**Supplementary table 1: Characteristics, similarities and differences of Dengue and COVID-19 infections**

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|  | ***Dengue*** | ***COVID-19*** |
| **Aetiology** | *Dengue viruses DEN 1, 2, 3, and 4.* | Novel *Coronavirus called SARS-CoV-2* |
| **Pathophysiology**  | Mucosal bleeding occurs due to low platelet production, impaired platelet function, and increased vascular fragility | Thrombocytopenia occurs due to inhibition of thrombopoiesis, secondary hemophagocytic lymphohistiocytosis, the release of inflammatory cytokines causing destruction of platelets, prevention of the release of platelet from megakaryocyte in lungs, autoimmune destruction of platelets, and disseminated intravascular coagulation are few postulated mechanisms.  |
| **Transmission**  | Spread to people through the bites of infected mosquitoes, mainly Aedes species (*Ae. aegypti or Ae. albopictus*) mosquito. | Spread mainly through respiratory droplets Contagious- spreads from person to person |
| **Typical Symptoms** | Fever, Pain, typically behind the eyes, Arthralgia, Myalgia, Characteristic Rash, Nausea, vomiting, Mucosal bleeding, Shock in severe infection | Fever or chills, Cough, Shortness of breath or difficulty in breathing, Fatigue, Muscle or body aches, Headache, new loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhoea |
| **Role of Cytokine storm** | High levels of inflammatory cytokines resulting in a ‘cytokine storm’ is thought to contribute to disease pathogenesis and the vascular leakage seen in Dengue Haemorrhagic fever (DHF).  | Postulated to be due to reduced innate antiviral defenses coupled with exuberant inflammatory cytokine production especially high expression of IL-66. |
| **Early warning Indicators**  | Abdominal pain, persistent vomiting, bleeding, lethargy, restlessness, hepatomegaly, and low blood pressure | Difficulty breathing, confusion, pressure feeling in the chest, and cyanosis |
| **Incubation period** | Symptoms of Dengue typically present in 2–7 days | Symptoms may appear 2-14 days after exposure to the virus. |
| **Risk Factors** | Mosquito breeding, rainy season | Older adults (≥65 years), Male, Co-morbidities- hypertension, diabetes, or Cardio-respiratory disease |
| **Diagnosis** | NS1 antigen ELISA testDengue IgM-Elisa and RT-PCR tests | COVID-19 RT-PCR test of Naso-pharyngeal swab  |
| **Severity** | Dengue can be a fatal disease; especially Dengue Haemorrhagic fever and shock syndrome | Serious viral pneumonia or ARDS may need Ventilator support. Other Cardiovascular, Neurological and Systemic complications have been reported |
| **Prevention** | * Insect repellents
* Control mosquitos
 | * Physical distancing, Hand hygiene, Face Mask and other personal protective equipment
* Early diagnosis and isolation
 |
| **Treatment**  | * Supportive therapy
 | * Supportive therapy
 |
| **Immunity** | Not documented, can get re-infection which is more severe, especially with DEN-2 | Antibodies are produced but Re-infection and resurgence of COVID-19 is being reported following initial infection. |

*Abbreviation: RT-PCR= Reverse Transcriptase-polymerase chain reaction. ARDS- Acute respiratory distress syndrome*