Update on the Dengue situation in the Western Pacific Region

This report describes the epidemiology of dengue in the World Health Organization Western Pacific Region. Data are compiled from open sources (national indicator-based surveillance systems) with the exception of Cambodia, Lao People’s Democratic Republic, Viet Nam, and the Philippines, where data are provided by the WHO Country Offices. For the Pacific Island Countries, syndromic surveillance data are provided by the Division of Pacific Technical Support. Information is reported based on countries’ standard dengue case definitions, summary of these definitions and countries’ dengue surveillance systems - included as an annex to this report. Due to differences in surveillance methods and reporting practices, a comparison of trends between countries and areas is not possible, however, national trends can be observed over time.

Northern Hemisphere

Cambodia

As of epidemiological week 4 of 2024, the National Dengue Surveillance System reported a total of 1,972 cases with 5 deaths (Case Fatality Rate (CFR) 0.25%) since 1 January 2024 (Figure 1), an increase by 307.4% (n=484) in cases and by 4 deaths (n=1) respectively, as compared to cases and deaths reported in 2023 over the same period.

![Figure 1: Dengue cases reported weekly in 2024 vs endemic and epidemic alert lines in Cambodia; Source: National Dengue Surveillance System (NDCP/CNM/MOH)](image)
China
There is no update for this reporting period. In December 2023, 154 dengue cases and no deaths were reported in China. There have been a total of 19,627 dengue cases and one death in the country from January 2023 to December 2023 (Figure 2).

![Figure 2: Dengue cases reported monthly from 2015-2023 (as of October) in China](image)
*Source: National Health Commission, CDC and National Disease Control and Prevention Administration, China*

Lao People’s Democratic Republic
In epidemiological week 5 of 2024 (29 January to 4 February 2024), 148 dengue cases and zero deaths were reported (Figure 3). The number of reported cases is lower than the numbers reported in epidemiological week 4 (170 cases with no deaths), and higher than those in week 5 of 2023 (51 cases with no deaths). The cumulative number of cases reported in 2024 (as of epidemiological week 3) is 732. This is a 170.1% increase compared to the 271 cases reported during the same period in 2023.

![Figure 3: Dengue cases reported weekly from 2018-2024 in Lao PDR](image)
*Source: National Centre for Laboratory and Epidemiology, Ministry of Health, Lao PDR*
Malaysia
During epidemiological week 6 of 2024 (4 February 2024 to 10 February 2024), a decrease of 338 cases (8.5%) was reported with 3,631 cases as compared to 3,969 cases reported in the previous week (Figure 4). The cumulative number of dengue cases reported up to week 6 of 2024 is 22,058 cases, which is an increase of 68.5% compared to 13,094 cases for the same period in 2023. 10 dengue-related deaths were reported up to week 6 of 2024 compared to 9 deaths for the same period in 2023.

![Dengue cases reported weekly from 2023, 2024 and median 2019-2023 in Malaysia](source: Department of Health, Malaysia)

Philippines
There is no update for this reporting period. During epidemiological Week 48 (26 November to 2 December 2023), there were 2,607 new dengue cases reported, a 41% decrease compared to the same period in 2022 (n=4,415 cases) (Figure 5). As of 2 December 2023, a total of 195,603 dengue cases have been reported. The number of cases is 23% lower compared to the same period in 2022 (n=252,700). From 1 January to 2 December 2023, there have been 657 deaths (CFR 0.34%) as compared to 894 deaths (CFR 0.35%); reported in the same period in 2022.

![Dengue cases reported weekly from 2022 and 2023 in the Philippines](source: Department of Health, the Philippines
(Note: there is a 3-4 week systematic delay in reporting and numbers should be interpreted with caution)
**Singapore**

In epidemiological week 5 (28 January 2024 to 3 February 2024), a total of 487 dengue cases were reported in Singapore. Cumulatively, a total of 2,027 cases (Figure 6) have been reported as of 3 February 2024. When compared with week 5 in 2023 (1,239 cases), there has been a 63.6% increase in cases reported in week 5 of this year. Preliminary results of all positive dengue samples serotyped in January 2024 showed DEN-1, DEN-2, DEN-3, and DEN-4 at 21.3%, 62.7%, 11.6%, and 4.4% respectively.

**Viet Nam**

As of 14 January 2024 (epidemiological week 2), cumulatively 3,758 dengues cases including no deaths were reported in Viet Nam. Compared to the same period in 2023, the number of cumulative cases decreased 32.3%. (Figure 7).
Southern Hemisphere

Australia

From 08 January to 21 January 2024, a total of 59 dengue cases were reported in Australia. From 22 January 2023 to 21 January 2024, the cumulative number of dengue cases is 1,117, which is 1.7 times higher than the same period’s 5 year rolling mean (n=645.6 cases). (Figure 8).

![Figure 8: Laboratory-confirmed dengue cases reported monthly from 2016-2024 in Australia](image)

**Source:** Department of Health, Australia

**Note:** Graph was updated on 15 February 2024

Pacific Islands Countries

New Caledonia

There is no update for this reporting period. From 1 January to 31 December 2023, nine confirmed dengue cases were reported in New Caledonia (Figure 9). This is higher compared to the same period in 2022 when a total of three dengue case was reported. Of the nine confirmed dengue cases in 2023, six were imported cases. The serotype of the cases were DENV-1, DENV-2 and DENV-3.

![Figure 9: Dengue cases reported by week from 2021 to 2023 in New Caledonia](image)

**Source:** Network of sentinel physicians, New Caledonia
Pacific Island Countries and Areas (PICs) – Dengue-like illness (DLI) Surveillance

During epidemiological week 5 of 2024 (ending 6 February 2024), Pacific Island Countries and Areas (PICs) with available surveillance data (16/18 PICs) reported no or low numbers of DLI cases. Among the PICs, Fiji, Samoa, Solomon Islands, Tokelau, Wallis & Futuna reported DLI cases.
Figure 10. Reported cases of dengue-like illness in Pacific Islands Countries and Areas

Source: WHO Division of Pacific Technical Support

Note: Caution should be taken in interpreting these data as there may be changes in the number of sentinel sites reporting to the Pacific Syndromic Surveillance System (PSSS). Furthermore, the syndromic case definition of DLI may capture cases with non-dengue acute febrile illnesses (AFI) with similar clinical manifestations to dengue. This includes AFI such as chikungunya, influenza, hantavirus, leptospirosis, malaria, measles, paratyphoid and typhoid fevers, scrub typhus, yellow fever, zika, other diseases. The PSSS may also capture dengue cases under ‘prolonged fever’ surveillance. Alert threshold for DLI is twice the average number of cases seen in the previous 3 weeks.

FSM: Federated States of Micronesia
Annex 1. Summary of dengue case definitions, laboratory sampling and testing methods used for surveillance in Member States as of 2023

<table>
<thead>
<tr>
<th>Country</th>
<th>Case definition</th>
<th>Surveillance system</th>
<th>Laboratory sampling and testing method</th>
<th>Reference</th>
</tr>
</thead>
</table>
| Australia| Fever, headache, arthralgia, myalgia, rash, nausea and vomiting | Yes | Both confirmed and probable cases are nationally notifiable. A confirmed case requires both laboratory definitive evidence and clinical evidence. A probable case requires either laboratory suggestive evidence and clinical evidence and epidemiological evidence, or clinical evidence and household epidemiological evidence. Laboratory definitive evidence:  
  - Isolation of dengue virus, or  
  - Detection of dengue virus by nucleic acid testing, or  
  - Detection of NS1 antigen in the blood by EIA, or  
  - IgG seroconversion or significant increase in antibody level or greater rise in titre to dengue virus (proof by neutralization or another specific test)  
  - Detection of dengue virus-specific IgM in blood  
Epidemiological evidence:  
  - Exposure between 3 – 14 days prior to onset either in a country with known dengue activity or in a dengue-receptive area in Australia where a locally-acquired or imported case has been documented with onset within a month.  
Household epidemiological evidence:  
  - Living in the same house as a locally-acquired case in a dengue-receptive area of Australia within a month of onset in the | 1 |
| Cambodia | Suspected dengue: very high fever at 39-40 degrees celcius for 2-7 days (usually 3-4 days), with 2 or more of the following signs: flushed face, headache, retro-orbital pain, myalgia/arthritis, cutaneous rash, haemorrhagic signs (petechiae, positive tourniquet test), and leucopenia. Probable dengue: signs of suspected dengue plus laboratory test results (see right column) or that the case occurred in an area where the dengue case has been confirmed. | Yes | National Dengue Control Program (NDCP) enhanced sentinel surveillance system Communicable Disease Control (CDC) syndromic surveillance system (CamEWARN). Health Management Information System (HMIS) collects data on confirmed cases and deaths. | Data collected for Cambodia Laboratory Information System (CamLIS), comprised of 32 participating hospital laboratories where NS1 detection is conducted. Laboratory testing: Antibody HI>= 1/1280 or IgM/IgG positive by ELISA test in convalescence serum. | 2 |
| China | (i) more than two symptoms of acute onset fever, severe headache, orbital pain, myalgia, arthralgia, fatigue with a history of travel in a dengue endemic area within 15 days before symptom onset or cohabitation with an individual with confirmed dengue; or no travel history, but with a rash or positive tourniquet test AND leucopenia or thrombocytopenia or serum IgM positivity. | No | Reported to the Chinese Centre for Disease Control and Prevention (China CDC) through the Chinese National Notifiable Infectious Disease Reporting Information System (CNNDS). | Laboratory confirmation is done by real-time RT-PCR, NS1 in acute-phase serum, or virus isolation from an acutely infected patient’s serum. | WHO internal communication |
| Lao People’s Democratic Republic | WHO dengue case classification (2009) † | No | National Surveillance System for Notifiable Selected Diseases, indicator-based surveillance system that consists of passive weekly reports of clinically suspected cases, on admission, from all health-care facilities across the country. | All suspected cases are to be tested by the following laboratory tests: Rapid Combo Test (RCT) (NS1, IgM, IgG), Dengue Antigen and Serology tests by ELISA, Dengue Viral RNA Detection (Real time RT-PCR), Viral Isolation | 3 |
| Malaysia | WHO dengue case classification (2009) † | Yes | National Dengue Surveillance System, indicator-based surveillance system | All suspected cases are to be tested by the following laboratory tests: Rapid Combo Test (RCT) (NS1, IgM, IgG), Dengue Antigen and Serology tests by ELISA, Dengue Viral RNA Detection (Real time RT-PCR), Viral Isolation | 4 |
| Philippines | WHO dengue case classification (2009) † | Yes | Philippine Integrated Disease Surveillance and Response (PIDSR), indicator-based surveillance system. Reporting delays of 2-3 weeks, Confirmed dengue is a suspect case with positive (+) viral culture isolation and/or PCR. NS1 (+), IgM is used to identify probable dengue. | 5, 6, 7 |
making comparison of current weekly and cumulative figures with previous years difficult.

### Singapore (endemic)
Fever, headache, backache, myalgia, rash, abdominal discomfort and thrombocytopenia and laboratory testing (see right column) - No

Dengue is a legally notifiable disease in Singapore and notifying the Ministry of Health should not be later than 24 hours from the time of diagnosis.

Laboratory confirmation is done using standard diagnostic tests for the detection of dengue NS1 antigen, IgM and IgG, or RT-PCR.

### Viet Nam (endemic)
Acute onset of fever continuously lasting from 2-7 days AND at least 2 of the following: haemorrhagic manifestation/presentation; headache, loss of appetite, nausea, vomiting; rash; muscle pain, joint pain, orbital pain; lethargy; abdominal pain.

No

As per the MOH dengue surveillance guideline, in routine surveillance MAC-ELISA is conducted for at least 7% and virus isolation is conducted for at least 3% of clinical cases. In an outbreak, at least 5 to 10 suspected cases are tested.

### Pacific Island Countries
WHO dengue case classification (2009)† - No

Pacific Syndromic Surveillance System

Confirmed case: Isolation of dengue virus or detection of dengue-specific antigen or antibodies in tissue, blood, CSF or other body fluid by an advanced laboratory test

References:

† A probable dengue case is defined as any case living in or travel to dengue endemic area with fever and two or more of the following: nausea, vomiting, rash, aches and pains, positive tourniquet test, leucopenia and any warning sign. A case with warning signs is defined as a clinically diagnosed case with any of the following: abdominal pain or tenderness, persistent vomiting, clinical fluid accumulation, mucosal bleed, lethargy, restlessness, liver enlargement > 2 cm and increase in haematocrit concurrent with rapid decrease in platelet count. Severe dengue is defined as severe plasma leakage leading to any of the following: shock, fluid accumulation with respiratory distress OR severe bleeding as evaluated by clinician OR severe organ involvement of liver (aspartate amino transferase or alanine amino transferase ≥ 1000), central nervous system (impaired consciousness) or heart and other organs.10