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## සෞඛ්‍ය අමාත්‍යාංශය சுகாதார அமைச்சு Ministry of Health

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Directors of all Teaching Hospitals and Specialized Hospitals,  
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In-Charge of All Private Healthcare Institutions,

### **Subject: Precautionary Measures in Managing Female Patients Presenting with Fever having Menstruation, intermenstrual bleeding or Vaginal Bleeding**

Despite the high morbidity of Dengue in Sri Lanka, the Dengue case fatality rate was maintained at as low as below 0.1% over the past few years. It has come to our attention that out of the 17 dengue-related deaths reported upto 31<sup>st</sup> of August 2024, 16 were female patients. This concerning statistic was highlighted by leading experts during the National Dengue Death Review Meeting held on the 5<sup>th</sup> September 2024, chaired by the Secretary of Health. One of the key contributing factors identified, was the underestimation of the risks associated with menstrual/intermenstrual or post-menopausal vaginal bleeding in female dengue patients.

The Expert Committee to Review Dengue Related Deaths has recently pointed out their concern over the trends in the outcomes of female Dengue patients presenting with menstrual, intermenstrual and post-menopausal vaginal Bleeding. Such bleeding in patients with Dengue fever itself can worsen the outcome due to compounded blood loss which can be significant, exacerbated by thrombocytopenia, capillary leakage, and other coagulation disturbances commonly seen in dengue patients. These patients present a significant clinical challenge, often leading to poor outcomes if not managed carefully. Therefore, it is crucial that clinicians consider menstrual bleeding or any other vaginal bleeding in patients with dengue fever as a high-risk factor.

Therefore, all clinicians treating febrile patients are strongly advised to take the following precautions and management strategies into consideration when they treat such patients in any of the healthcare settings:

### **Dengue Screening**

1. Patients with Dengue Fever having menstruation, or any vaginal bleeding should be closely monitored even if they are not having plasma leakage.
2. Any patient with fever and menstruation or close to menstruation, drugs such as Aspirin and NSAID (e.g Ibuprofen, Mefenamic acid) should not be prescribed.
3. Patient Education – Patients, especially females in reproductive age groups, should be educated about the importance of reporting menstrual or other vaginal bleeding, monitoring menstrual blood flow and reporting any abnormalities during a Dengue fever episode.

### **Risk Assessment**

1. A comprehensive medical history and physical examination should be performed to assess for overlapping symptoms between menstruation or any other vaginal bleeding and Dengue (e.g., excessive menstrual bleeding, signs of mucosal bleeding, petechiae, or positive Hess's test).
2. Menstrual/vaginal blood loss should be carefully assessed, as it can worsen the risk of shock and bleeding.

### **Management of Menstrual Bleeding in Dengue Patients**

- Patients with Dengue Fever and having menstruation or any other vaginal bleeding should be admitted to the hospital for close observation and monitoring.
- Patients with Dengue Fever and having menstruation should be carefully monitored for possible subtle leaking and bleeding.
- Monitoring includes daily FBC, inward PCV, Ultrasound Scan for early detection of fluid and bleeding. Clinical monitoring such as pulse rate, pulse volume, capillary refilling time and blood pressure should be manually measured and documented.
- Consider starting on “intravenous” maintenance drip even if they are not leaking and blood should be cross matched in Dengue Fever patients who are having menstruation or any other vaginal bleeding.
- Consider Haemostatic Agents:

A thorough clinical assessment and continuous monitoring should be ensured for patients with Dengue fever who are menstruating or having the risk of bleeding. For patients with bleeding, haemostatic agents such as tranexamic acid could be started. Experts recommend the combined use of Tranexamic

Acid and Norethisterone for managing heavy menstrual bleeding in female dengue patients, unless contraindicated. The first day of bleeding is identified as the onset of vaginal bleeding. A 24-hour period without bleeding confirms cessation. Patients must be reassessed 24 hours after the bleeding has stopped to ensure stability. Medications should be continued until bleeding has fully stopped.

- Blood Transfusion:

The decision for blood transfusion should be made during critical period and beyond, based on the clinical assessment and monitoring chart review by the attending physician, in accordance with the Sri Lanka National Guidelines on the Management of Dengue Fever and Dengue Haemorrhagic Fever in Adults issued by the Ministry of Health. It is imperative that clinicians make timely and well-justified decisions in these cases. It is recommended to give O-negative blood transfusion in case of emergency.

- Early Referral to Specialized Care for application of “Massive Transfusion Protocol”: If menstrual bleeding is profuse and the patient’s condition deteriorates, prompt referral to a higher-level of care is necessary for expert advice and treatment from a Transfusion Specialist on further blood transfusion and blood products.
- Attending physician can clear the doubts by getting advice 24 x 7 from a consultant experienced with management of Dengue patients during the critical period.

Incorporating these guidelines is essential to reduce the risk of severe complications in female patients who are menstruating or having any other vaginal bleeding and presenting with Dengue fever. We urge all consultants and medical officers caring for dengue patients to comply with these guidelines.

For further inquiries or additional guidance, please contact the National Dengue Control Unit of the Ministry of Health. Your attention to this matter and proactive management will significantly improve patient outcomes. Please ensure that all relevant teams are informed and prepared to manage these cases with diligence.

Thank you for your attention and continued dedication to improving patient care.



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