombocytopenia; patients with severe dengue can have an abruptly increased hematocrit.

Providers should be vigilant to the possibility of dengue fever in persons presenting with compatible symptoms and who have spent time in Hale'iwa during the month of April. Urgently report all suspect dengue fever cases, do not wait for laboratory confirmation.

Dengue testing is recommended for anyone who lives in or traveled to [areas](#) where dengue virus is transmitted as well as Hale‘iwa in the month of April and has recently experienced signs and symptoms of dengue illness. Patients with symptoms consistent with dengue can be tested with both molecular and serologic diagnostic tests during the first 7 days of illness. During this period, dengue virus is typically present in blood or blood-derived fluids such as serum or plasma. Dengue virus RNA can be detected with molecular tests including [PCR testing available through DOH State Laboratories Division](#). After the first 7 days of illness, test only with serologic diagnostic tests. During this period, IgM antibodies are usually present and can be reliably detected by an IgM antibody test. Because dengue infection can cross-react with other mosquito-borne illnesses on serological testing, it is critical to **involve DOH as soon as possible to obtain polymerase chain reaction (PCR) testing and/or serological testing**. Approval for laboratory testing should be coordinated with the Disease Investigation Branch at (808) 586-4586.

Treatment for dengue infection is supportive; patients should be monitored for potential progression to severe dengue.

Individuals suspected or confirmed to have dengue fever should be instructed to stay indoors and avoid mosquito bites during their first week of illness (i.e., especially while febrile). *Everyone*, but especially those with dengue infection, should be encouraged to aggressively control and eliminate mosquitoes around their homes and businesses by eliminating areas of standing water. Windows and door screens should be checked for holes/tears and repaired. Individuals should use mosquito repellents containing 20–30% DEET and wear long sleeves and pants when possible.

Dengue fever is an urgently reportable disease. Report any clinically suspected case of dengue fever immediately to:

- Oahu (Disease Reporting Line) (808) 586-4586
- Maui District Health Office (808) 984-8213
- Kauai District Health Office (808) 241-3563
- Big Island District Health Office (Hilo) (808) 933-0912
- Big Island District Health Office (Kona) (808) 322-4877
- After hours on Oahu (808) 600-3625
- After hours on neighbor islands (800) 360-2575 (toll free)

We appreciate your vigilance and assistance in protecting our communities from dengue fever.

Sincerely,



Sarah K. Kemble, M.D.
State Epidemiologist

MEDICAL ADVISORY: Dengue Fever Case In Hale‘iwa, Oahu
April 12, 2024
Page 3

Additional Resources:

Signs and Symptoms:

<https://www.cdc.gov/dengue/healthcare-providers/clinical-presentation.html>

Diagnostic Testing:

<https://www.cdc.gov/dengue/healthcare-providers/testing/testing-guidance.html>

Specimen collection for submission to State Laboratories Division:

<https://health.hawaii.gov/statelab/files/2013/07/sld-brs-sr-dengue-pcr3.pdf>

Current recommendations for treatment:

<https://www.cdc.gov/dengue/healthcare-providers/treatment.html>