Abstract

Dengue virus is a notification infection disease in Taiwan, Both green house effect and international travel activity affects dengue fever widespread not only in Taiwan Island but also eastern-southern Asia. Since Taiwan location at subtropical zone with eastern Asia area traveling center, Concerning about dengue virus residue hided in silence phase, those lead to the next coming years' outbreak. By the way never have surveillance and analysis action will be a problem, Dengue fever surveillance and preventing are still a point issue in the future.

First, We actives survey 600 people who the suspect dengue infection contactor from January to March which the before outbreak ending phase, Secondary, used case and control from March to July 2007, before the start of dengue epidemic of that year, an active fever surveillance program was conducted in Cianjhen and Fongshan. Both towns were located in southern Taiwan where the outbreak of dengue in the year 2006 originated. Persons presented to clinics with undetermined cause of fever > 38℃ during this period were eligible. 55 patients with undetermined cause of fever presented to 43 clinics were found under this active fever surveillance program. Dengue was diagnosed in one patient who was a returned traveler from Vietnam. Third, Because of the similarities of the symptoms between dengue and Q fever, another endemic disease in southern Taiwan, serum samples from reported Q fever cases without serological confirmation of *Coxiella burnetii* infection in this period were also included for this study. So 320 blood samples from reported Q fever negative cases, which 2 were found to be dengue positive. Although medical charts revealed inquiry of travel history to Indonesia, Q fever was the only suspected diagnosis by the physicians.

By the way, choose the Dengue ELISA IgM OD value could be predict the dengue fever case, we individual analysis optimal value(OD),age and onset day, compare dengue fever(DF) and Japan encephalitis(JE) IgM optimal value ratio 。If DF / JE ratio over 10 have been 98.8% dengue fever confirm, The onset day periods during 4-6 days were highs detection rate (98.7%), while age under 50 years will than over 50 years to turn dengue (96.6%>89.7%), which IgM OD value will better indicator for predict true dengue fever when had optimal sampling blood in the occurrence period.

In this study will sure the dengue fever virus were imported, we didn't detect dengue fever in the silence phase. Local physicians and public health staff should be

reeducated about the importance of travel histories in febrile patients. Whether to actively test the existence of dengue in reported cases with Q fever or other diseases with similar clinical manifestations to dengue merits further evaluation, especially when relevant travel histories are also present.