Dengue: knowledge for coping in the Neoliberal context

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SUMMARY

The neoliberal context provides professionals from various fields daily and constant challenges to health professionals, the challenge is linked directly to life, which in many cases can mean lives so amassed, as in the case of any pathology that may tend to turn into epidemics, pandemics. In this context, combating dengue has become one of the greatest challenges for society, demanding that since health care professionals such as researchers, and even the population itself to outfitting in confronting this arbovirus, since no vaccine has been found able to negate its effects. So, this article brings in its scope, through a review of literature, some aspects of dengue fever that must be pointed to the society, seeking the knowledge and coping strategies of this arbovirus.

Key Words: Arbovirus. Dengue fever. Aedes Aegypti.

INTRODUCTION

Since the beginning of the 20 century the Aedes aegypti mosquito is considered one of importance to global public health, mainly due to the fact that mosquito being considered as a vector of several diseases, including yellow fever, a disease that has become an epidemic in the national context at the beginning of that century, as well as, Zika and Chikungunya (LIMA-CAMARA; URBINATTI; CHIARAVALLOTI-NETO, 2016).

At the beginning of the 20th century, the knowledge about the effects, causes, and consequences, was responsible for almost extinguish the disease in the country, and prevent a pandemic. However, the neglect of the public authorities and the population, boosted to that again this arbovirus came back to haunt the health of Brazil, bringing other diseases that has been shown every day more present, and alarmingly, with their little knowledge effects, due to its ability to mutate, as will be demonstrated in the course of this study.

The first case of Dengue fever recorded in Brazil, took place in the year 1982 in the city of Boa Vista in Brazil, since the rate of infection has increased exponentially. From 1990 until 2011 were recorded 12,363,690 cases throughout the national territory (LAMB, et Al. 2012).

Today not only the Americas, but throughout the world, Brazil is the country with more cases of Dengue fever, reaching 70% of the number of recorded cases in the Americas. Rio de Janeiro is one of the cities where there are more cases of the disease across the country, the first Dengue outbreak in this town was in the year 1986, since then the epidemics became regular (GIBSON, et. Al. 2014).
In the early 70 combating Dengue became marked in the fight against mosquito, Aedes aegypti. This happened in most countries of the Americas. However, the lack of maintenance or abandonment of programmes made the mosquito infestations happen again in these countries (CASTRO-OROZCO; ALVIS-GUZMÁN; GOMEZ-ARIAS, 2015).

In the absence of vaccines for Dengue fever as a way to prevent virus contamination, the most effective alternative is combating mosquito, Aedes aegypti, especially their young, so that they don't grow up and not play. However these mosquitoes still perpetuate (BARRERA, 2015).

Although some campaigns have arisen in order to educate the population, it appears that the Brazil forward is there's a big battle, whose end still seems to not appear. Argues that arise many studies that are focused on improving the General knowledge about this arbovirus, both in the academic community, medical, scientific, public policy, as, believing it to be the knowledge the only strategy for confronting this arbovirus.

**General aspects**

Dengue fever is a febrile disease caused by flavivirus and arbovirus present is one of the more tropical regions. The main transmitter of the disease vector is the Aedes aegypti mosquito, this mosquito has a great ability to adapt easily to urban regions, where most of the population (GORZONI, Milton Luiz; MASSAIA, 2010).

This disease can be considered one of the diseases with the largest and most rapid spread in the world. Over the past 50 years their proliferation increased by around 30 times, with a geographical expansion that encompasses dozens of countries mainly the underdeveloped, and every year comes the new countries (SPULVEDA-SALCEDO; et. Al. 2015).

The Dengue virus (DENV) is a ribovirus, IE, is composed of RNA, he is a member of the flaviridae family, in which he has four serotypes, of these serotypes are held all four strains of the virus (DENV-1, 2, 3,4). Its genome is one positive RNA chain, in which encodes three structural proteins (Capside, prM and wrapping), and seven non-structural proteins (NS1, NS2a, NS2b, NS3, NS4a, NS4b and NS5) (CASTRO; PINZÓN; ALVIS-GUZMAN, 2015).

If you look at in a historical perspective, globalization was a process that brought with it many social consequences, among them the international flow of people from around the world, which is not a bad thing, but in uncontrolled and unregulated has as a result also flow of viruses and disease-causing bacteria (SANABRIA-ROJAS, 2015).

This disease resistant can manifest itself with various symptoms, such as abnormal fever, fever accompanied with headache, severe pain with discomfort, pain osteo-mi-rashes, joint pain, leukopenia, bleeding, hypovolemic shock, thrombocytopenia, nausea and vomiting digestive tractos (PEREIRA, et. Al. 2015).

This strong resistance of viruses and vectors, Dengue is one of the major arthropod-borne illness in the world, it is estimated that each year occur about 50 of the 100,000,000 of infections, with one fatality and mortality rate of up to 5% of the total infections (VERA; et. Al. 2010).
Currently, the increase of the outbreaks and outbreaks of Dengue fever has become a public health concern worldwide. Yes, about 3.5 billion people, this number represents 55% of the world's population, distributed in 124 countries, are exposed to contamination by Dengue virus, that has an expectation of more than 100,000,000 annual contamination (NUZAIHAN, m. m. n.; et al 2016).

That makes the arbovirus Dengue with the highest incidence in the world. Dengue has 4 serotypes that cause the disease (DENV-1, 2, 3, 4), which are transmitted by his aforementioned vector mosquito Aedes aegypti and Aedes albopictus. Most cases of infection of the disease, asymptomatic way, happen because of this individual who contracted the virus usually seeks medical help only when symptoms manifest themselves, which makes the treatment (REY-expensive; VILLAR-CENTENO, 2012).

The arbovirus generally fit better in tropical regions, in the case of Brazil are aggravating factors that encourage the adaptation of this type of virus. Factors such as deforestation, poor infrastructure of the vast majority of cities, population growth and uncontrolled urbanization, the precariousness of basic sanitation (LEE, NOZAWA, LINHARES, 2014).

All these elements make in Brazil, the transmitters have a easier arbovirus to live, reproduce and infect more people, making it the most dangerous yet arbovirus diseases. (LEE, NOZAWA, LINHARES, 2014).

**Coping through knowledge**

There are currently no vaccines in use as a measure of prevention to Dengue virus, however there are several vaccines now in development in various countries. In December 2015 the Mexico announced a Dengue vaccine tested and approved as effective, since then it has been used in that country, however other countries have not yet approved the use of the same vaccine in its population (ORELLANO, 2015).

As mentioned earlier, there are four strains of Dengue virus, which bills itself as the more serious Dengue hemorrhagic fever. This type of Dengue has more severe symptoms, like blood plasma extravasation, which leads to bleeding and bleeding, respiratory failure and even organic dysfunction. Due to the severity of these symptoms it is considered fatal (VERDEAL, 2011).

It is essential to be carried the diagnosis of Dengue, just when manifested symptoms, treatment can be anticipated and occur more efficiently. The diagnosis is made through the verification of symptoms and of a blood test that checks for the presence or absence of the virus in blood plasma of the patient (PARRA-ALVAREZ, et.al. 2015).

Often observed in different media formats news for Dengue and its decorrências being broadcast by various media, highlighting the deaths caused by Dengue hemorrhagic form. However, little can be seen in the media about the various elements involved in the prevalence of arbovirus, these elements of social, historical and economic character (MAFRA; ANTUNES, 2015). It is suggested so that the knowledge can serve as a strategy for everyone to get involved in the confrontation that arbovirus.

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