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Co-existence of double serotypes of dengue in patients of Gampaha District

Dulan Jayasooriya¹, Y I N Silva Gunawardene¹, M Hapugoda¹, R Premarathne, A Manamperi¹, H J De Silva², W Abeyewickreme^{1*}

¹ *Molecular Medicine Unit, Faculty of Medicine, University of Kelaniya, Thalagolla Road, Ragama.*

² *Department of Medicine, Faculty of Medicine, University of Kelaniya, Thalagolla Road, Ragama.*

Dengue virus (DENV) known to cause a productive cytolitic infection in humans exists in four different serotypes Dengue 1 (D1), Dengue 2 (D2), Dengue 3 (D3) and Dengue 4 (D4). Among 4 serotypes of DENV, D 3 thought to be associated with explosive DHF epidemics and severe disease in many countries. Our objective was to determine the prevalence of dengue serotypes in Gampaha District and to correlate them with disease severity. Serum samples were collected from patients who were within 4 days of onset of fever and clinically suspected of dengue according to WHO criteria. Total viral RNA extracted from each serum sample was subjected to RT-PCR followed by a semi-nested PCR using specific primers. Out of 91 samples collected between Nov 2005 and Dec 2006, 16 samples were confirmed positive for DENV RNA by RT-PCR. Our results of multiplex semi-nested PCR indicated that 9/16 (56.25 %) of the positive cases were co-infected with serotype 2 and 3 (D2 & D3), while 4/16 (25%) were infected with D 3 and 3/16 (18.75 %) with D 2. 3/4 of D 3 cases had DHF , 1/3 of D2 cases were DHF while there were no DHF cases among the D2 and D3 co-infected patients. The mean Packed cell Volume (PCV) values of D3, D2 and D2 & D3 co-infected were 53.8 %, 48 % and 39.6% respectively while the mean platelet values of those were 66,000 mm³, 123,000 mm³ and 174.000 mm³, respectively. Dengue infection by a single serotype is common among patients. Although few cases of co-infection by more than one serotype had been previously reported in a few other countries, this is the first description of simultaneous co-infection by D2 and D3 in Gampaha district. In this limited study we have observed a reduction of disease severity in D2 and D3 simultaneously co-infected patients. Could simultaneous co-infection by more than one serotype or a combination of two particular serotypes have lead to a decrease in disease severity among dengue patients is a matter yet to be studied. Further studies are needed to support these conjectures and to establish the clinical implications of simultaneous co-infection on the prevalence of DHF and disease severity.

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