

Brazil faces threat of historic dengue outbreak in 2025

Fátima Ferrante
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As part of a broad attack on public health in Brazil, all the criminal negligence the country has seen in response to the COVID-19 pandemic has served as a model for confronting a series of endemic tropical diseases that pose a devastating impact, especially on the country's poorest population.

This is certainly the case with dengue, a neglected disease that was once popularly known in Brazil as “bone-breaking fever,” due to its severe symptoms that can last for weeks and which causes thousands of deaths every year. It can also leave the infected person with numerous sequelae.

In 2024, Brazil had the worst year for dengue in history, with more than 6.6 million cases, 6,216 confirmed deaths and another 489 deaths still under investigation. By the end of February, Brazil had 440,000 cases of dengue fever on record, with 177 confirmed deaths and another 413 under investigation.

Just like last year, the government of Brazilian President Luiz Inácio Lula da Silva (Workers Party - PT) is doing everything it can to minimize the situation of dengue in Brazil. On February 27, the Ministry of Health's website celebrated a more than 60 percent decrease in probable cases of dengue compared to the same period in 2024.

However, numerous health organizations and experts have insisted that the epidemiological situation of dengue in 2025 could be worse than last year. On February 7, the Pan American Health Organization (PAHO) issued an epidemiological alert after 23 countries and territories in the region of the Americas registered 238,659 suspected cases in the first four epidemiological weeks of 2025, with Brazil accounting for 87 percent of these cases. These figures are 249 percent higher than in the same period last year.

PAHO also warned of the greater risk of dengue outbreaks in the Americas due to the increased circulation of serotype 3, or DENV-3, one of the four serotypes of the virus. It has already been identified in several countries in the region, including Peru, Colombia, and Mexico.

In Brazil, DENV-3 was detected for the first time in over 15 years last year. In an interview with *Estado de S. Paulo* at the beginning of February, infectious diseases doctor Alexandre Naime Barbosa, professor of Medicine at São Paulo State University (Unesp) and scientific coordinator of the Brazilian

Society of Infectology (SBI), warned that this fact means that we have “a large number of people susceptible” to dengue.

He mentioned a survey from the end of last year which “showed that less than 30 percent of blood donors in São Paulo had had contact with the virus,” and a smaller number among children. According to Barbosa, “I’m talking about having contact, but if you have dengue fever once, you can have it again with the other three serotypes. Most people have never had type 3 dengue, and everyone is susceptible.”

As a result, a person can be infected at least four times with the dengue virus, and the four serotypes, according to the alert issued by PAHO, are circulating simultaneously in Brazil. As with COVID-19, subsequent infections with other serotypes can increase the risk of severe forms of the disease. DENV-3 has been specifically associated with more disease severity, even in people who have had their first infection with the virus.

Given this situation, Barbosa warned: “There’s no doubt that 2025 will leave a mark – and I’m not being alarmist or pessimistic. It will be the worst year for a dengue epidemic throughout the entire historical record, not only in the state of São Paulo, but also in Brazil.”

In fact, São Paulo, Brazil's richest and most populous state, has already registered 50 percent more suspected cases this year than at the same time last year. It has the leading figures for dengue in Brazil, with 247,000 cases – more than half of the total – and 136 confirmed deaths, representing more than 75 percent of the country's total deaths. This situation forced the government of São Paulo to declare a state of emergency for the disease throughout the state on February 19. In 2024, this occurred at the beginning of March.

Contrary to what the Lula government authorities claim, there has been no effective fight against infectious diseases such as COVID-19 and dengue fever in Brazil. After the Lula government and the entire Brazilian political establishment adopted the “forever COVID” policy, the same can be said for dengue. According to Barbosa in the interview with *Estado*, “dengue has become normalized as a disease we can live with, and that’s not true. Today we have various ways of mitigating and reducing the impact of dengue.”

In contrast to what is happening today, the scientific knowledge accumulated long ago in relation to dengue has

already made Brazil itself an international example. It has been established for over a century that dengue is transmitted through the bite of the *Aedes aegypti* mosquito. This mosquito is also the vector for numerous epidemic viruses in Brazil and the Americas that cause Zika fever (which causes microcephaly), chikungunya, and yellow fever.

In 1969, Dr. Odair Franco wrote in his book *História da febre amarela* (History of Yellow Fever): “When we joined the Yellow Fever Service in 1935, we didn’t find any plan underway to eradicate *Stegomyia fasciata* [now *Aedes aegypti*] from Brazil. On the contrary, they believed it was impossible, due to the country’s territorial extension and the spread of the mosquito throughout the states and territories.”

Between 1947 and 1955, with support from the Rockefeller Foundation and PAHO, Brazil took part in a hemispheric program to eliminate *Aedes aegypti*. Actions such as port inspections, basic sanitation, and spraying of insecticides resulted in the eradication of the mosquito in 1958.

The mosquito returned to Brazil in 1967, due to failures in post-eradication surveillance, accelerated urbanization, and a population influx from countries where the vector persisted. More significantly, this happened three years after the US-backed military coup of 1964, which led to a brutal attack on public health in Brazil.

The control of *Aedes aegypti* to combat yellow fever indirectly prevented outbreaks of dengue fever. The reintroduction of the mosquito in the following decades, however, allowed dengue to emerge as an endemic problem from the 1980s onwards.

The temporary success of the 20th century highlights the importance of international cooperation; the integration of actions such as sanitation, education, and surveillance; and the continued maintenance of preventive measures, even after the vector has been eliminated. Today, in 2025, with more knowledge and more technologies – such as the Wolbachia method, rapid tests, and the vaccine – to combat dengue, there is no reason to believe that eradication is impossible. However, all this has been ignored by the Lula government.

Last year, the Lula government announced with fanfare that it would start immunizing the Brazilian population against dengue. The Ministry of Health has been acquiring batches of the Qdenga vaccine since last year, but the low production capacity of the Takeda laboratory in Japan has meant that immunization is restricted to the population between the ages of 10 and 14 and to 1,900 municipalities with more than 100,000 inhabitants where dengue has emerged more frequently in recent years.

Without information campaigns to alert the population to the dangers of dengue, the vaccination campaign has been a failure. In São Paulo, only 11 percent of the target population received the second dose—the Ministry of Health’s goal is to immunize 90 percent of the target population. A public notice from the Brazilian Society of Immunizations (SBIIm) indicated that only

53 percent of the doses distributed by the Ministry of Health had been applied, and 59 percent of the people who received the first dose did not return for the second.

Today, the public health crisis intersects with the climate crisis, which has increased the intensity and frequency of extreme weather events and favored the proliferation of the *Aedes aegypti* mosquito and dengue fever. According to Dr. Barbosa, in Brazil, “There are two things happening: it’s raining and it’s hot...perfect factors for the proliferation of *Aedes aegypti*.” He continued, “Five years ago, we didn’t talk about dengue in Rio Grande do Sul, much less in Santa Catarina,” the southernmost states in Brazil.

The dengue fever crisis in Brazil last year and the prospect of an unprecedented outbreak this year were the reasons for Lula’s dismissal of Health Minister Nísia Trindade. Her two years in office were marked by criminal negligence in relation to COVID-19 and harsh attacks on federal public hospital workers who have been on strike since last May against what in practice means privatization.

Additionally, the Lula government has subjected the budget for health and other social rights to repeated freezes and cuts in order to maintain the “zero deficit” and “new fiscal framework” goals. On February 20, *Globo* reported that he “will need to block BRL 18.6 billion [USD 3.16 billion] in spending in the 2025 budget to ensure compliance with fiscal rules this year.”

At the start of the third year of Lula’s government, its class priorities are clear; the protection of human life has been consciously and criminally subordinated to corporate profit. The only way to guarantee universal, quality public health care is through the development of a struggle against capitalist governments like Lula’s as part of an independent struggle for international socialism.



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