

## ABSTRACT

The paper aims to study the prevalence of various dengue symptoms in children and adults diagnosed as having dengue fever (DF) and dengue haemorrhagic fever (DHF). Effort to predict and classify patients serologically is also attempted. Adults and children suspected of dengue infection are classified clinically into DF and DHF via a model developed in the paper. Part of the paper also looks at the various aspect of patient management in relation to the dengue outbreak experienced at the University Malaya Medical Centre (UMMC).

Findings reveal the low notification rate of the clinical dengue cases at UMMC which are made notifiable by law as part of the disease surveillance effort to ensure prompt action during the course of an outbreak.

In this dengue episode, close to one third of the suspected dengue cases at UMMC were not tested serologically despite the high percentage of positive outcome for those tested.

The reclassification of the clinical dengue cases by the World Health Organisation (WHO) guidelines implies that about 11.4% of the clinically cases were potentially "mis-diagnosed".

Symptoms significant in the differential diagnosis between serologically confirmed dengue cases and other viral infections are skin rash, platelet count at admission and abdominal pain. Patients citing such symptoms have greater odds of being tested positive of such infection.

The clinical diagnosis of DHF among the pediatric patients appears to conform to the WHO definition. However, results show the otherwise for the adult patients.