Abstract

Background: Dengue is a mosquito-borne disease most common in tropical and subtropical regions. Delaying diagnosis in the early phase may increase the risk of more severe dengue and may lead to poor outcomes. The implementation of dengue diagnosis guidelines can help health workers to early recognize dengue disease and good management. The emphasis is on the elements that went into the dengue program's implementation and how well the guidelines are followed.

Objective: The study aims to evaluate health workers' compliance with the dengue guideline program's implementation in five CHCs within the Dili Municipality.

Method: Five Clinical Health Centres participated in the study. Combining sequential design with explanatory methods. Secondary dengue diagnosis data were used for collecting quantitative data, and key inform interviews were used to collect qualitative data.

Result:

The results of this study's quantitative data analysis showed that there was a lower level of adherence to the new clinical classification guidelines. The majority of health worker continued to use the (WHO,1997) classification for their dengue practice, rather than adopting the new classification system that distinguishes between acute, moderate, and severe dengue. There was also less adherence in the dengue confirmation test conducted in the laboratory. The study's findings indicated that there are significant variations in guidelines compliance among health centers, with some practicing high levels of compliance and others showing low levels of compliance. Though the results varied by CHC, the highest RDT confirmation rate was found in Becora (91, %; 262 out of 288 dengue cases), followed by Matinaru (82%; 65 out of 79 dengue cases) and Veracrus (51%; 136 out of 267 dengue cases). On the other hand, Comoro (21%; 253 out of 1154 dengue cases) and CHC farmosa (27.4%; 180 out of 660 dengue cases) had lower RDT confirmation rates. However, A lack of training for medical staff, inadequate monitoring, and non-availability of laboratory investigation facilities during the pandemic were among the other factors to the Dengue guidelines' implementation that this study identified.

Conclusion:

In the implementation of dengue control program, there was a low adherence of the health workers toward the new WHO 2009 classification of dengue and laboratory confirmation of dengue infection as stated in the dengue guidelines. The main factors that affect the health worker compliance to the dengue guideline were investigation facility, inadequate training and inadequate monitoring. Covid-19's existence and the lack of available dengue reagent were barriers to the dengue program's implementation.