

QUICK LINKS**Dengue—TRAVELER INFORMATION**

- [Introduction](#) • [Mode of Transmission](#) • [Risk Areas](#) • [Risk Factors](#) • [Symptoms](#)
- [Prevention](#) • [Need for Medical Assistance](#)

Traveler Information

DENGUE

This article covers dengue and briefly discusses Zika virus infection.

INTRODUCTION

Dengue is a viral infection in humans who are bitten by mosquitoes carrying the dengue virus. There are 4 different types of dengue virus (called serotypes) that can cause the disease. Travelers can become infected by any of the 4 serotypes that they have not encountered previously. It is estimated that 50 million persons become infected each year. The severe forms of dengue, dengue hemorrhagic fever (DHF) and dengue shock syndrome (DSS) are uncommon in travelers.

Zika virus infection, also transmitted by mosquitoes, is closely related to dengue but the disease is milder than dengue. Symptoms include fever, malaise, joint and muscle pain, headache, rash, and inflamed eyes. Zika virus infection occurs in at least a dozen countries of Africa, Southeast Asia, Oceania, and South America.

MODE OF TRANSMISSION

Humans become infected when bitten by *Aedes* mosquitoes, which carry the virus.

Aedes mosquitoes feed mainly during the daytime, with peak biting activity during the first 2-3 hours after dawn and again in the mid-to-late afternoon hours. However, these mosquitoes bite all day when indoors or during overcast days outdoors.

RISK AREAS

Dengue is the most common cause of systemic febrile illness in travelers returning from the Caribbean, Central America, and south-central Asia.

Dengue infections are widespread in most tropical and subtropical countries of the South Pacific, Asia, the Caribbean, the Americas, and the Indian Ocean islands. In recent years dengue has also emerged in Africa and has become significantly more common in Kenya, Tanzania, Angola, and several countries in West Africa.

In recent years dengue has emerged in Africa, and becoming more common in Kenya, Tanzania, Angola, and several countries in West Africa.

One type of mosquito that carries dengue has been increasing in parts of the southern United States and southern Europe.

RISK FACTORS

- Persons not previously exposed to the currently circulating serotype are at risk for dengue infection in an endemic area.
- Travelers are at highest risk in populated urban and residential areas in endemic countries.
- Dengue occurs more frequently during warm, humid seasons.
- Dengue peaks from January to April in Brazil, June to September in the Caribbean, June to September in Southeast Asia, and September to November in India.

SYMPTOMS

Symptoms usually appear 2-5 days after being bitten.

Symptoms of classical dengue include sudden onset of high fever; severe muscle pain in the lower back, joints, and muscles (which is why dengue is sometimes called “breakbone fever”); nausea, vomiting, headache, and weakness. A subtle rash appears in most infected persons. Dengue is usually self-limited, with an average duration of 6 days.

Severe forms of dengue (dengue hemorrhagic fever and dengue shock syndrome) are rare. These begin like classic dengue but progress to severe abdominal pain and persistent vomiting; if left untreated, they can progress to bleeding at sites of minimal trauma, circulatory failure, shock, and death.

PREVENTION

There is currently no vaccine against dengue. Travelers to dengue-endemic areas must employ insect precautions and personal protection measures at all times, being especially vigilant during early morning and late afternoon hours. (See *Insect Precautions*.)

NEED FOR MEDICAL ASSISTANCE

The treatment for dengue is purely symptomatic, and most patients do not need to be hospitalized. However, most travelers with persistent fever should be seen by a health care professional when possible, to make sure that another serious disease (e.g., malaria) is not present.

Travelers should avoid using aspirin and other nonsteroidal anti-inflammatory drugs for fever because they have anticoagulant properties.

Travelers with severe abdominal pain, persistent vomiting, an abrupt change from fever to hypothermia with profuse sweating, extreme exhaustion, lethargy, or mental status changes should seek immediate medical attention.

Travax content represents decision-relevant, expert synthesis of real-time data reconciled with new and existing available advice from authoritative national and international bodies. Recommendations may differ from those of individual countries' public health authorities.

© Shoreland, Inc. All rights reserved.