



Healthy

Facility Magazine

August 2024 Issue #5

INSIDE THIS ISSUE:

An Overview on Dengue	2
Myths and Misconceptions on Dengue	4
Life in the Context of a Serious Illness	6



An overview of Dengue

by Dr. Damion Basdeo and Dr. Jamila Augustine



Dengue fever is a disease which is caused by the dengue virus. This virus has four subtypes which can be spread most commonly via the Aedes Aegypti mosquito. In most of the Americas this mosquito is present, and the Caribbean is no exception. Every 4-5 years, we are expected to get a surge in dengue cases or an outbreak. It is important to know that patients with dengue can have a variety of symptoms. Some of these patients may have no symptoms (asymptomatic) but some may have life-threatening symptoms and require hospitalisation.

What are the symptoms?

Firstly, there is fever along with any of the following symptoms which include headache or pain behind the eyes; joint pain; nausea or vomiting; muscle pains; generalized body pain and/or a rash. Additional symptoms indicate a severe case of dengue. These symptoms include abdominal pain; persistent vomiting; fatigue and bleeding from the gums; the digestive system or even bleeding under the skin.

What to do if displaying symptoms?

Persons showing symptoms of Dengue Fever should visit their doctor or the nearest health facility for immediate medical treatment.

What is the main way to treat dengue?

The main way to treat dengue is hydration but although we can do this at home by drinking water, some patients need to be hospitalised. When in the hospital, hydration can be given via an intravenous line. Other supportive measures include appropriate food intake, medication for fever and sufficient rest.

Who requires hospitalisation?

Persons suspected of having dengue, who may be pregnant or have other medical conditions such as bleeding disorders; diabetes; hypertension; sudden or pre-existing kidney disease. Patients with severe symptoms such as persistent vomiting; severe abdominal pain; bleeding; confusion or a change in the patient's consciousness will also require admission to the hospital.

What can we do?

Prevention is better than cure and treatment. We can avoid having areas of stagnant water around our homes which are the nesting areas for these mosquitoes.

It is important to note that while spraying certain chemicals can kill adult mosquitoes, it is ineffective against larvae and eggs. Spraying insecticides can also harm other beneficial species like butterflies and bees. Therefore, it is important for us to focus mainly on the removal of breeding sites. We can wear appropriate long-sleeved clothing; closed-toed shoes and use mosquito nets as well as mosquito repellents to avoid being bitten by the Aedes Aegypti mosquito.

This is essential to fight against an outbreak. We can educate ourselves on the symptoms and warning signs and visit the nearest health facility or to seek medical attention.

Let us all do our part and help in the fight against the dengue virus.

Government of the Republic of Trinidad and Tobago
Ministry of Health

Hidden Breeding Sites for Mosquitoes

Let's stop Dengue. Keep your Surroundings Clean.

To prevent dengue, we must get rid of mosquito breeding sites. It starts with clearing hidden and potential breeding grounds.

Here are some areas inside and around the home you may have overlooked:
 wares drainer, the tracks of sliding bath doors, garbage bins/cans by the roadside, vases with flowers, plant pots, the bromeliad plant, cases of bottles, brick holes, unused pet dishes, uncovered toilets (if not in use.)

www.health.gov.tt
 Ministry of Health-Trinidad and Tobago
 TrinidadHealth
 MoH_TT
 minhealthtt

Myths and Misconceptions on Dengue

by Dr. Jamila Augustine and Dr. Damion Basdeo

The blood test is most important.

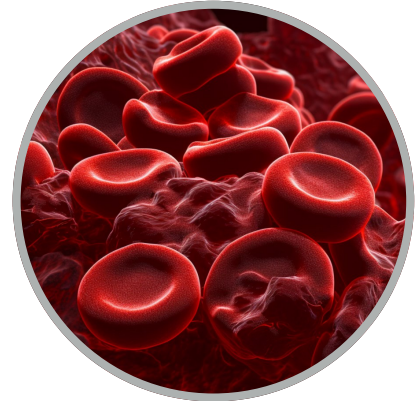
FALSE- While a blood test may be used to confirm dengue fever, it is not absolutely required as your physician assesses and treats you based on your presenting signs and symptoms. A diagnosis of suspected dengue can be made and treated based on the patient's clinical history and examination alone. The blood test can be done to check the body's response to the virus and may be negative in the first 5 days of illness which is usually the phase accompanied by fever.



The platelet count is all that matters.

FALSE- The decreased platelet count is one of the things that can cue a doctor into the diagnosis of dengue but it is not the only thing. The symptoms, signs and other abnormalities in the blood work can indicate if the patient has dengue. Furthermore, the symptoms and other blood work will indicate if it is "*severe dengue*" which is the most harmful form and at times associated with death. Although the platelets are important for clotting of the blood, what affects the patient the

most and can lead to death is leakage of the fluid from the blood vessels which can lead to decreased blood pressure and "*shock*". This is why it is very important to remain hydrated.



Paw Paw leaves is all that is needed.

FALSE- Although boiling and the juice of pawpaw leaves have been shown to increase platelet count and have benefits in dengue, it is not the **ONLY** beneficial treatment. When a patient is admitted, the intravenous fluids are what maintains the patient's blood pressure especially if they are unable to hydrate themselves orally, via the mouth (e.g. those who are persistently vomiting). Several research papers have shown the benefits of paw paw leaves in dengue but some of the care that is needed and can be life-saving or may be only available at the hospital which can be life-saving. This includes medication to increase the blood pressure, decrease vomiting, blood transfusion and blood products. Just as important, monitoring of the patient and response to the treatment which is usually intravenous fluids and supportive care is essential for the appropriate management of critically ill patients.

Once the fever is gone, dengue is no longer there.

FALSE- There are three (3) phases of dengue. These include the febrile phase, critical phase and recovery phase. The febrile phase or phase accompanied by fever is usually the first five days and the patient can benefit from the use of paracetamol/acetaminophen.

The second phase is the most dangerous and is actually not accompanied by fever. This is the critical phase which is usually day six and seven of the illness. This phase is usually associated with complications and possible deterioration. During this phase, the intravenous fluids are of benefit depending on what severity of illness is experienced by the patient.

The third and last stage is the recovery phase. This is when the body is recovering the fluid lost and the patient is encouraged to hydrate orally, via the mouth.

We are only required to protect ourselves from mosquito at nights.

FALSE- The Aedes Aegypti mosquito more commonly bites during the course of the day and is most active around sunrise and sunset. It can also bite at night in well-lit areas. Therefore, we must be vigilant at all times and take the necessary precautions to protect ourselves.



Stages	Symptoms
Febrile or Invasive	High fever, abdominal pain, headache accompanied by vomiting, conjunctival infection, and epistaxis.
Toxic or Hemorrhagic Stage	Lowering of temperature, unstable B.P. Severe abdominal pain, vomiting, & frequent bleeding from GIT
Convalescent or Recovery Stage	B.P. stable generalized weakness.

Life in the context of a serious illness

By Dr. Sandhya Maharaj

My brain looks at life a bit too logically at times. This logic helps me navigate life in a systematic way. I look at life as having a beginning, middle and end. As human beings, we place a lot of focus on the beginning and middle of life, but often look at the end of life as something to be feared or challenged.

The birth of a child (beginning of life), weddings (mid-life), having children (mid-life) all represent these joyous occasions which involve preparation, celebration and community. However, many of us view death (end of life) as a failure of healthcare or a bad experience/outcome associated with suffering. Death is one of the few certainties of life. Perhaps, we must view it to a certain extent as a natural culmination of progressive diseases, older age and sometimes as an unexpected occurrence. The finality of death makes it a poor outcome in many ways.

However, the finality of death should challenge us to think about the beauty of life. It encourages us to focus on the things that matter in life: good relationships, love and living life to the fullest in the way each of us deem it meaningful. Susan Sontag wrote in *Illness as a metaphor*: ***“Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.”***

However, when the kingdom of the sick includes a serious, life limiting illness, the invitation to the realm of dying is often unwelcomed.

This logical brain also identifies the emotional components to the end of life. So, it fully recognises the emotions attached to losing a loved one. As many authors describe, grief is the expression of the depth of love and care they felt for the one they lost.

In my experience, the end of life can be what you make it. Sometimes, acceptance of a medical fate, peace, faith and love make the end of life experience just as beautiful as other life experiences. As we plan and prepare for all the welcomed milestones in our lives, how about we plan for the one which will come knocking at some point to all our doors-Death? We can make some sort of preparation for the inevitable. Although, some of these preparations may be tangible, like sorting out wills and other legal matters. Some, maybe intangible like repairing relationships, expressing feelings, identifying a community that will support us in difficult times and moreover just living life to its fullest.

Rilke describes death as the other half of life and Suleika Jaouad reminds us that ***“living means learning to hold the astonishingly beautiful and unbearably hard things in the same palm”***. Perhaps, we can try to prepare for both halves of our lives!

Healthy Hospital Initiative Team in collaboration with T&TMA East Branch

HHI Advisor - Dr. Rajiv Bhagaloo - Medical Director

HHI Chairperson- Dr. Damion Basdeo Acting Registrar, Internal Medicine

HHI Vice-Chairperson/Secretary-Office of the Medical Director Representative
Ms. Onika Andrews- Clerk I, Office of the Medical Director

HHI Treasurer- Ms. Koreen Castillo, Customer Relations Officer (CRO)

HHI Executive Members- Facilities/Auxiliary Representatives- Mr. Krishan Dass, Ag. Painter II and Ms. Dara Cox, Wardsmaid

HHI Executive Members- Facilities Representative/Manager Hospital Administration (MHA) Representative Ms. Nickisha Wilson- Clerk I, Office of the Assistant Manager Hospital Administration (AMHA)

HHI Executive Members- Occupational Safety and Health (OSH) Representative - Mr. Kendall Drakes Ag. OSH Officer

HHI Executive Members- Dietician/Dietetic Technician - Ms. Charlene Pattoo-Sooklal

HHI Executive Members- Cook/Food Service Worker - Mr. Marcellus Garcia, Cook I

HHI Executive Members- Quality Representative - Ms. Koreen Castillo, Customer Relations Officer (CRO)

HHI Executive Members- Nursing/Clinical Representative - Ms. Susan Thomas, Head Nurse Ward 5 and Ms. Kerissa Ryan, Head Nurse, Ward 6

HHI Executive Members- Sports Committee Representative- Ms. Shalini Baksh
Statistical Assistant II

HHI Executive Members- Wellness Centre Representative - Mr. Isaac John, Fitness Trainer

T&TMA East Branch Chairperson- Dr. Andrew Lakhan

Artwork/Layout- Corporate Communications - Ms. Daneesha Charles, OJT

Contact Number: 226-9072

Email: hhi@erha.co.tt

"Caring is the Key"