Centers for Disease Control and Prevention
Office of Communications

# What Clinicians Need to Know about Dengue in the United States

Clinician Outreach and Communication Activity (COCA) Call

Thursday, October 22, 2026

# MS Teams Platform

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# Objectives

At the conclusion of today's session, the participant will be able to accomplish the following:

- Summarize dengue epidemiology and transmission in the United States.
- List the clinical features of dengue.
- Explain dengue diagnostic testing for patients with suspected dengue.
- Describe appropriate treatment for dengue patients according to severity classification.

# To Ask a Question

- Using the MS Teams Platform
  - The ability to ask questions during the live webinar is limited to the first 1,000 attendees who join the webinar.
  - Questions may be submitted after the live session by emailing coca@cdc.gov.
- If you are a patient, please refer your question to your healthcare provider.
- If you're a member of the media and have a question, please contact CDC Media Relations at www.cdc.gov/media. Click "Contact Media Relations" at the bottom of the page, and then complete the Request for Comment form.

# Today's Presenters



**Laura Adams, DVM, MPH, DACVPM**

Epidemiologist

Dengue Branch, Division of Vector-Borne Diseases

National Center for Emerging and Zoonotic Infectious Diseases

Centers for Disease Control and Prevention



**Liliana Sánchez-González, MD, MPH, CTropMed**

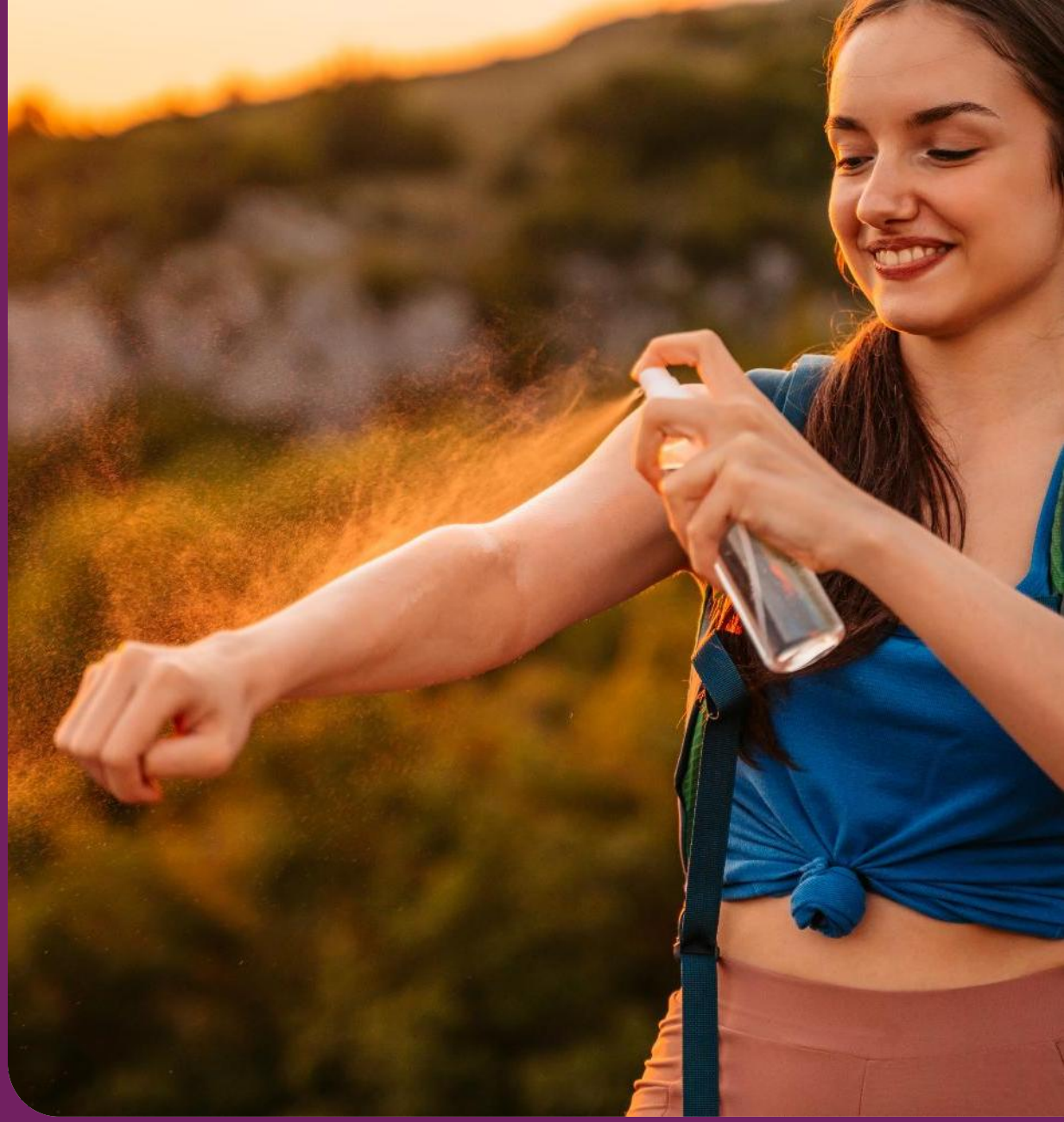
Medical Epidemiologist

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October 22, 2026

# Dengue Basics & Current Situation

Laura Adams, DVM, MPH, DACVPM



# Dengue Basics

# Dengue Viruses (DENVs)

- **Lifelong** DENV type-specific immunity
- **Short-term** cross-protective immunity (~1–2 years)
- Individuals can be **infected multiple times**



# DENV Transmission

- Vector-borne
  - Saliva of infected *Aedes* spp mosquito
- Other modes
  - Perinatal from mother to baby
  - Breast milk
  - Blood transfusion or organ transplantation
  - Needle stick, mucocutaneous, or hospital/laboratory accident
  - Sexual



*Aedes aegypti*



*Aedes albopictus*

# *Aedes* mosquitoes lay eggs in water-holding containers and are common in urban areas.

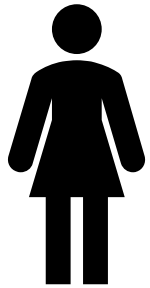






# Dengue Virus Transmission





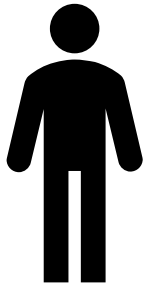
**Intrinsic Incubation Period**

Infected mosquito bites another person and transmits DENV. DENV replicates in next host for 3 to 14 days before symptom onset

**Extrinsic Incubation Period**

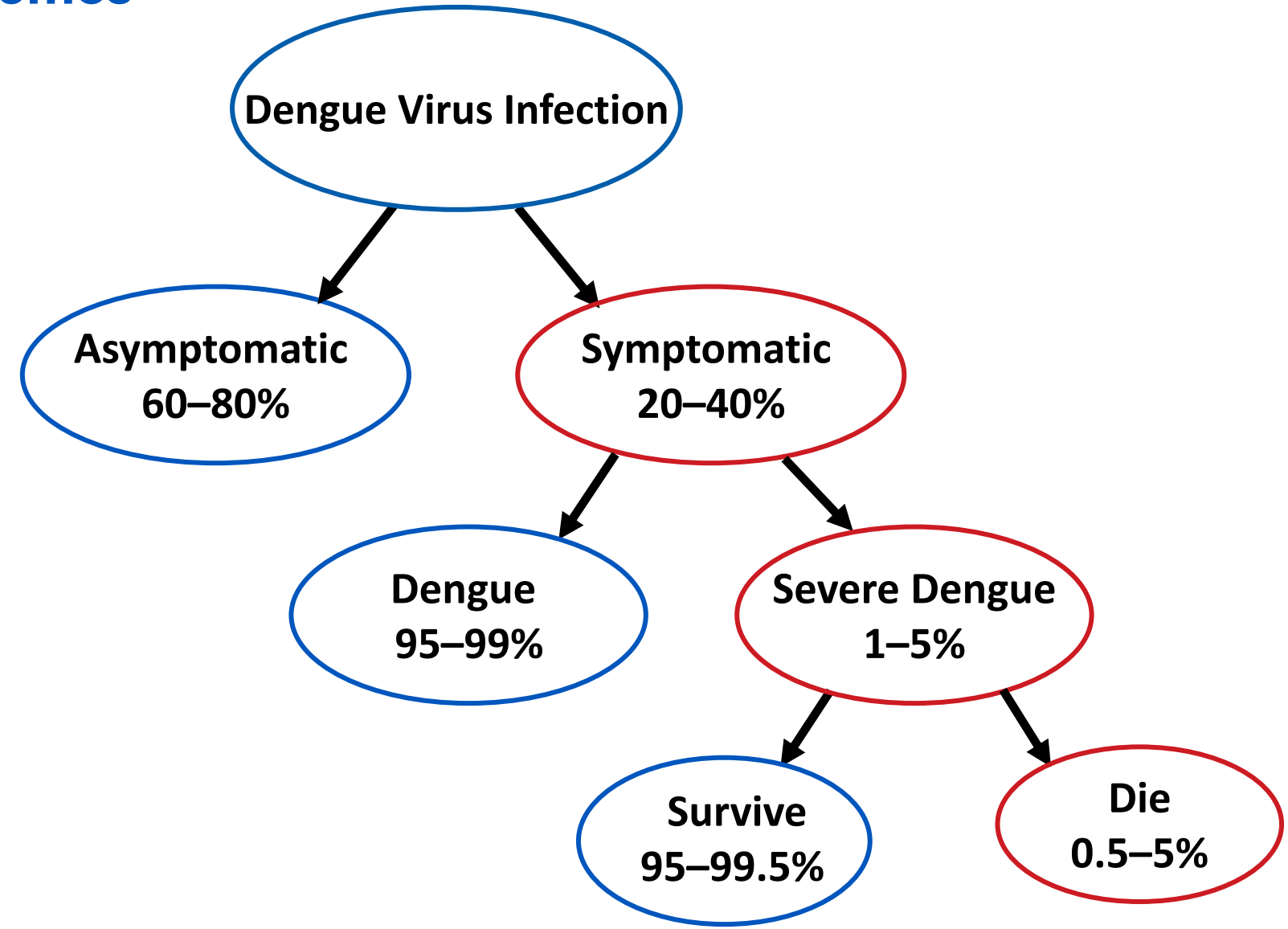
Mosquito ingests DENV in blood meal. DENV replicates in its body for 8-12 days before able to transmit DENV to person

Acutely infected, viremic person gets bitten by mosquito

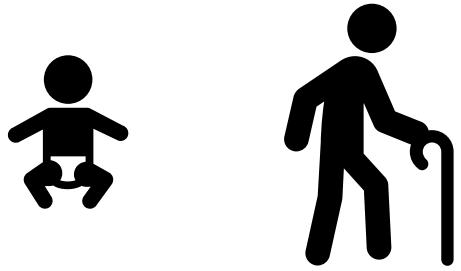


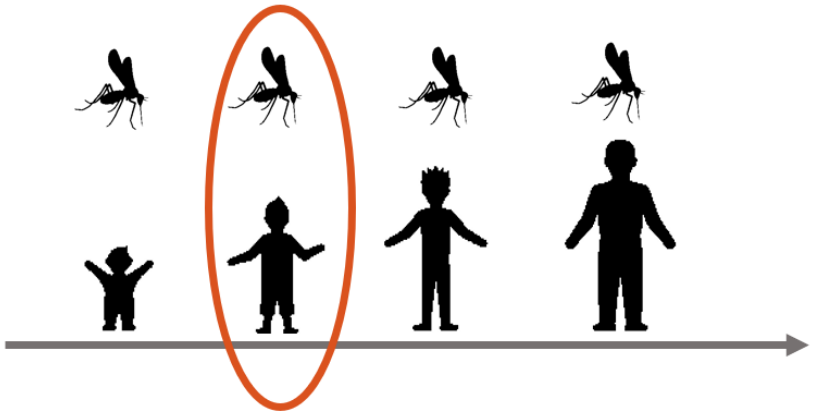
0 7 14 21 28

# Dengue Outcomes



# Risk Factors for Severe Dengue





- **Age**
  - Infants born to seropositive mothers
  - Elderly
- **Comorbidities**
  - Asthma, diabetes, obesity, hypertension, sickle cell disease, kidney disease, coagulopathies or on anticoagulant therapy
  - Pregnancy
- **Number of DENV infections**
  - 2nd >> 1st, 3rd, 4th infection

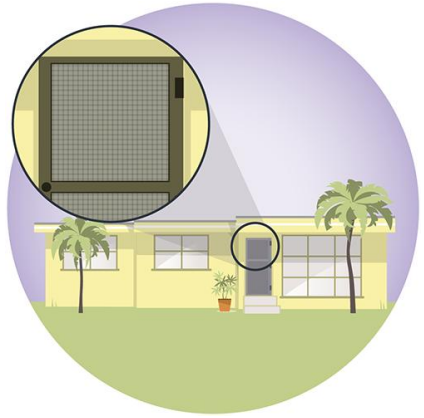
# Dengue Prevention

- Use EPA-registered **insect repellents**
- Wear **protective clothing**
  - Loose-fitting, long-sleeved shirts and long pants
- **Control mosquitoes** indoors and outdoors
  - Stop mosquitoes from laying eggs in or near water
  - Use screens on doors and windows
  - Use air conditioning, if possible









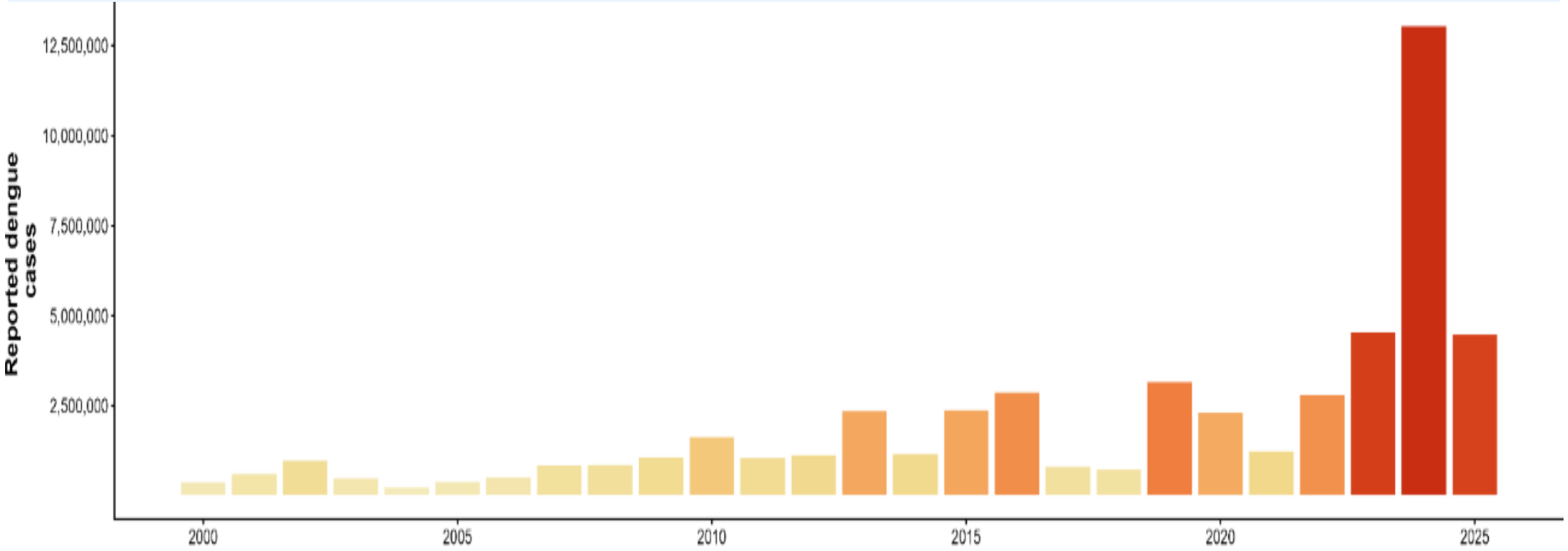
# Dengue Vaccines

| | Dengvaxia™ (Sanofi Pasteur) | TAK-003 (Takeda) | TV003* (Butantan Institute) |
|---|---|---|---|
| **Currently available in U.S.** | ✗ | ✗ | ✗ |
| **Licensure Status** | Licensed in the U.S. | Licensed outside of the U.S. | Licensed in Brazil, but temporarily suspended |
| **Number of doses** | 3 | 2 | 1 |
| **Ages eligible** | 9–16 years | >4 years (EMA)<br>6 – 16 years (WHO) | 12 – 59 years |
| **Prevaccination screening required** | ✓ | ✗ | ✗ |
| **Efficacy VCD (variable by serostatus & DENV serotype)** | 67% to 89% | 51% to 88%<br>(no efficacy in seronegatives to DENV-3/4) | 56% to 73%<br>(only DENV-1/2) |

*Merck has started phase 3 trials globally with a modified TV003 formulation

# Current Situation

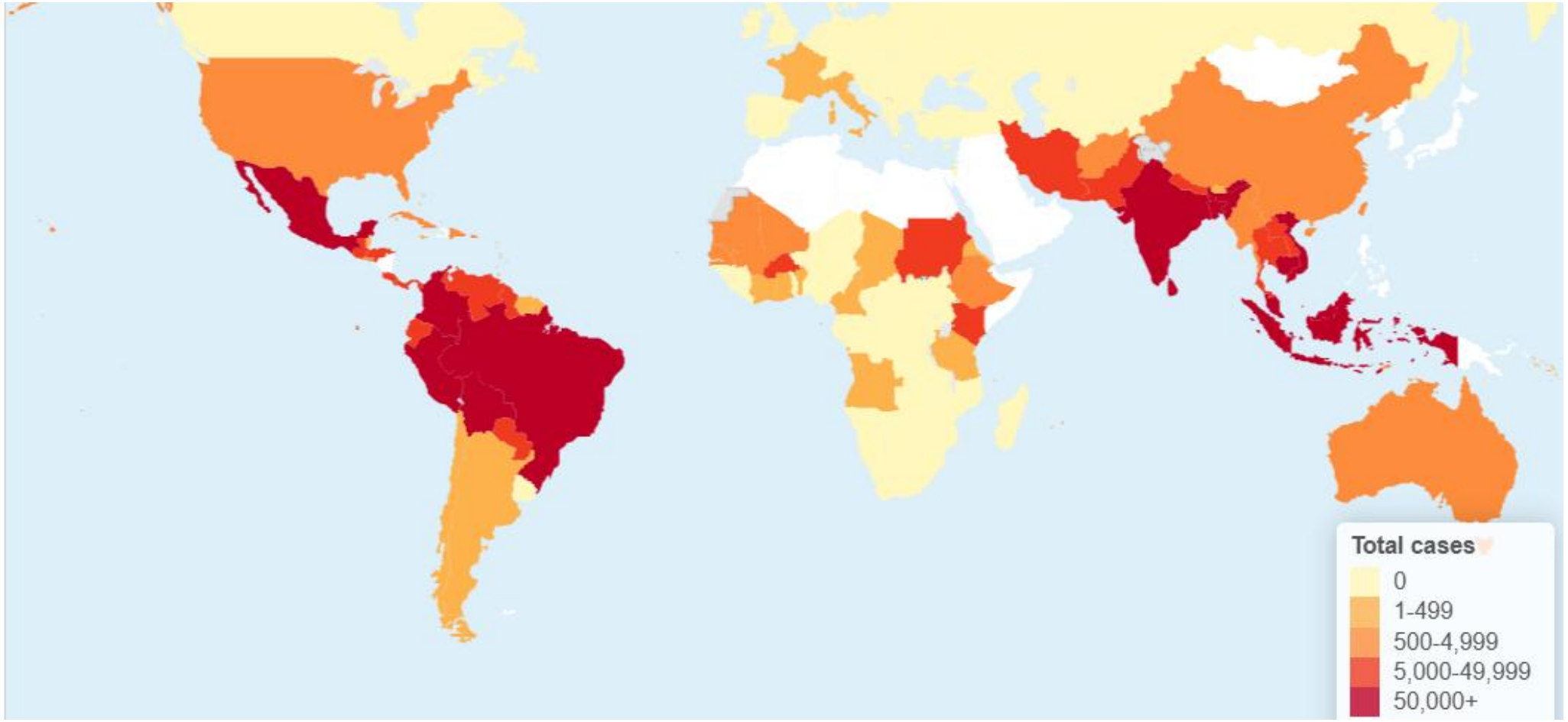
# Dengue incidence is increasing across the Americas (2000-2025)




Dengue cases reported to PAHO from countries in the Americas, 2000 – 2025

# Dengue occurs in tropical & subtropical countries globally

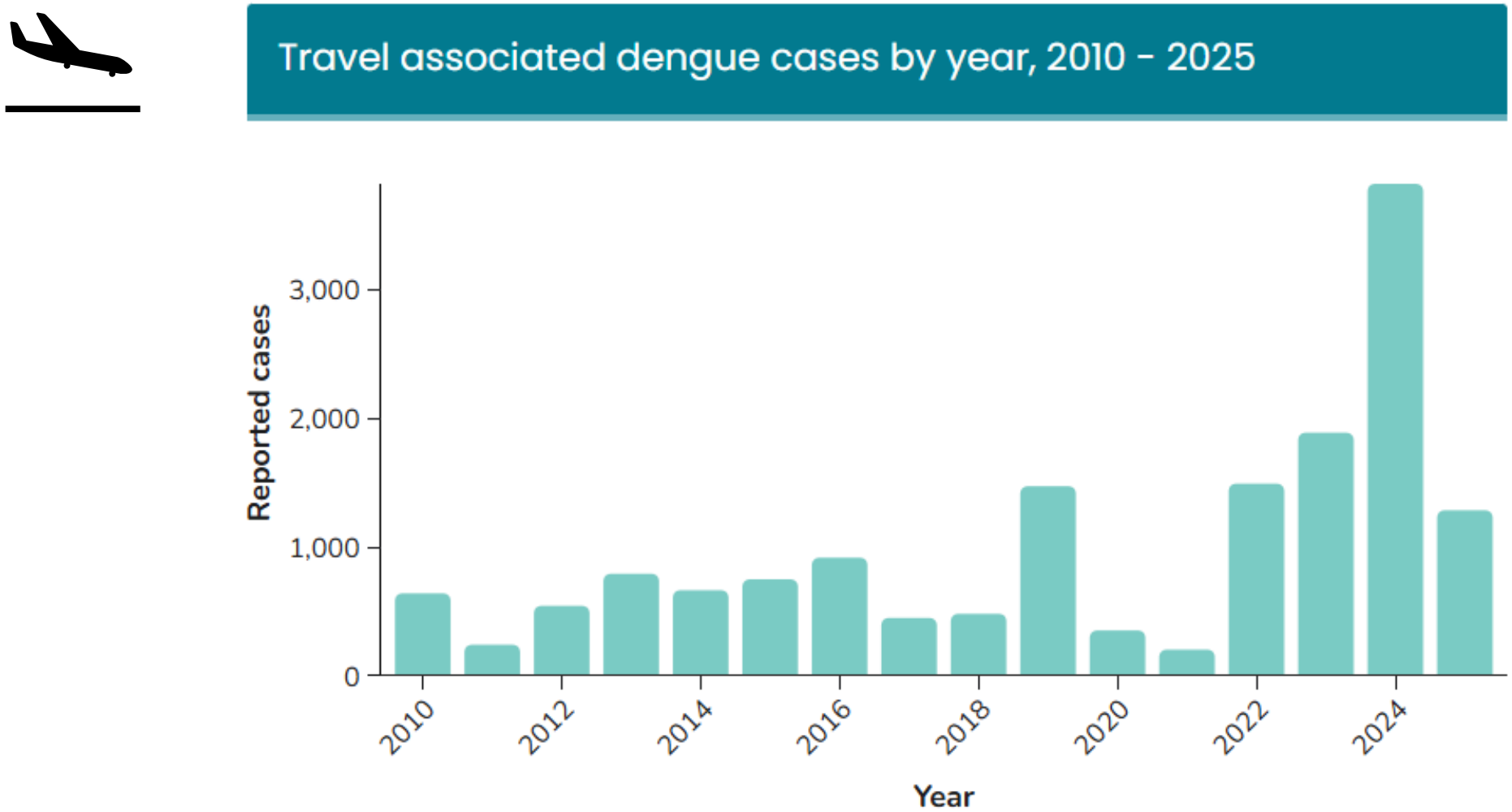
Dengue cases reported to WHO, Jan-Sep 2026 (as of October 20, 2026)




https://worldhealthorg.shinyapps.io/dengue_global/

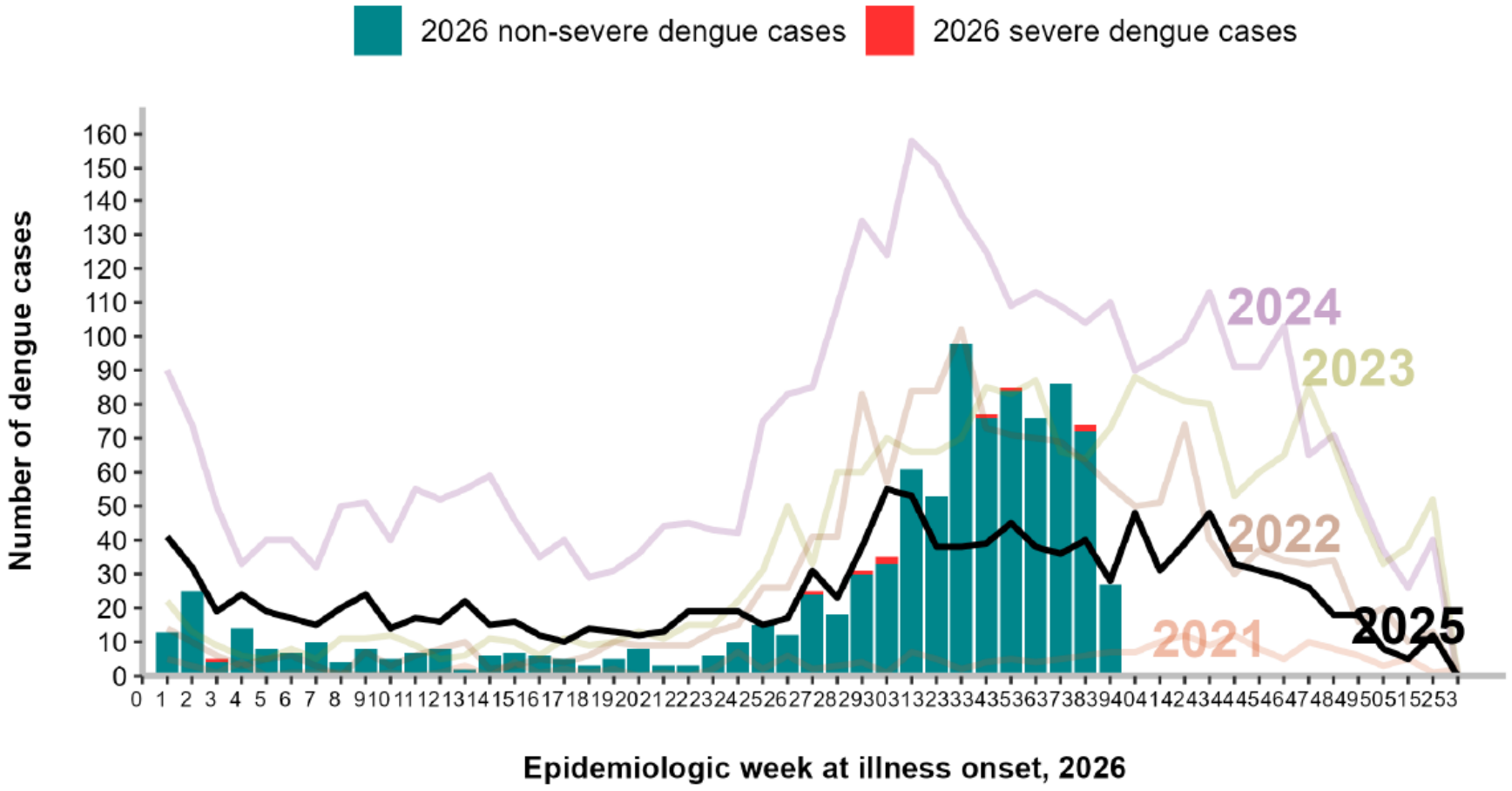
# In U.S. states, dengue cases usually occur among **travelers to endemic areas**

200–3,700 cases annually from 2010–2025
Higher numbers in recent years



# Travel-associated dengue cases in U.S. states are increasing in 2026*, but remain within expected ranges for recent years

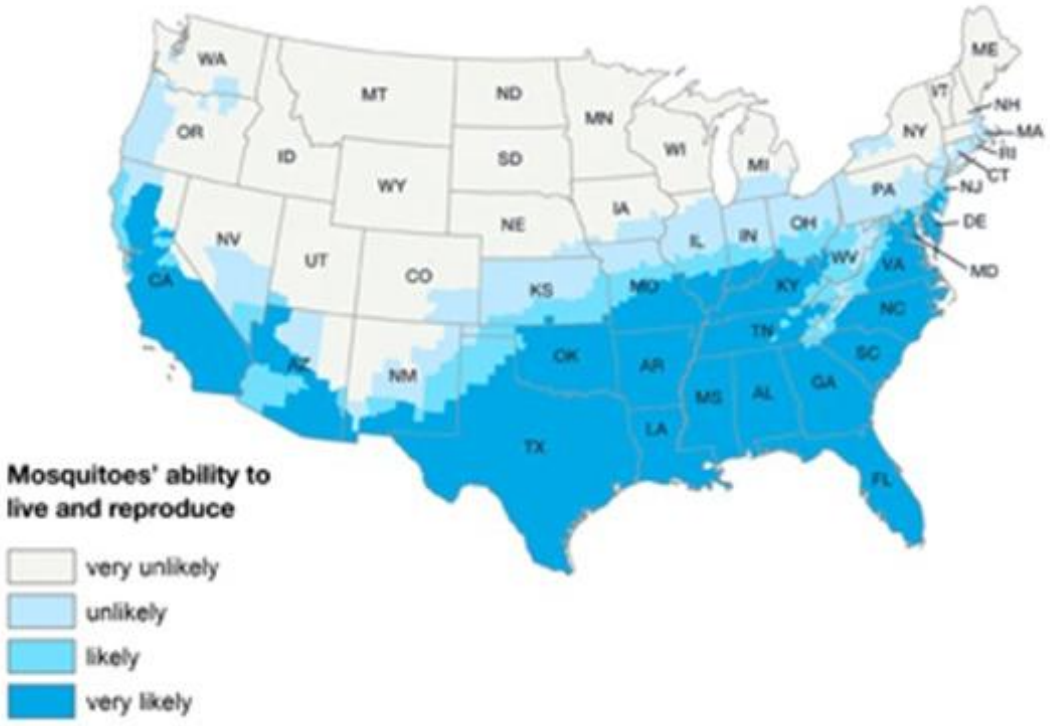
Travel-associated dengue cases reported to ArboNET from U.S. states as of Oct 14, 2026



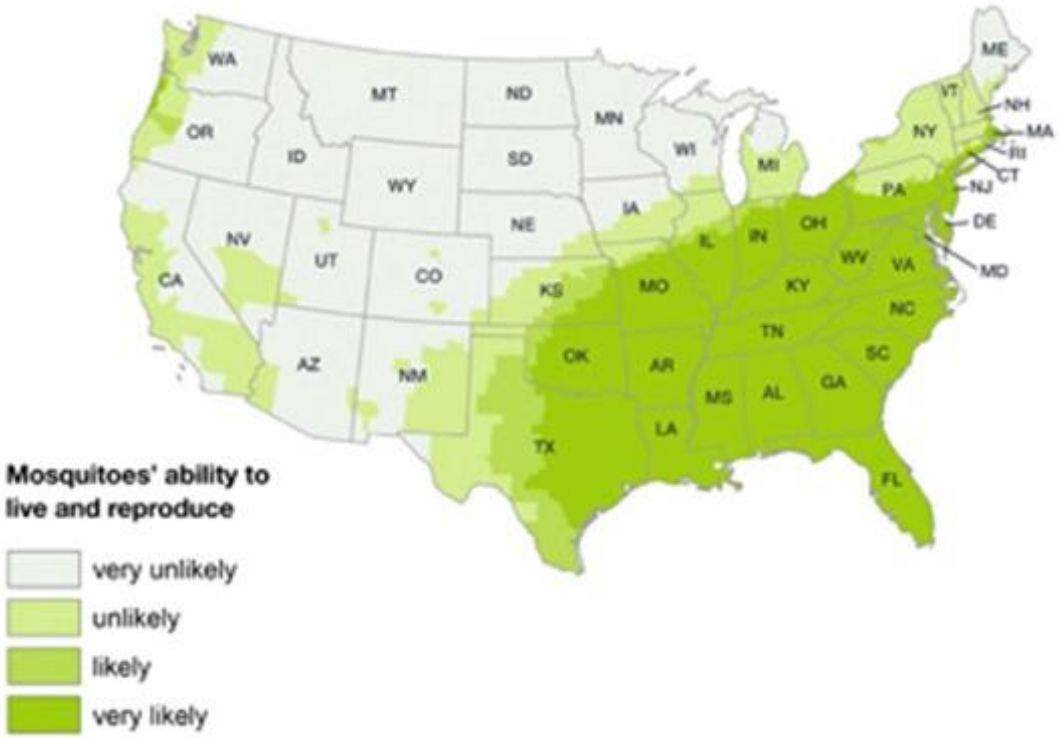

*Numbers are preliminary and reporting delays affect recent weeks

# Competent dengue mosquito vectors are present in many U.S. states

**Estimated Potential Range of *Aedes aegypti* in the United States, 2017**



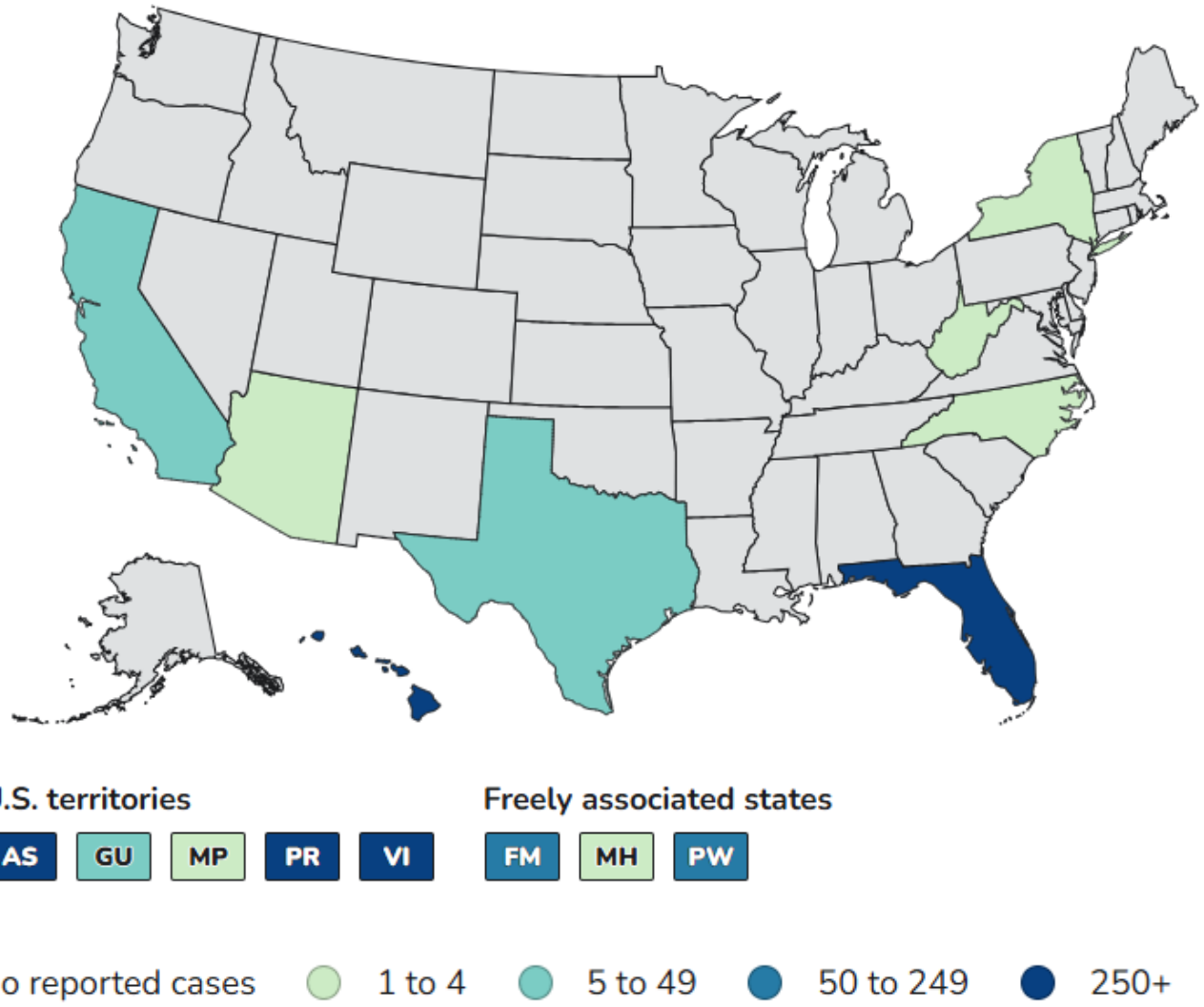

**Estimated Potential Range of *Aedes albopictus* in the United States, 2017**



# Locally acquired dengue cases have occurred in multiple U.S. states during 2010–2025

- Increasing frequency of sporadic locally acquired cases in recent years
  - Florida
  - Texas
  - California
  - Arizona
  - Virginia (2026)

- Dengue is endemic in 6 U.S. territories and freely associated states



# Dengue emergency declared in three Florida counties

- Hillsborough, Pinellas, and Pasco counties declared local emergencies Sept 23–24, 2026
- 1 fatal case reported

**Florida Woman, 80, Dies of Dengue Fever as Cases Surge in the State for First Time in 15 Years**

People

MADISON E. GOLDBERG

Sep 18, 2026

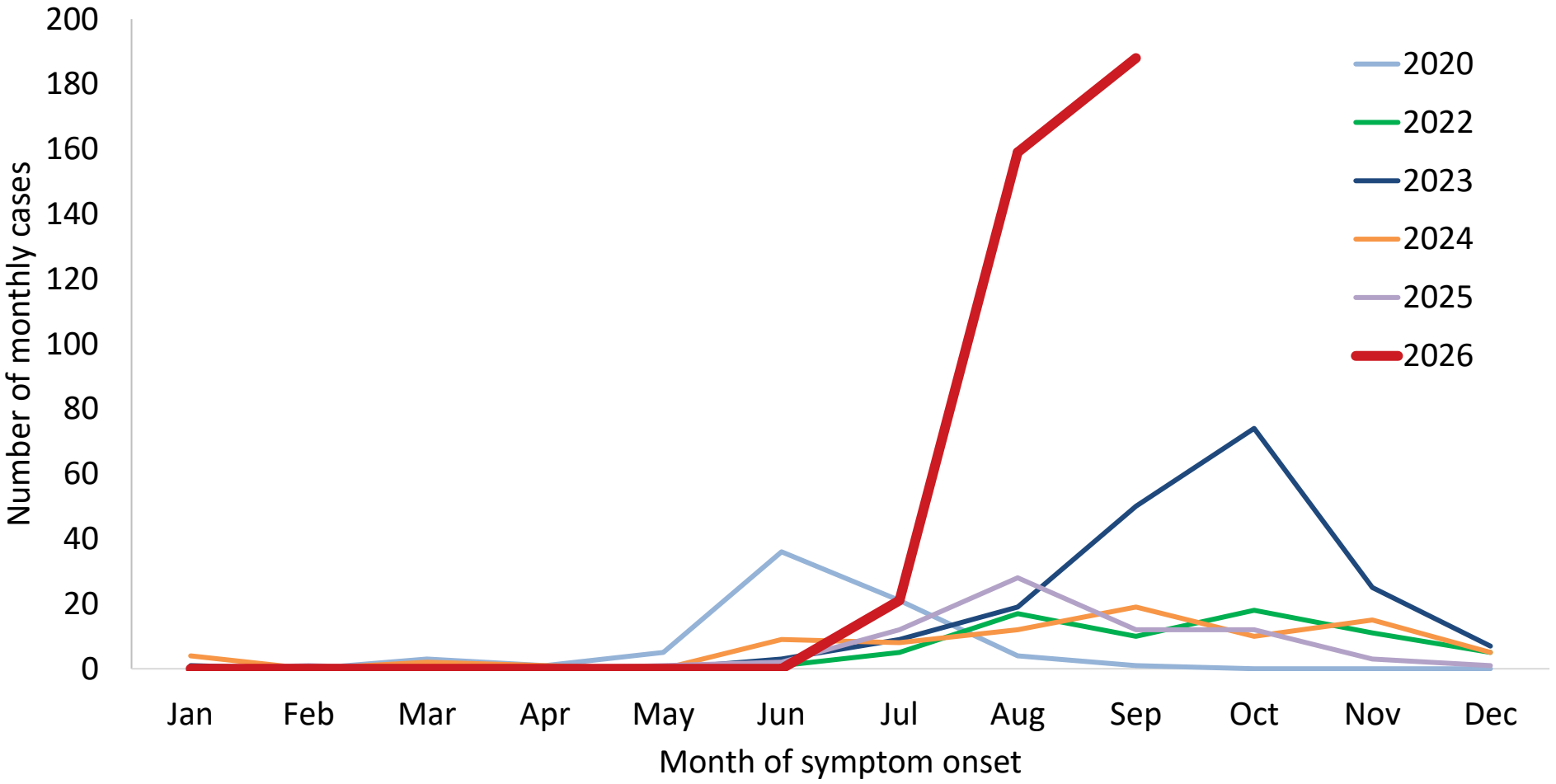
**Dengue fever outbreak prompts Florida counties to declare state of emergency**

CDC says 392 cases of Dengue were reported for the year so far in the state, along with different county-level data



# Locally acquired dengue cases in Florida have increased rapidly in 2026 compared to previous years (highest years shown only)

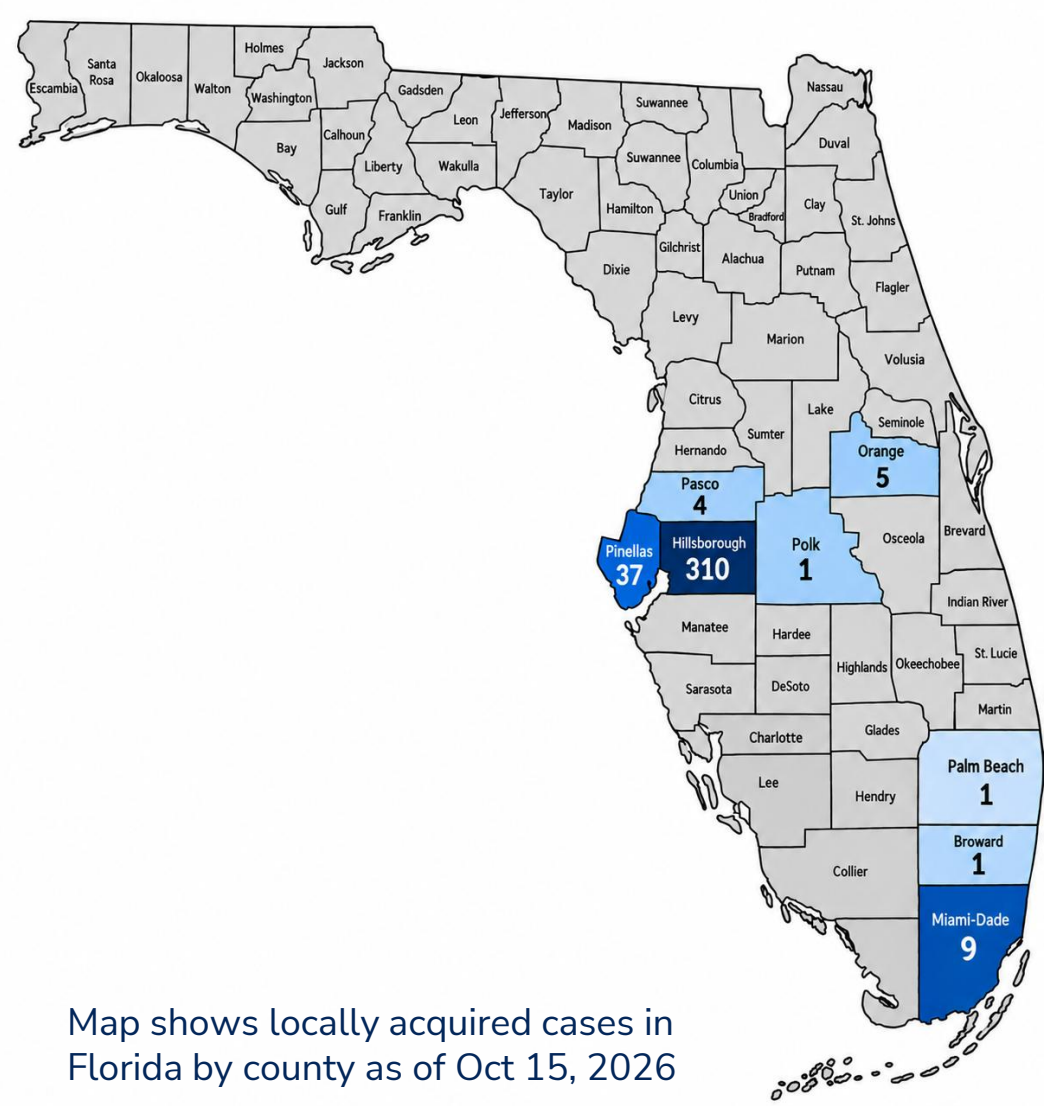
Data as of Oct 15, 2026



# Dengue cases in Florida, Jan 1–Oct 15, 2026

- **288 travel associated** dengue cases

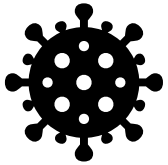
- **368 locally acquired** dengue cases in 8 counties
  - Most in the Tampa Bay area (Hillsborough, Pinellas, Pasco counties)
  - 20 mosquito pools positive for DENV




Map shows locally acquired cases in Florida by county as of Oct 15, 2026

https://www.floridahealth.gov/statistics-data/population-surveillance/arbovirus-surveillance/

# Characteristics of locally acquired dengue cases in Florida (n=324)



Primarily **DENV-2** (99%)

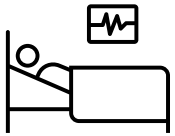


**54% male**



**Median age 43** (range 3–89 years)

- 45% aged 30–49 years



**47% required hospitalization**

# Dengue Epidemiology Summary

- Dengue is a **growing health threat globally.**
- Dengue cases among travelers returning to the United States **are increasing** in recent weeks.
- **Local transmission of dengue virus is occurring in multiple Florida counties.**
- **Encourage dengue prevention** among people traveling to and living in areas with active dengue virus transmission.

# Dengue
# Clinical Features, Diagnosis, and Management Recommendations

**Liliana Sánchez-González, MD, MPH, CTropMed**



# Clinical Presentation

# Dengue symptoms

- **Fever** (abrupt, high)
- Aches and pains
  - Headache, retro-orbital pain, myalgia, arthralgia
- Nausea and vomiting
- Anorexia
- Rash, petechiae
- Mild mucosal bleeding
  - Epistaxis, gums, hematuria
- Diarrhea, dysgeusia
- Lymphadenopathies, conjunctival injection
- Cough, rhinorrhea, sore throat



# Dengue Clinical Case Definition – WHO 2009

**Any person who lives in or has traveled to an area with dengue transmission within the last 14 days, who presents with fever and two or more of the following:**

- Nausea/vomiting
- Rash
- Aches and pains
  - Headache, retro-orbital pain
  - Myalgia, arthralgia
- Tourniquet test positive/ petechiae
- Leukopenia
- Any warning sign (abdominal pain, persistent vomiting, mucosal bleeding, altered mental status, clinical fluid accumulation, hepatomegaly, hemoconcentration)

# Dengue Clinical Severity Classification – WHO (2009)

**Dengue** → **Dengue with warning signs** → **Severe Dengue**

**Fever** and **two** of the following criteria:

- Nausea/vomiting
- Rash
- Aches and pains (headache, retro-orbital pain, myalgia, arthralgia)
- Tourniquet test positive/petechia
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## Dengue

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- Nausea/vomiting
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- Aches and pains (headache, retro-orbital pain, myalgia, arthralgia
- Tourniquet test positive/petechiae
- Leukopenia

## Dengue with warning signs

One or more of the following warning signs:

- Abdominal pain or tenderness
- Persistent vomiting (≥3/h, or ≥4/6 h)
- Clinical fluid accumulation (ascites, pleural effusion)
- Mucosal bleeding
- Altered mental status
- Liver enlargement ≥2 cm
- Progressive increase in hematocrit

## Severe Dengue

# Dengue Clinical Severity Classification – WHO (2009)

## Dengue

**Fever** and **two** of the following criteria:

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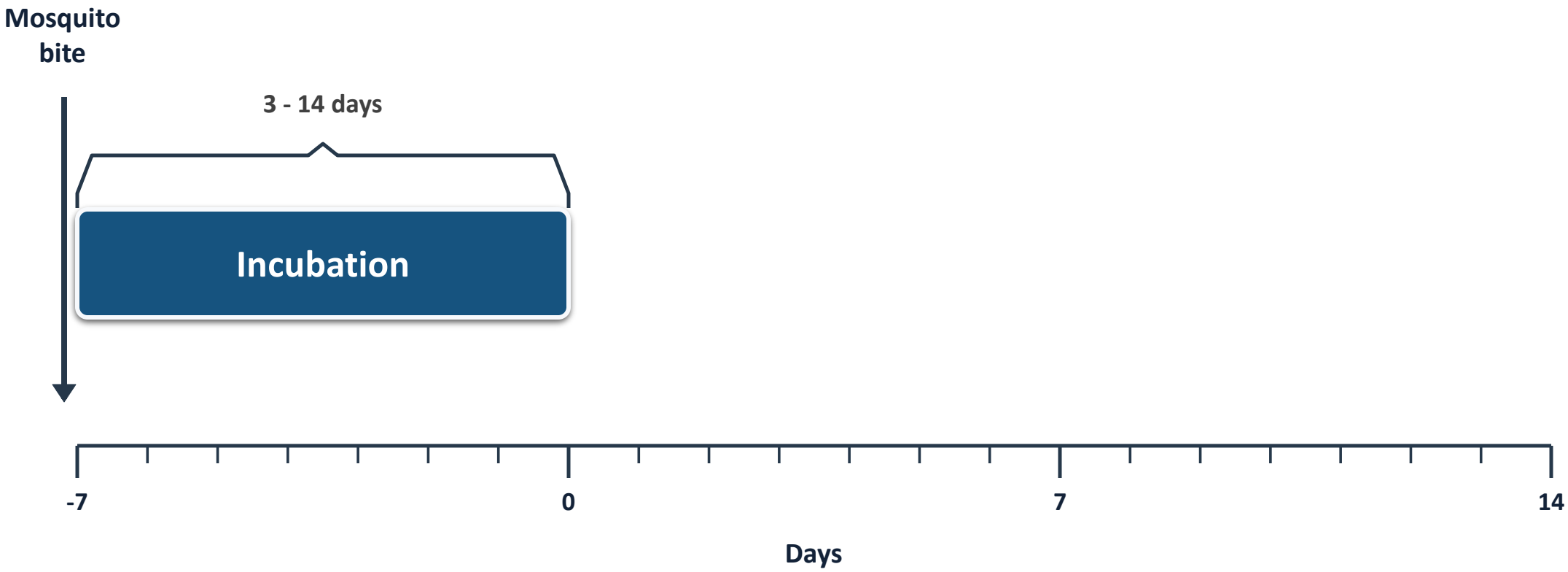
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## Severe Dengue

**One or more** of the following manifestations:

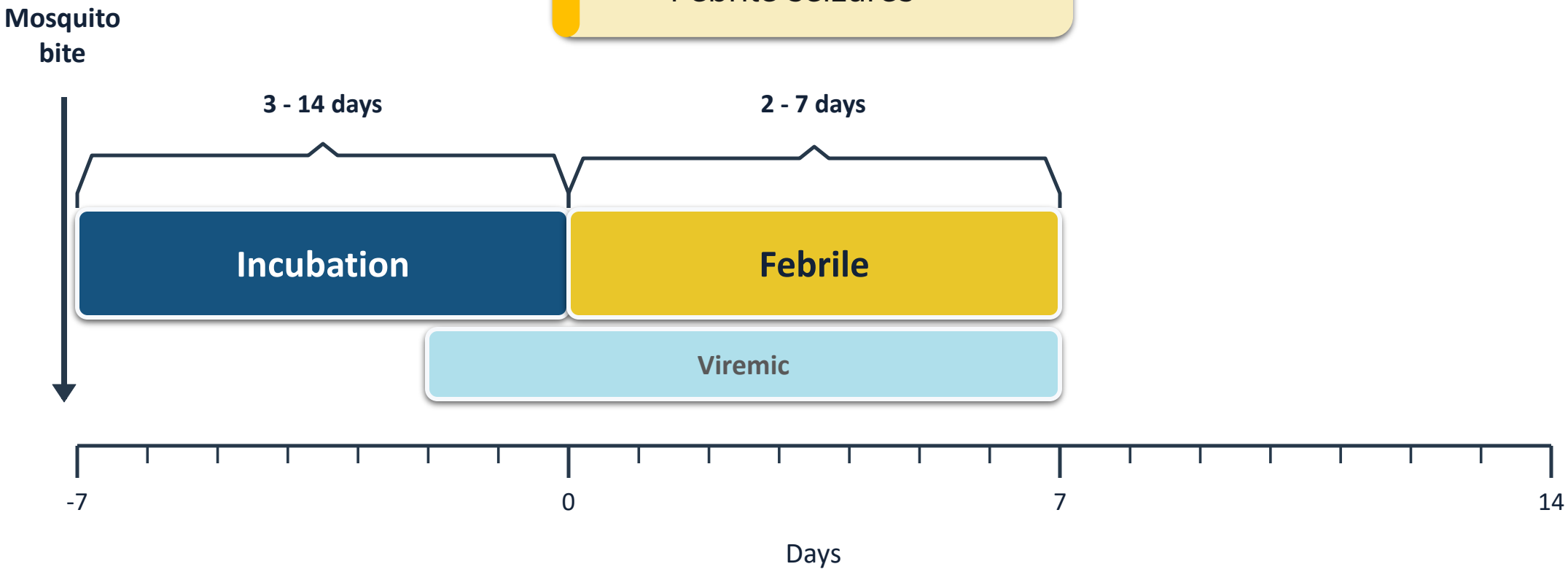
- Severe plasma leakage leading to
  - Shock
  - Respiratory distress
- Severe bleeding
- Severe organ involvement
  - Liver (AST or ALT >1,000)
  - Brain
  - Heart

# Dengue Clinical Course - Incubation



# Dengue Clinical Course – Febrile Phase

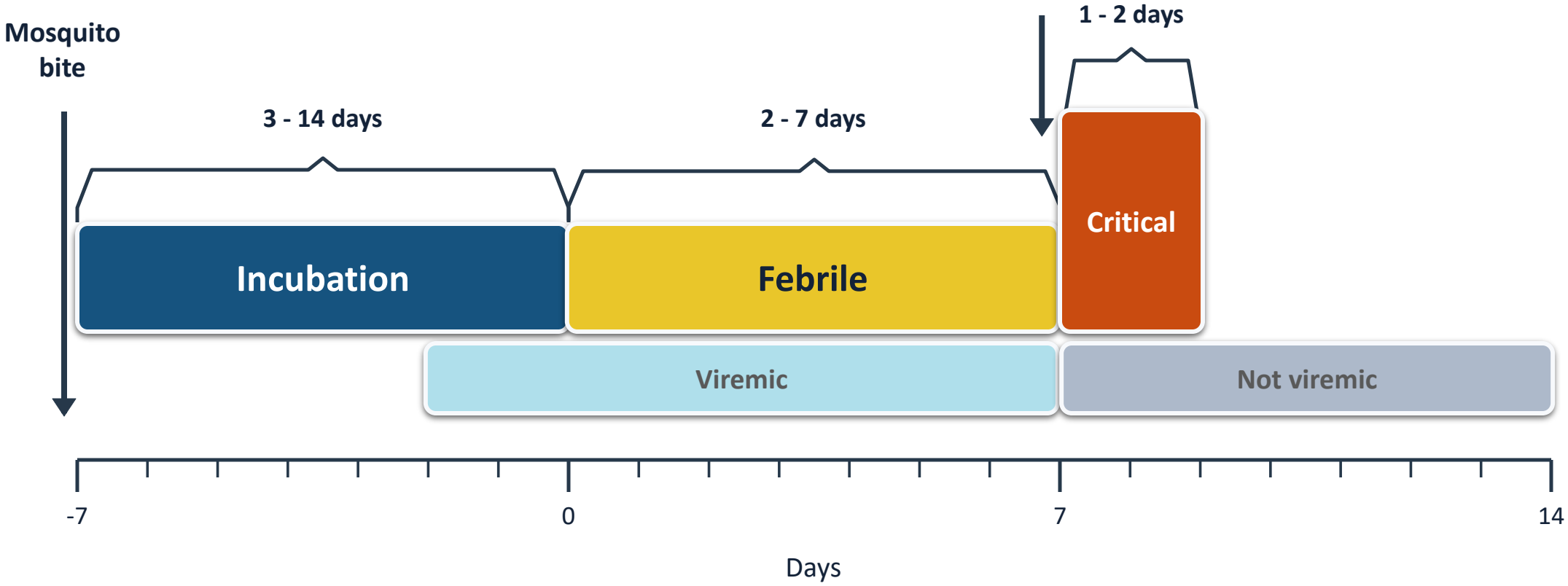
- Dehydration
- Electrolyte disturbances
- Febrile seizures



# Dengue Clinical Course – Critical Phase

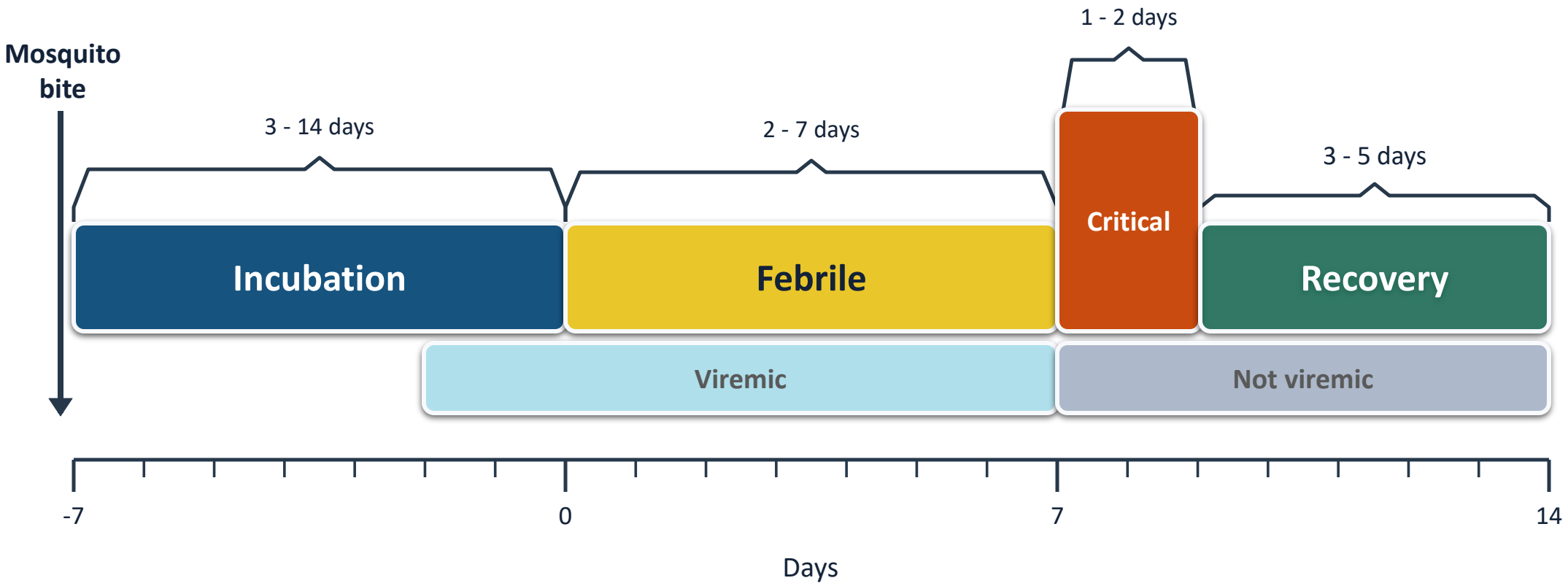
- Defervescence
- **Improvement** vs worsening
- Increase in capillary permeability
- Plasma leakage

**Warning signs**
**Severe manifestations**



# Dengue Clinical Course – Recovery Phase

- Fluid reabsorption
- Hypervolemia, pulmonary edema



# Rashes in dengue

**Onset of fever**



**Febrile phase (day 2-6)**





# Rashes in dengue

## Recovery









SELF KNOWLEDGE CHECK

## A 27-year-old woman returned 4 days ago from a 1-week trip to Puerto Rico.

She presents with 4 days of fever, headache, myalgia, and a macular rash on the abdomen. Since yesterday, her fever has subsided (max. temp. 37.4°C).
She consults today due to abdominal pain and refers unexpected new-onset heavy menstrual bleeding.
Her vital signs are currently within normal limits.
She has no respiratory distress or signs of shock.
You suspect dengue.

**What is the appropriate clinical severity classification for this patient?**

a. Dengue without warning signs
b. Dengue with warning signs
c. Severe dengue
d. This patient does not meet clinical criteria for dengue

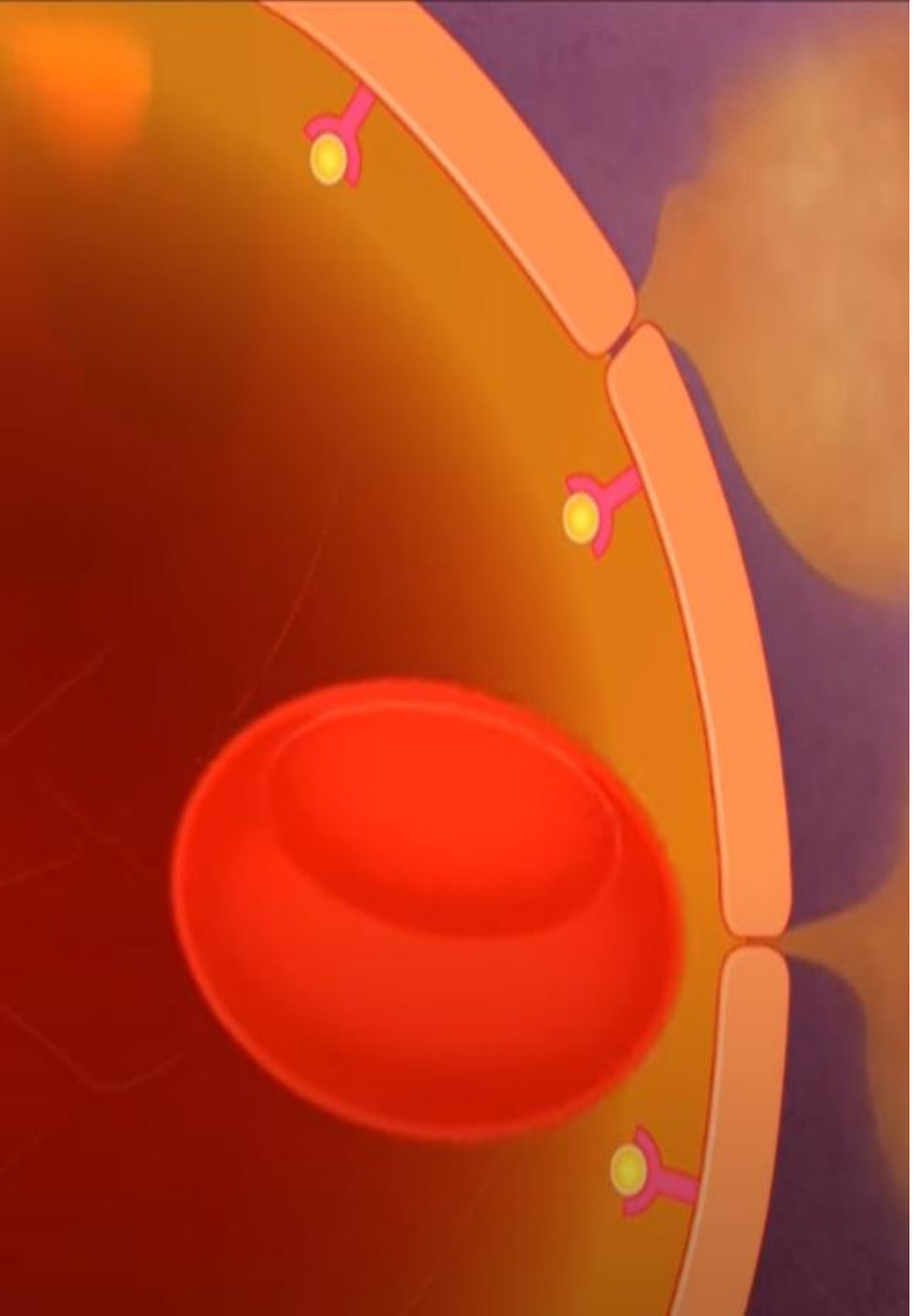
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**What is the appropriate clinical severity classification for this patient?**

a. Dengue without warning signs
**b. Dengue with warning signs**
c. Severe dengue
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# Identifying Plasma Leakage

- **Hemoconcentration**
  - Hematocrit ≥20% higher than baseline
  - Drop ≥20% of baseline hematocrit following volume-replacement

- **Ascites or pleural effusion**
  - Respiratory distress
  - Abdominal discomfort, flank pain
  - Fluid wave and shifting dullness
  - Chest X-ray
  - Abdominal ultrasound

# Identifying Shock

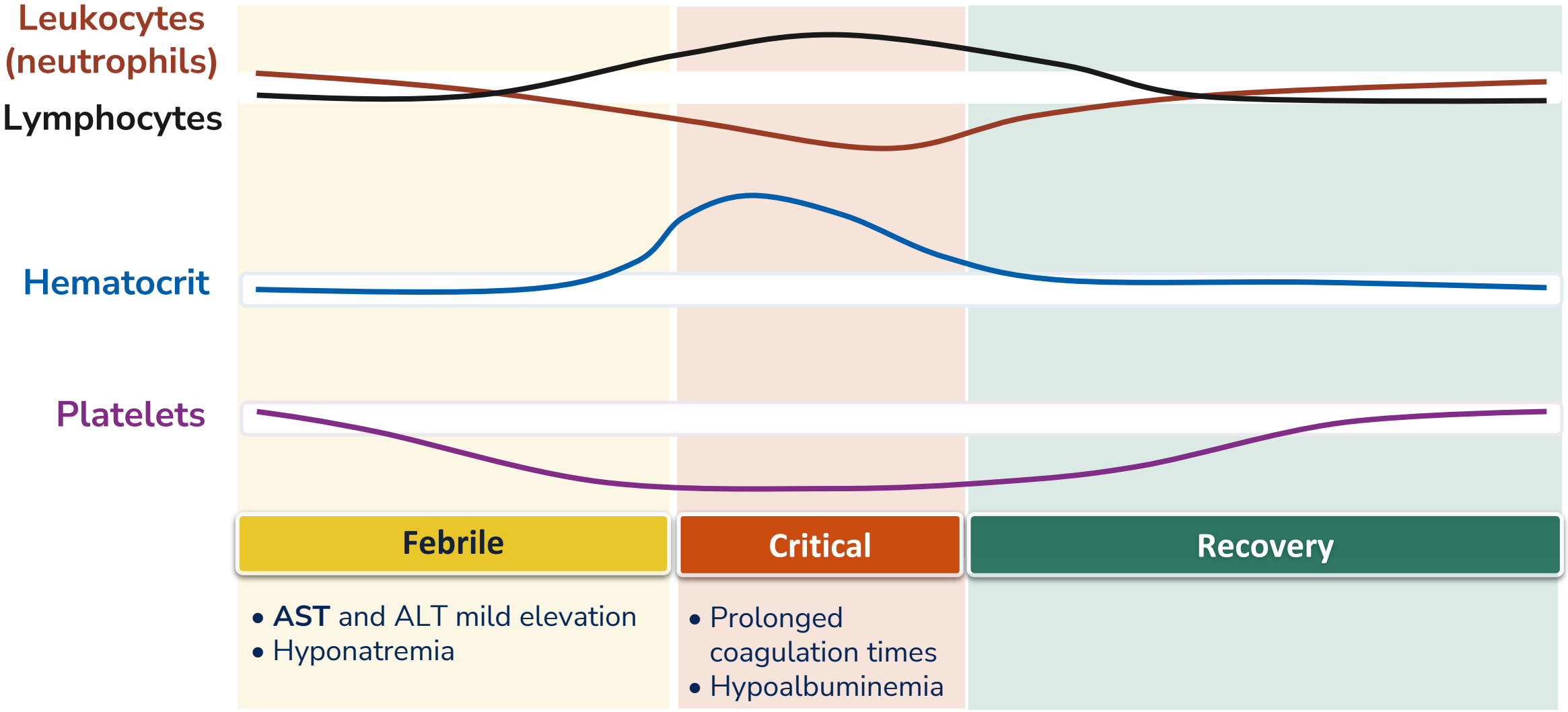
Important to **identify early signs of shock** including:

- Narrowing pulse pressure
  SBP – DBP ≤20 mmHg
- Delayed capillary refill (>2 sec)
- Tachycardia without fever




SBP: Systolic Blood Pressure
DBP: Diastolic Blood Pressure

# Common laboratory findings




AST: Aspartate aminotransferase
ALT: Alanine aminotransferase

# Differential diagnoses

**Febrile phase**

- Malaria
- Leptospirosis
- Typhoid fever
- Chikungunya
- Zika
- Yellow Fever
- Influenza
- COVID-19
- Measles
- Rubella
- Meningococcal infection
- Rickettsial infections
- Mononucleosis
- Hantavirus

**Critical phase**

- Malaria
- Typhoid fever
- Leptospirosis
- COVID-19
- Viral hepatitis
- Bacterial sepsis
- Acute abdomen
- Diabetic ketoacidosis
- Preeclampsia
- Platelet disorders




# Dengue Clinical Presentation

- Dengue is a dynamic disease, clinical presentation can **change quickly**.
- Monitor and identify **warning signs and severe criteria** to guide classification and management of dengue patients.
- Plasma leakage and progression to severe dengue usually occur during the **critical phase.**
- **Shock** (not bleeding) is the most common severe dengue manifestation.

# Laboratory Diagnostic Testing



# Clinical management of dengue should be based on clinical evaluation, NOT on laboratory confirmation

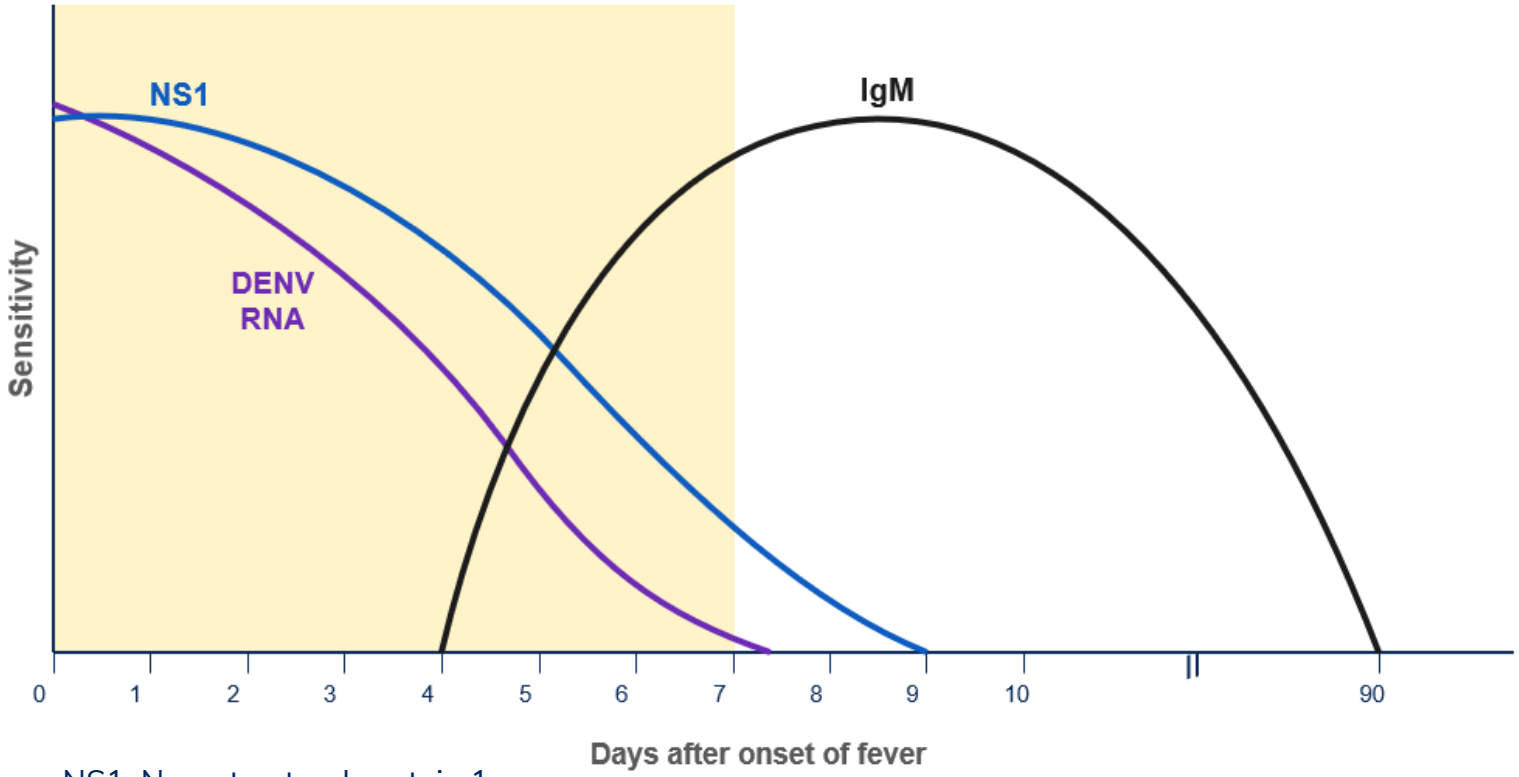


# Diagnostic Testing in the United States



- Dengue is a nationally notifiable disease.
- Testing can be arranged through the arboviral surveillance team at the state/local health department.
- Rapid diagnostic tests are NOT widely available (none are FDA-approved).
- Some private laboratories offer DENV RT-PCR, NS1, and DENV IgM.
- Recommended testing depends on days after symptom onset.

# Testing ≤7 Days After Symptom Onset




NS1: Non-structural protein 1
IgM: Immunoglobulin M
DENV: Dengue virus

**RT-PCR**

**+ IgM ELISA**

**or**

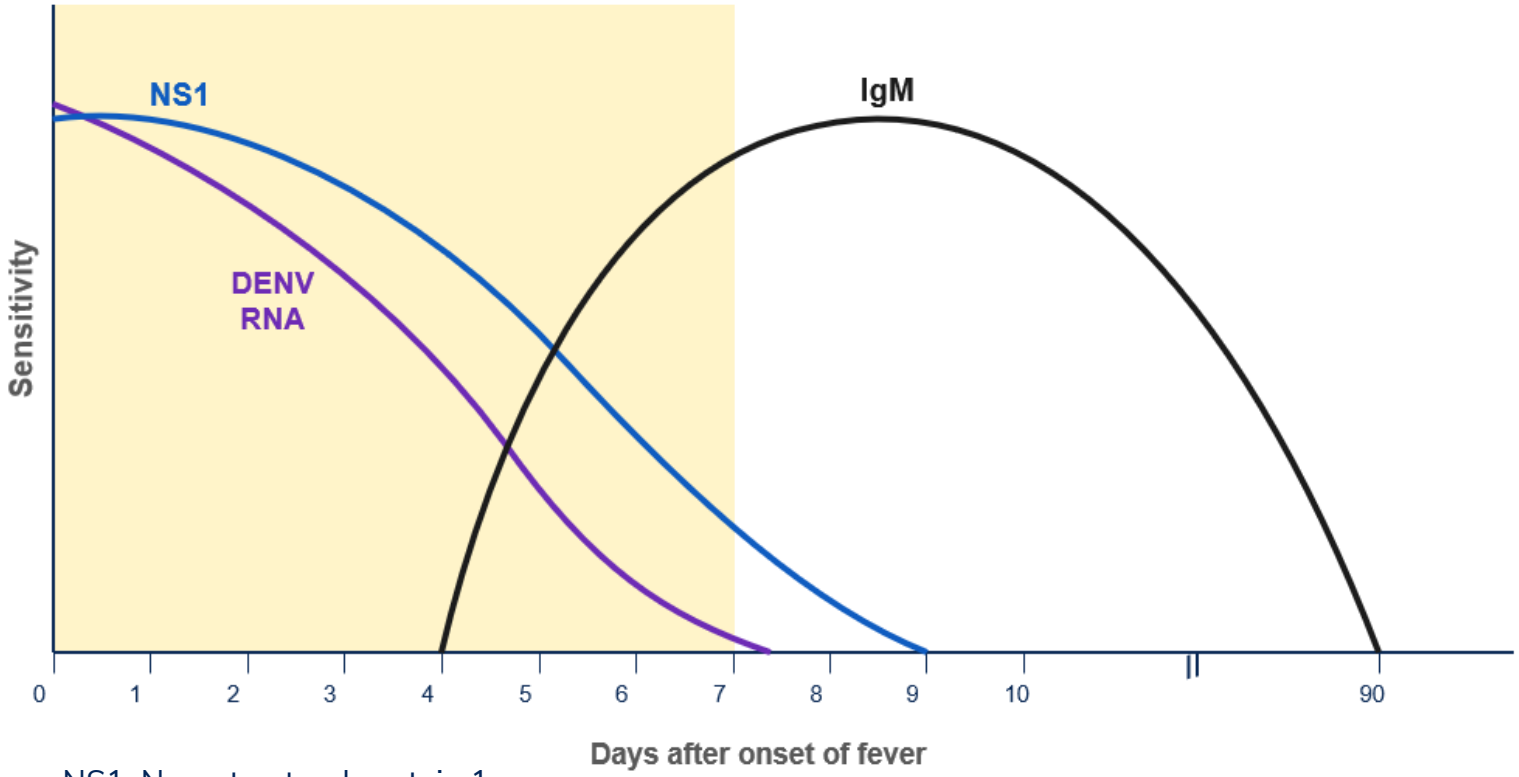
**NS1 antigen ELISA**

**+ IgM ELISA**

For more information on testing, visit: www.cdc.gov/dengue/healthcare-providers/testing/

Hunsperger, E. A., et al. (2016). "Performance of Dengue Diagnostic Tests in a Single-Specimen Diagnostic Algorithm." J Infect Dis 214(6): 836-844.

# Testing >7 Days After Symptom Onset




NS1: Non-structural protein 1
IgM: Immunoglobulin M
DENV: Dengue virus

**IgM ELISA***

*Consider RT-PCR or NS1 antigen ELISA, although sensitivity is lower compared to days 0–7

SELF KNOWLEDGE CHECK

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She presents with 4 days of fever, headache, myalgia, and a macular rash on the abdomen. Since yesterday, her fever has subsided (max. temp. 37.4°C).
She consults today due to abdominal pain and refers unexpected new-onset heavy menstrual bleeding.
Her vital signs are currently within normal limits.
She has no respiratory distress or signs of shock.
You suspect dengue.

**What is the most appropriate diagnostic approach for this patient?**

a. Testing is unlikely to be useful because her fever has begun to subside.
b. NS1 antigen testing alone, because she is within the first 7 days of illness.
c. Order a dengue RT-PCR or NS1 test, with a dengue IgM antibody test.
d. Order IgM antibody testing alone because she is on day 4 of illness.

SELF KNOWLEDGE CHECK

## A 27-year-old woman returned 4 days ago from a 1-week trip to Puerto Rico.

She presents with **4 days** of fever, headache, myalgia, and a macular rash on the abdomen. Since yesterday, her fever has subsided (max. temp. 37.4°C).
She consults today due to abdominal pain and refers unexpected new-onset heavy menstrual bleeding.
Her vital signs are currently within normal limits.
She has no respiratory distress or signs of shock.
You suspect dengue.

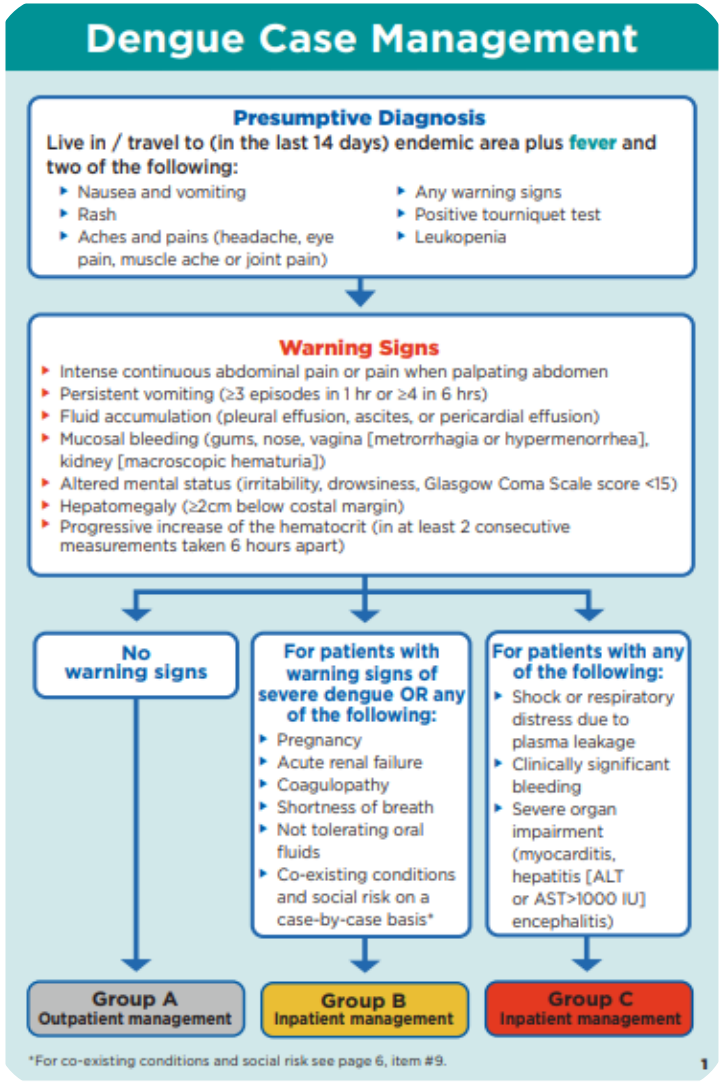
**What is the most appropriate diagnostic approach for this patient?**

a. Testing is unlikely to be useful because her fever has begun to subside.
b. NS1 antigen testing alone, because she is within the first 7 days of illness.
**c. Order a dengue RT-PCR or NS1 test, with a dengue IgM antibody test.**
d. Order IgM antibody testing alone, because she is on day 4 of illness.

# Clinical Management

# Dengue Clinical Management

- Standard of care is **supportive management**
  - No curative treatment or antiviral available
- Appropriate monitoring and IV fluid management can reduce case-fatality rate to <1%
- Based on clinical manifestations, coexisting conditions and laboratory findings, patients are assigned to management groups **A**, **B**, and **C**
  - Most patients can be managed at home
  - Judicious IV fluid administration is the mainstay of inpatient management



# Group A: Outpatient Follow-up

**Patients with:**

- No warning signs
- Ability to drink sufficiently
- Normal urine output

- Should be reviewed clinically daily
  - CBC (until after 48-hour critical phase)
- What to monitor for?
  - Signs of dehydration in febrile phase
  - Disease progression and **defervescence**
  - Warning signs
- Recommendations
  - **Oral fluids**, paracetamol
  - **No aspirin or NSAIDS**
  - Sleep under bed net to prevent spread

NSAIDS: Non-steroidal anti-inflammatory drugs

# Group B: Inpatient Management

**Patients with:**

- Warning signs
- Coexisting conditions (pregnancy)
- Social barriers to care

- Observation/hospitalization
- Bed net
- Baseline labs
- IV line(s)
- Strict ins and outs
- If inadequate oral fluids intake or warning signs:
  - **Isotonic crystalloids** per algorithm
  - Monitor hematocrit every 4-6 h

# Principles of Fluid Management

- Limit IV fluids in febrile phase
- IV fluids usually needed for 24–48 hr
- Give only isotonic solutions (NS 0.9% or LR)
- **Give minimum IV fluids** to restore intravascular volume, maintain good perfusion and urine output (0.5 ml/kg/hr)
- Monitor signs of fluid response – **REASSESS**
- Rate should be based on ideal body weight
- **Using crystalloid fluid rather than colloid fluid**
- **Use of capillary refill time and serum lactate to guide IV fluid management**



WHO guidelines for clinical management of arboviral diseases: dengue, chikungunya, Zika and yellow fever. Geneva: World Health Organization; 2025

# Group C: Emergency Treatment

**Patients with:**

- Shock
- Respiratory distress
- Severe bleeding
- Severe organ involvement

- Hospitalization/ICU
- Baseline labs
- Blood type and screen
- Oxygen support
- IV line(s) – IV fluids boluses (10-20 ml/kg)
- Continuous monitoring of hemodynamic status
- Monitor hematocrit every 1-4 h
- Monitor ins and outs
- Monitor signs of fluid overload

# Recommendations for severe dengue management – PAHO 2025

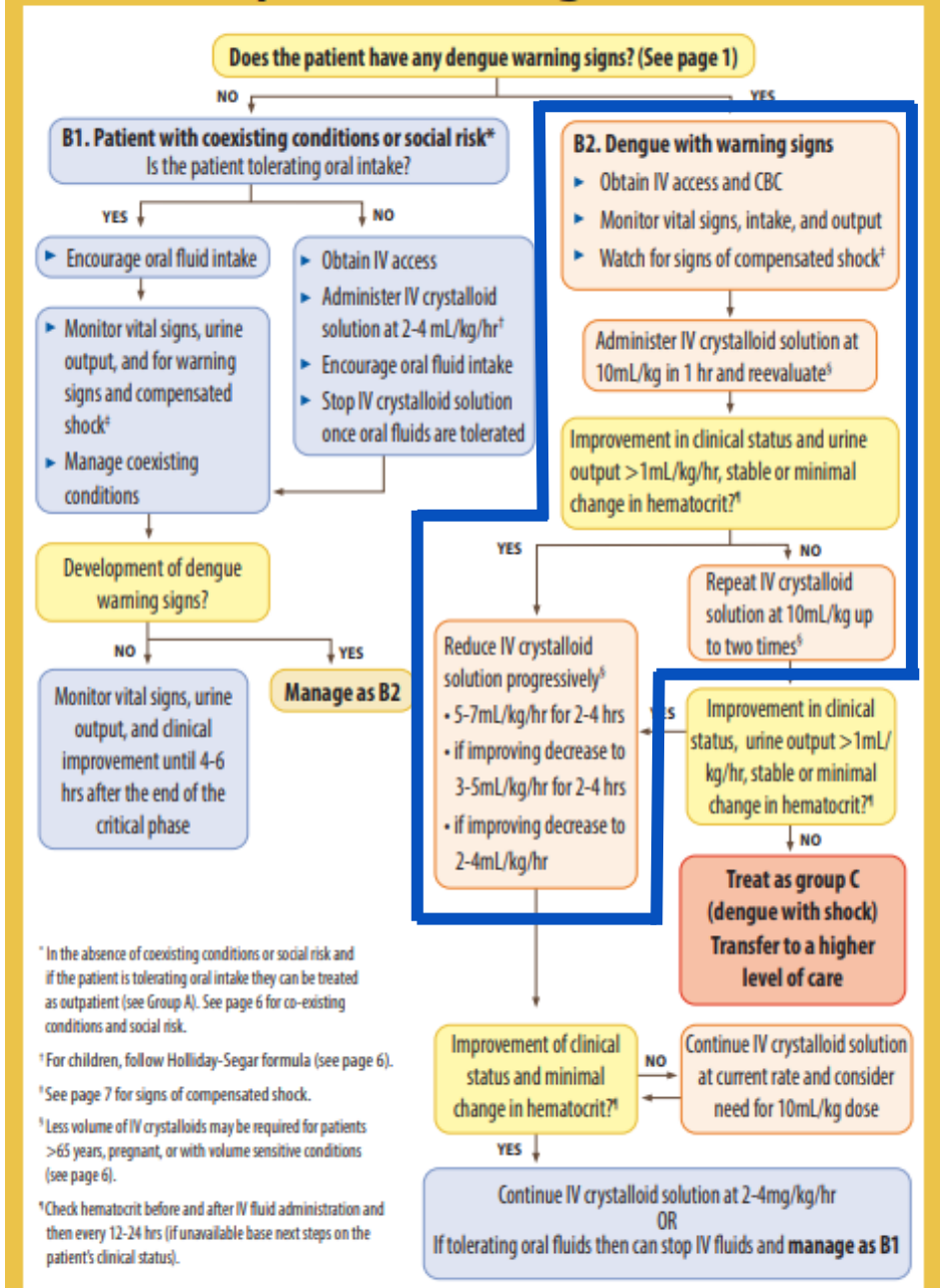
- Using crystalloid fluid rather than colloids in patients who require IV fluids
- Early use of norepinephrine for adult patients with severe dengue and persistent hypotension
- Early use of epinephrine for pediatric patients with severe dengue and persistent hypotension
- Use of serum lactate, capillary refill time, and POCUS to guide IV fluids management



*Guidelines for the management of severe dengue in intensive care units*. (2026). [Guidelines and Technical Manuals]. PAHO. https://iris.paho.org/handle/10665.2/72305

## Group B

# Inpatient Management




* In the absence of coexisting conditions or social risk and if the patient is tolerating oral intake they can be treated as outpatient (see Group A). See page 6 for co-existing conditions and social risk.

† For children, follow Holliday-Segar formula (see page 6).

‡ See page 7 for signs of compensated shock.

§ Less volume of IV crystalloids may be required for patients >65 years, pregnant, or with volume sensitive conditions (see page 6).

¶ Check hematocrit before and after IV fluid administration and then every 12-24 hrs (if unavailable base next steps on the patient's clinical status).




# Dengue Management Don’ts

- **Don’t** use corticosteroids.
- **Don’t** use NSAIDS.
- **Don’t** give IM injections.
- **Don’t** give prophylactic platelet transfusions.

# Discharge Criteria

- No fever for 48 hours
- Stable hematocrit without IV fluids
- Increasing trend of platelet count
- Improvement in clinical status

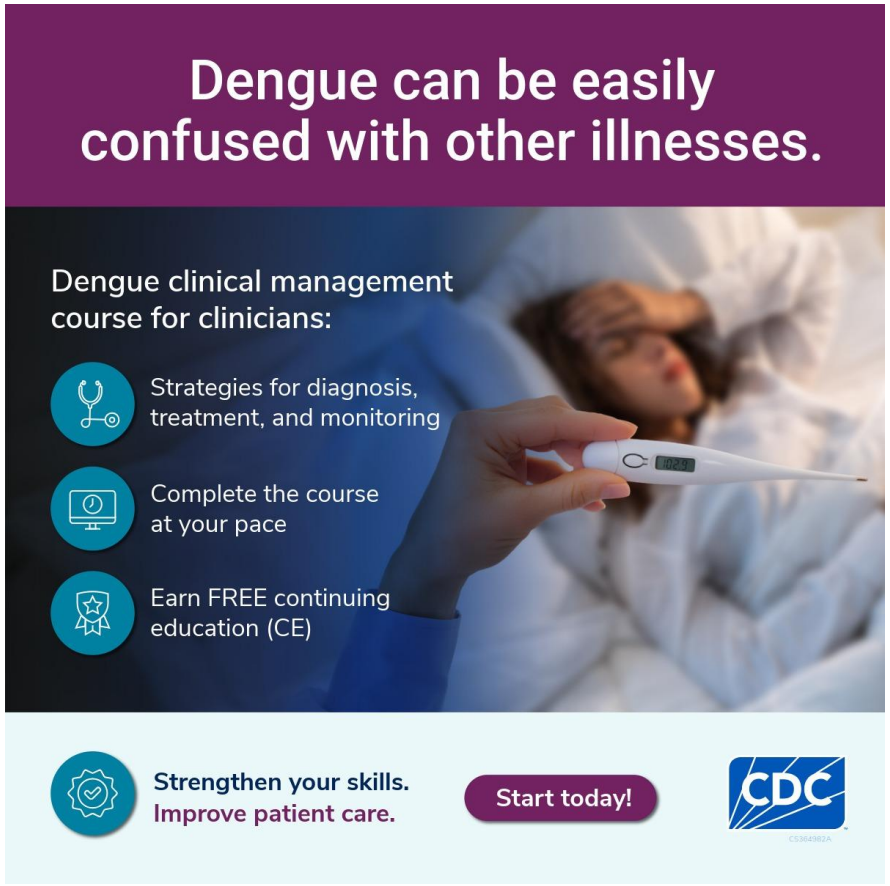


# Key messages

- Suspect dengue in all febrile patients with exposure in the previous 14 days.
- Determine clinical severity, phase of disease, and risk factors for severe disease.
- Identify warning signs and early signs of shock.
- Order diagnostic testing within 7 days of illness onset.
- Classify the patient in Group A, B, or C.
- Use a stepwise approach for IV fluids management to restore intravascular volume and maintain good perfusion and urine output.



# Updated CDC Online Clinical Training




- Series of three interactive, web-based training modules
- Clinicians, public health professionals, health educators
- Each activity offers free Continuing Education (CE)

www.cdc.gov/dengue/hcp/trainings/index.html

CDC TRAIN

# Thank you.
# dengue@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 https://www.cdc.gov/
Follow us on social **@CDCgov**

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U. S. Centers for Disease Control and Prevention.

# To Ask a Question

- Using the MS Teams Platform
  - The ability to ask questions during the live webinar is limited to the first 1,000 attendees who join the webinar.
  - Questions may be submitted after the live session by emailing coca@cdc.gov.
- If you are a patient, please refer your question to your healthcare provider.
- If you're a member of the media and have a question, please contact CDC Media Relations at www.cdc.gov/media. Click "Contact Media Relations" at the bottom of the page, and then complete the Request for Comment form.

# TRAIN

- CDC has fully transitioned from the Training and Continuing Education Online (TCEO) system that provides access to CDC educational activities for continuing education to CDC TRAIN. If you do not already have a TRAIN account, please create one at https://www.train.org/cdctrain.

# Continuing Education

- All continuing education for COCA Calls is issued online through CDC TRAIN at CDC TRAIN (https://www.train.org/cdctrain).

- To receive continuing education (CE) for **WC5003-102226**—What Clinicians Need to Know about Dengue in the United States, please visit CDC TRAIN and search for the course in the Course Catalog using **WC5003-102226**. Follow the steps below by **November 23, 2026**. The registration code is **COCA102226**.

- To receive continuing education (CE) for **WD5003-102226**—What Clinicians Need to Know about Dengue in the United States, please visit CDC TRAIN and search for the course in the Course Catalog using **WD5003-102226**. Follow the steps below between **November 24, 2026**, and **November 24, 2028**.

# Today's COCA Call will be Available to View On-Demand

- **When:** In approximately one week
- **What:** Closed-captioned video and transcript
- **Where:** On the COCA Call webpage: What Clinicians Need to Know about Dengue in the United States

# Additional Resources

- Continue to visit https://www.cdc.gov/coca/hcp/trainings/index.html to get more details about upcoming COCA Calls.

- Subscribe to receive notifications about upcoming COCA calls and other COCA products and services at https://www.cdc.gov/coca/hcp/trainings/index.html.

# Thank you for joining us today!

**Clinician Outreach and Communication Activity (COCA) | COCA | CDC**

For more information, contact CDC
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TTY: 1-888-232-6348 www.cdc.gov

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