

Original Research Article

Clinical and hematological profile and outcomes of children with dengue infection: a prospective observational study

Chaitanya Rajendra Bhattad*, Smita Priyadarshan Jategaonkar,
Manish Jain, Ruchika Kinnake

Department of Paediatrics, Mahatma Gandhi Institute of Medical Sciences, Wardha, Maharashtra, India

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*Correspondence:

Dr. Chaitanya Rajendra Bhattad,
E-mail: crbhattad1912@gmail.com

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ABSTRACT

Background: Dengue is an important cause of morbidity among children in tropical countries, with clinical manifestations ranging from a self-limiting febrile illness to severe dengue associated with plasma leakage, shock, and organ dysfunction. Early identification of children at risk of severe disease is essential for prompt management and improved outcomes. The present study aimed to evaluate the clinical and hematological profile of pediatric dengue infection and determine its association with disease severity and clinical outcomes.

Methods: This prospective observational study was conducted in the Department of Pediatrics at a rural tertiary-care teaching hospital in Maharashtra, India, between September 2022 and February 2024. A total of 195 children aged 0-13 years with laboratory-confirmed dengue infection (positive NS1 antigen and/or dengue IgM antibody) were enrolled consecutively. Patients were classified according to the World Health Organization (WHO) 2009 dengue classification into dengue fever (DF), dengue fever with warning signs (DFWS), and severe dengue. Clinical characteristics, laboratory parameters, treatment received, duration of hospitalization, and outcomes were analyzed.

Results: Out of the 195 children, 156 (80.0%) had DF, 28 (14.4%) had DFWS, and 11 (5.6%) had severe dengue. Increasing age was significantly associated with disease severity ($p < 0.05$), whereas sex distribution was comparable across groups ($p = 0.81$). Bleeding manifestations ($p < 0.001$), nausea/vomiting ($p < 0.001$), abdominal pain ($p < 0.001$), myalgia ($p = 0.013$), hepatomegaly ($p = 0.001$), ascites ($p = 0.001$), and shock ($p < 0.001$) were significantly associated with severe disease. Progressive thrombocytopenia, lower nadir platelet count, higher total leukocyte count, and increased highest packed cell volume were significantly associated with disease severity (all $p < 0.05$). NS1 antigen positivity showed a significant association with severe disease ($p < 0.01$), whereas dengue IgM positivity did not ($p = 0.56$). Increasing disease severity was associated with greater requirements for intravenous fluids, plasma transfusion, platelet transfusion, inotropic support, and longer hospital stay (all $p < 0.01$). All children recovered, and no mortality was observed.

Conclusions: Older age, gastrointestinal symptoms, bleeding manifestations, hepatomegaly, ascites, shock, thrombocytopenia, leukocytosis, and elevated packed cell volume were significantly associated with severe dengue in children. Careful clinical assessment together with serial hematological monitoring remains essential for early recognition of severe dengue and timely institution of supportive management, contributing to favorable clinical outcomes.

Keywords: Dengue, Children, Severe dengue, Hematological profile, Thrombocytopenia, NS1 antigen

INTRODUCTION

Dengue is one of the most important mosquito-borne viral infections worldwide and remains a major public health challenge, particularly in tropical and subtropical regions.^{1,2} Dengue is caused by any of four antigenically distinct dengue virus serotypes (DENV-1 to DENV-4) and is transmitted primarily by *Aedes aegypti* and *Aedes albopictus* mosquitoes.^{3,4} The global incidence of dengue has increased substantially over the past two decades owing to rapid urbanization, climate change, increased population mobility, and expansion of mosquito breeding habitats.^{2,5} India contributes a considerable proportion of the global dengue burden, with recurrent outbreaks reported from both urban and rural regions.^{6,7}

The clinical spectrum of dengue ranges from an uncomplicated self-limiting febrile illness to severe disease characterized by plasma leakage, hemorrhage, shock, and organ dysfunction.^{8,9} Children are particularly vulnerable to rapid clinical deterioration during the critical phase of illness, making early recognition of severe disease essential for reducing morbidity and mortality.^{9,10} The World Health Organization (WHO) 2009 classification categorizes dengue into dengue without warning signs, dengue with warning signs, and severe dengue, facilitating risk stratification and guiding clinical management.⁸ Several studies have identified warning signs such as persistent vomiting, abdominal pain, bleeding manifestations, hepatomegaly, altered sensorium, thrombocytopenia, hemoconcentration, and elevated liver enzymes as predictors of severe dengue.¹⁰⁻¹⁴ However, the frequency and predictive value of these clinical and hematological parameters vary across different populations because of geographic variation, circulating serotypes, healthcare access, and host characteristics.^{5,7,10-14}

Although numerous studies have evaluated pediatric dengue in India, data from rural tertiary-care teaching hospitals remain relatively limited.^{7,10-14} Regional information is important because disease presentation and outcomes may differ according to local epidemiology and referral patterns.^{6,7} Therefore, this prospective observational study was undertaken to evaluate the clinical and hematological profile of children with laboratory-confirmed dengue infection and to determine the association of these parameters with disease severity and clinical outcomes in a rural tertiary care teaching hospital in Maharashtra.

METHODS

Study design and setting

This prospective observational study was conducted in the Department of Pediatrics at a rural tertiary care teaching hospital in Maharashtra, India, over an 18-month period from September 2022 to February 2024.

Study population

Children aged 0–13 years with laboratory-confirmed dengue infection, diagnosed by a positive NS1 antigen and/or dengue IgM antibody test, were eligible for inclusion. Patients with pre-existing chronic illnesses and those with concurrent infections such as malaria or scrub typhus were excluded.

Sample size

A total of 195 consecutive eligible patients fulfilling the inclusion criteria were enrolled during the study period.

Data collection

Demographic characteristics, presenting symptoms, physical examination findings, laboratory investigations, treatment details, duration of hospitalization, and clinical outcomes were recorded using a predesigned case record form. Patients were evaluated at admission and monitored throughout their hospital stay.

Disease classification

Patients were classified according to the World Health Organization (WHO) 2009 dengue classification into dengue without warning signs (DF), dengue with warning signs (DFWS), and severe dengue based on predefined clinical and laboratory criteria.

Outcome measures

The primary objective was to evaluate the clinical and hematological profile of pediatric dengue infection. Secondary objectives included assessment of disease severity, therapeutic interventions, duration of hospitalization, and clinical outcomes.

Statistical analysis

Data were entered into Microsoft Excel and analyzed using IBM SPSS Statistics version 24.0. Continuous variables are presented as mean±standard deviation (SD) or median (interquartile range), depending on data distribution, whereas categorical variables are presented as frequencies and percentages. Comparisons among disease severity groups were performed using the Chi-square test or Fisher's exact test for categorical variables and one-way analysis of variance (ANOVA) or the Kruskal–Wallis test for continuous variables, as appropriate. A two-tailed $p < 0.05$ was considered statistically significant.

Ethical considerations

The study was approved by the Institutional Ethics Committee before commencement. Written informed consent was obtained from the parents or legal guardians of all enrolled children. Patient confidentiality was

maintained throughout the study in accordance with institutional and ethical guidelines.

RESULTS

Study population

A total of 195 children with laboratory-confirmed dengue infection were included in the study. Patients were

classified according to the World Health Organization 2009 dengue classification into dengue fever (DF), dengue fever with warning signs (DFWS), and severe dengue.

Disease severity

Of the 195 children, 156 (80.0%) had DF, 28 (14.4%) had DFWS, and 11 (5.6%) had severe dengue (Table 1).

Table 1: Distribution of patients according to the severity of dengue.

Diagnosis	Frequency	Percentage
Dengue fever	156	80.0
Dengue fever with warning signs	28	14.4
Severe dengue	11	5.6
Total	195	100

Table 2: Association of patient age groups with the severity of dengue.

Age group (years)	Dengue fever (n=156)	Dengue fever with warning signs (n=28)	Severe dengue (n=11)	Total (n=195)
1–5	57 (36.5%)	4 (14.3%)	1 (9.1%)	62 (31.8%)
6–10	72 (46.2%)	17 (60.7%)	4 (36.4%)	93 (47.7%)
11–13	27 (17.3%)	7 (25.0%)	6 (54.5%)	40 (20.5%)
Total	156 (100%)	28 (100%)	11 (100%)	195 (100%)
Mean age (years)	6.9±3.2	8.6±1.1	9.1±1.3	
P value	<0.05*	<0.05†		

* Chi-square test comparing age groups across severity categories. † One-way ANOVA comparing mean age between severity groups.

Table 3: Association between sex and severity of dengue.

Sex	Dengue fever (n=156)	Dengue fever with warning signs (n=28)	Severe dengue (n=11)	Total (n=195)
Female	84 (53.8%)	15 (53.6%)	7 (63.6%)	106 (54.4%)
Male	72 (46.2%)	13 (46.4%)	4 (36.4%)	89 (45.6%)
Total	156 (100%)	28 (100%)	11 (100%)	195 (100%)

Chi-square test; p=0.81.

Table 4: Association between clinical symptoms and severity of dengue.

Clinical symptom	Dengue fever (n=156)	Dengue fever with warning signs (n=28)	Severe dengue (n=11)	Total (n=195)	P value*
Fever	153 (98.1%)	27 (96.4%)	11 (100%)	191 (97.9%)	0.594
Rash	6 (3.8%)	1 (3.6%)	0 (0%)	7 (3.6%)	1.000
Bleeding	0 (0%)	0 (0%)	7 (63.6%)	7 (3.6%)	<0.001
Nausea/vomiting	30 (19.2%)	12 (42.9%)	7 (63.6%)	49 (25.1%)	<0.001
Abdominal pain	8 (5.1%)	14 (50.0%)	6 (54.5%)	28 (14.4%)	<0.001
Myalgia	6 (3.8%)	5 (17.9%)	1 (9.1%)	12 (6.2%)	0.013
Altered sensorium	0 (0%)	0 (0%)	1 (9.1%)	1 (0.5%)	0.056
Total	156 (100%)	28 (100%)	11 (100%)	195 (100%)	

* Two-sided Fisher–Freeman–Halton exact test.

Baseline characteristics

The largest proportion of children belonged to the 6–10-year age group (93/195, 47.7%), followed by the 1–5-year group (62/195, 31.8%) and the 11–13-year group

(40/195, 20.5%). Increasing age was significantly associated with disease severity ($p<0.05$). The mean age increased from 6.9±3.2 years in DF to 8.6±1.1 years in DFWS and 9.1±1.3 years in severe dengue ($p<0.05$). Sex

distribution did not differ significantly across the three severity groups ($p=0.81$) (Tables 2 and 3).

Clinical profile

Fever was the most common presenting symptom, occurring in 191 (97.9%) children. On two-sided Fisher–Freeman–Halton exact testing, bleeding manifestations ($p<0.001$), nausea/vomiting ($p<0.001$), abdominal pain ($p<0.001$), and myalgia ($p=0.013$) were significantly associated with disease severity. Bleeding occurred exclusively in the severe dengue group, while nausea/vomiting and abdominal pain were more frequent

in DFWS and severe dengue. Fever ($p=0.594$), rash ($p=1.000$), and altered sensorium ($p=0.056$) were not significantly associated with severity. Altered sensorium was observed in only one child with severe dengue (Table 4).

Physical examination findings

Hepatomegaly ($p=0.001$), shock ($p<0.001$), and ascites ($p=0.001$) were significantly associated with disease severity on exact testing. Shock occurred exclusively among children with severe dengue. Pallor was not significantly associated with severity ($p=0.926$) (Table 5).

Table 5: Association between physical examination findings and severity of dengue.

Clinical sign	Dengue fever (n=156)	Dengue fever with warning signs (n=28)	Severe dengue (n=11)	Total (n=195)	P value*
Pallor	23 (14.7%)	4 (14.3%)	2 (18.2%)	29 (14.9%)	0.926
Hepatomegaly	1 (0.6%)	4 (14.3%)	1 (9.1%)	6 (3.1%)	0.001
Shock	0 (0%)	0 (0%)	4 (36.4%)	4 (2.1%)	<0.001
Ascites	1 (0.6%)	4 (14.3%)	1 (9.1%)	6 (3.1%)	0.001
Total	156 (100%)	28 (100%)	11 (100%)	195 (100%)	

*Two-sided Fisher–Freeman–Halton exact test.

Table 6: Comparison of haematological parameters of dengue severity.

Hematological parameter	Dengue fever (n=156)	Dengue fever with warning signs (n=28)	Severe dengue (n=11)	P value*
Platelet count ($\times 10^3/\mu\text{L}$), mean$\pm$SD	220.7 $\pm$ 13.6	135.0 $\pm$ 11.9	103.6 $\pm$ 10.2	<0.001
Lowest platelet count ($\times 10^3/\mu\text{L}$), mean$\pm$SD	214.1 $\pm$ 13.3	113.1 $\pm$ 11.8	78.5 $\pm$ 9.7	<0.001
Total leukocyte count ($\times 10^3/\mu\text{L}$), mean$\pm$SD	7.0 $\pm$ 2.0	6.8 $\pm$ 2.1	10.1 $\pm$ 1.2	<0.001
Hematocrit (%), mean$\pm$SD	32.1 $\pm$ 4.5	34.3 $\pm$ 6.7	33.6 $\pm$ 6.5	0.24
Highest packed cell volume (%), mean$\pm$SD	32.8 $\pm$ 4.2	36.1 $\pm$ 5.1	35.1 $\pm$ 5.6	0.03†

*Chi-square test.

Table 7: Association of dengue diagnostic markers with disease severity.

Diagnostic marker	Result	Dengue fever (n=156)	Dengue fever with warning signs (n=28)	Severe dengue (n=11)	Total (n=195)	P value*
NS1 antigen	Positive	22 (14.1%)	16 (57.1%)	6 (54.5%)	44 (22.6%)	<0.01
	Negative	134 (85.9%)	12 (42.9%)	5 (45.5%)	151 (77.4%)	
Dengue IgM antibody	Positive	150 (96.2%)	26 (92.9%)	11 (100%)	187 (95.9%)	0.56
	Negative	6 (3.8%)	2 (7.1%)	0 (0%)	8 (4.1%)	
Total		156 (100%)	28 (100%)	11 (100%)	195 (100%)	

*Chi-square test.

Hematological profile

Mean platelet count and lowest platelet count decreased significantly with increasing disease severity (both $p<0.01$). The highest packed cell volume also differed significantly across the severity groups ($p<0.05$). Total

leukocyte count ($p<0.001$) and hematocrit ($p=0.24$) did not show statistically significant differences (Table 6).

Serological profile

NS1 antigen positivity was significantly associated with disease severity ($p<0.01$), whereas dengue IgM antibody

positivity was not significantly associated with severity ($p=0.56$) (Table 7).

Management and clinical outcomes

The requirement for intravenous fluids ($p<0.001$), plasma transfusion ($p<0.001$), platelet transfusion ($p=0.003$), and

inotropic support ($p<0.001$) increased significantly with disease severity on exact testing. The mean duration of hospital stays increased from 3.63 ± 1.5 days in DF to 4.71 ± 2.2 days in DFWS and 8.01 ± 2.5 days in severe dengue ($p<0.01$). All patients recovered and were discharged, and no mortality was recorded during the study period (Table 8).

Table 8: Treatment received and clinical outcomes according to dengue severity.

Variable	Dengue fever (n=156)	Dengue fever with warning signs (n=28)	Severe dengue (n=11)	Total (n=195)	P value*
Intravenous fluids, N (%)	0 (0%)	15 (53.6%)	10 (90.9%)	25 (12.8%)	<0.001
Plasma transfusion, N (%)	0 (0%)	0 (0%)	7 (63.6%)	7 (3.6%)	<0.001
Platelet transfusion, N (%)	0 (0%)	0 (0%)	2 (18.2%)	2 (1.0%)	0.003
Inotropic support, N (%)	0 (0%)	0 (0%)	4 (36.4%)	4 (2.1%)	<0.001
Length of hospital stay (days), mean $\pm$ SD	3.63 $\pm$ 1.5	4.71 $\pm$ 2.2	8.01 $\pm$ 2.5	—	<0.01

*Categorical variables: two-sided Fisher–Freeman–Halton exact test. Length of hospital stay: one-way ANOVA.

DISCUSSION

Principal findings

The present prospective observational study evaluated the clinical and hematological profile of 195 children with laboratory-confirmed dengue infection admitted to a rural tertiary-care teaching hospital in Maharashtra. According to the WHO 2009 classification, 80.0% of patients had dengue fever (DF), 14.4% had dengue fever with warning signs (DFWS), and 5.6% had severe dengue (SD). No mortality was observed. Although severe dengue constituted a relatively small proportion of admissions, these children required more intensive monitoring and supportive care, reflecting the greater clinical burden associated with severe disease.^{15,16,19} The absence of mortality in the present cohort may reflect early recognition, close monitoring, and timely supportive management in accordance with standard treatment protocols, although this association cannot be established directly from the present observational study.^{8,16,19}

Baseline characteristics

Older age was significantly associated with increasing disease severity, whereas sex distribution did not differ significantly among the three groups. Similar trends have been reported in several Indian pediatric studies, although the strength of this association varies between populations.^{15,16,18,19} The variability observed across studies may be attributable to differences in circulating dengue virus serotypes, previous dengue exposure, referral patterns, nutritional status, and regional epidemiological characteristics. Nevertheless, our findings suggest that older children presenting with warning signs require closer clinical observation because they appear more likely to progress to severe disease.

Clinical manifestations

Fever remained the predominant presenting complaint irrespective of disease severity. Persistent vomiting, abdominal pain, bleeding manifestations, and myalgia were significantly associated with increasing severity.^{15,16,18,19} Altered sensorium was observed in only one child with severe dengue and did not reach statistical significance on exact testing ($p=0.056$). These findings reinforce the clinical relevance of WHO warning signs in identifying children at risk of progression to severe dengue while emphasizing cautious interpretation of uncommon manifestations such as altered sensorium because of their low frequency in the present cohort.⁸ The findings are comparable with the studies by Mishra et al, Islam et al, Sontakke et al, Krishna et al, and Srinivas and Pol, although differences in prevalence may reflect variations in sample size, timing of presentation, healthcare access, and geographical distribution of dengue serotypes.¹⁵⁻¹⁹

Physical findings

Hepatomegaly, ascites and shock were significantly more frequent among children with severe dengue.^{15,18,19} These observations are consistent with the established pathophysiology of severe dengue, in which increased endothelial permeability results in plasma leakage, third-space fluid accumulation, and circulatory compromise.⁸ Their consistent association with disease severity across published pediatric cohorts supports the continued importance of careful bedside examination, particularly in resource-limited settings where sophisticated biomarkers may not be available.^{15,18,19}

Laboratory profile

Progressive thrombocytopenia and increasing packed cell volume were the most important hematological

abnormalities associated with severe disease.¹⁷⁻¹⁹ The observed hematological abnormalities are biologically plausible because dengue infection causes transient bone marrow suppression, immune-mediated platelet destruction, and increased peripheral platelet consumption, while rising hematocrit reflects ongoing plasma leakage.⁸ Similar observations have been consistently reported in Indian pediatric studies and underpin current WHO recommendations for serial monitoring of platelet count and hematocrit.^{8,17-19} Our findings reinforce that simple hematological investigations remain valuable tools for early risk stratification.

Serology

NS1 antigen positivity showed a significant association with disease severity, whereas IgM seropositivity did not differ significantly across severity group.^{15,16} Since NS1 antigen is detectable during the early viremic phase, its association with disease severity in the present study may reflect earlier presentation of children who subsequently developed severe disease. However, NS1 positivity alone should not be considered a prognostic marker and must always be interpreted alongside clinical findings and serial laboratory investigations.⁸ Future multicentre studies incorporating viral load estimation and serotype analysis are required to clarify this relationship.

Hospital stay and outcomes

The duration of hospitalization increased significantly with disease severity, reflecting greater requirements for intravenous fluid therapy, blood component support and intensive monitoring among children with severe dengue.^{15,19} Despite this, all patients survived to discharge. The favourable clinical outcome observed in the present study may be attributable to adherence to WHO-based management protocols, early recognition of warning signs, and prompt supportive treatment, although the contribution of individual factors cannot be determined in an observational study.^{8,16,19}

Strengths and limitations

The strengths of the present study include its prospective design, consecutive enrolment of laboratory-confirmed pediatric dengue cases, application of the WHO 2009 classification, comprehensive evaluation of clinical and hematological parameters, and complete in-hospital follow-up of all enrolled children. However, this was a single-centre study conducted at a tertiary-care hospital, which may limit the generalisability of the findings. Viral serotyping, molecular diagnostic testing, and long-term follow-up were not available. Additionally, serial assessment of inflammatory biomarkers and virological parameters could not be performed. Future multicentre studies incorporating virological and immunological markers would provide greater insight into predictors of severe dengue.

Clinical implications

These findings are particularly relevant for pediatricians working in resource-constrained settings, where early recognition and protocol-based supportive management continue to be the most effective strategies for reducing morbidity and preventing mortality.

CONCLUSION

The present study emphasizes that meticulous clinical assessment together with serial hematological monitoring remains fundamental to the early identification of children at risk of severe dengue. Simple clinical warning signs including persistent vomiting, abdominal pain, bleeding manifestations, hepatomegaly, ascites and shock combined with thrombocytopenia and hemoconcentration provide practical and inexpensive indicators of disease progression.

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