Dengue is a rapidly expanding mosquito-borne virus that can be found in tropical and subtropical climates (Rodríguez-Barraquer et al., 2015). Across a human population, it is endemic in more than 100 countries and 400 million people are infected with it annually. Around 100 million shows symptoms and 40 thousand dies from severe dengue due to internal bleeding and organ damage (CDC, 2021a). There are four serotypes that cause the dengue disease - DENV-1, DENV-2, DENV-3, and DENV-4. They are spread by two vector species — mosquitos Aedes aegypti and Aedes albopictus — which survive well in both tropic and cooler regions (15-320C) (Reinhold et al., 2018). While mild symptoms of dengue cause fever, aches, and rash, the severe form of dengue — Dengue Hemorrhagic Fever (DHF) - can cause death within a few hours and requires hospital care (CDC, 2021a). Since dengue can be induced by four genetically related viruses, a single person does not develop immunity to all at once and is at risk of getting sick as many as four times in their lifetime. Although a new dengue vaccine has recently become available on the U.S. territories (CDC 2021b), there has not yet been developed a long-lasting, successful, and widely accessible vaccine (Rodríguez-Barraquer et al., 2015). The disease requires urgent and special attention to reduce high infection rates across the world.

India, a country of 1.42 billion people (World Population Review, 2023) with a tropical monsoon climate (Mutheneni et al., 2017), has had a continuous presence of dengue in endemic stage over two centuries. Recent studies suggest that there is a high probability of dengue occurrence in most of the Indian subcontinent while only a small fraction of cases is diag-\[\[\epsilon^\alpha\kappa^\*\A\[\epsilon\alpha\kappa^\*\A\[\epsilon\alpha\kappa^\*\A\[\epsilon\alpha\kappa^\*\A\[\epsilon\alpha\kappa^\*\A\[\epsilon\alpha\kappa^\*\A\[\epsilon\alpha\kappa^\*\A\[\epsilon\alpha\kappa^\*\A\[\epsilon\alpha\kappa^\*\A\[\epsilon\alpha\kappa^\*\A\[\epsilon\alpha\kappa^\*\A\[\epsilon\alpha\alpha^\*\A\[\epsilon\alpha\alpha\kappa^\*\A\[\epsilon\alpha\alpha\alpha^\*\A\[\epsilon\alpha\alpha\alpha^\*\A\[\epsilon\alpha\alpha\alpha^\*\A\[\epsilon\alpha\alpha\alpha^\*\Alpha\[\epsilon\alpha\alpha\alpha^\*\Alpha\[\epsilon\alpha\alpha\alpha^\*\Alpha\[\epsilon\alpha\alpha\alpha^\*\Alpha\[\epsilon\alpha\alpha\alpha^\*\Alpha\[\epsilon\alpha\alpha\alpha^\*\Alpha\[\epsilon\alpha\alpha\alpha^\*\Alpha\[\epsilon\alpha\alpha\alpha^\*\alpha\[\epsilon\alpha\alpha\alpha^\*\alpha\[\epsilon\alpha\alpha\alpha^\*\alpha\alpha\alpha\alpha^\*\alpha\[\epsilon\alpha\alpha\alpha^\*\alpha\alpha\alpha\alpha^\*\alpha\[\epsilon\alpha\alpha\alpha^\*\alpha\alpha\alpha\alpha^\*\alpha\[\epsilon\alpha\alpha\alpha^\*\alpha\alpha\alpha\alpha^\*\alpha\alpha\alpha^\*\alpha\alph

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a subject to misdiagnosis. Improper treatment given to the patient because of misdiagnosis can be fatal for the patient. One drug used to prevent thrombosis in COVID patients, LMWH, substantially increases the risk of internal bleeding if given to a dengue patient (Phadke et al., 2021).

The epidemic of dengue has been present in India over the centuries, overlapping and worsening with the currently ongoing COVID-19 pandemi& $k^{1} \sim 4^{1} \sim 4^{1} = 4$ 

The distribution of dengue in the cities and villages highlights the importance to have a better understanding of another factor - mobility, to localize where the intervention can be most successful. From the geographical perspective, the special environmental and climatic factors make India a critical area for dengue. Temperature and precipitation are key enviro-climatic factors in estimating mosquito's population development and disease transmission dynamics (Reinhold et al., 2018). High temperatures (up to 35 0C) and high humidity have shown to directly impact the development and range of mosquitos, as well as the incubation period of the dengue viruses themselves. Under high temperatures, the lifespan of adult Aedes mosquito species and the number of their reproductive cycles increases. They also spend less time on blood-feeding, which in combination with shorter viral incubation time leads to faster virus replication and increased transmission intensity. While global warming is expected to increase the average temperatures in all parts of the world, the burden of dengue in India might vary in each region. Some states, like Punjab, Gujarat and Kenala, known for its high temperature and humidity levels, may experience a decrease in dengue cases due to the temperatures being too high for the mosquitos to survive. Hence, the species distribution in the country may change and expose more people to the vector-borne infection (Malkina, 2021).

Centers for Disease Control and Prevention. (2021a). *Dengue vaccine*. Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention. (2021b). About dengue: What you need to know. Centers for Disease Control and Prevention. *Forest survey of India*. (2019).

India population (live, 2023). (World Population Review). Retrieved February 18, 2023, from https://worldpopulationreview.com/countries/india-population

Malkina K. (2021). Lake Forest College.

Mutheneni, S. R., Morse, A. P., Caminade C., Upadhyayula S. M. (2017). Dengue burden in India: recent trends and importance of climatic parameters. Emerging Microbes & Infections, 6:1, 1-10.

Mutheneni S. R., Mopuri R., Naish S., Gunti D., Upadhyayula S. M. (2018). Spatial distribution and cluster analysis of dengue using self organizing maps in Andhra Pradesh, India, 2011–2013, Parasite Epidemiology and Control, Volume 3, Issue 1, 2018, Pages 52-61,ISSN 2405-6731

Ministry of Health & Family Welfare-Government of India. (n.d.). *Dengue/DHF situation in India*. National Center for Vector Borne Diseases Control (NCVBDC).

Palaniyandi, M. (2014). The environmental aspects of dengue and chikungunya outbreaks in India: GIS for epidemic control. International Journal of Mosquito Research, 1, 35-40.

Poverty rate in India 2021. The Global Statistics. (2021).

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vironmental Temperature on Aedes aegypti and Aedes albopictus Mosquitoes: A Review. Insects, 9(4), 158.

Rodríguez-Barraquer I, Solomon SS, Kuganantham P, Srikrishnan AK, Vasudevan CK, Iqbal SH, et al. (2015) The Hidden Burden of Dengue and Chikungunya in Chennai, India. PLoS Negl Trop Dis 9(7): e0003906.

Shepard, D. S., Halasa, Y. A., Tyagi, B. K., Adhish, S. V., Nandan, D., Karthiga, K. S., Chellaswamy, V., Gaba, M., Arora, N. K., & Group, the I. N. C. L. E. N. S. (2014). *Economic and disease burden of dengue illness in India*. AJTMH.

Soo, K.-M., Khalid, B., Ching, S.-M., & Chee, H.-Y. (2016). Meta-Analysis

in primary and secondary infections. Plos One.

Telle O, Vaguet A, Yadav NK, Lefebvre B, Daudé E, et al. (2016) The Spread of Dengue in an Endemic Urban Milieu–The Case of Delhi, India. PLOS ONE 11(1): e0146539.

Tolbert J. (2020). What issues will uninsured people face with testing and treatment for covid-19? KFF.