Many of the dengue epidemics in several Latin American countries since the 1970s could have been controlled by integrated health activities. The specific activities to be employed in such strategies include: 1) education of health personnel, 2) community education, 3) monitoring of febrile illnesses, 4) use of sentinel centers for active surveillance, and 5) preparation for an eventual outbreak. The case of Panama will be examined to illustrate how these activities are coordinated to produce reduced larval indices, monitor dengue virus activity and prepare for an outbreak.

The absence of dengue virus in Panama is surprising, given the fact that Panama was reinfested with *Aedes aegypti* in August 1985 (the overall house index has exceeded 5% every rainy season since 1986) and Panama’s population is highly susceptible to dengue, since the last outbreak ended in 1942. In an effort to combat the possibility of a dengue virus epidemic, Gorgas Memorial Laboratory, the Ministry of Health, social security system, PAHO and community leaders have joined efforts in 1990 to implement a program to prevent epidemic dengue. This program included all 5 strategies.

Larval indices have shown a downward trend without the use of chemical control. Laboratory tests on 1,780 suspected cases of dengue studied since September 1988, employing virus isolation, IFAT, IgM-ELISA, HI and NT, indicated no dengue virus activity in Panama, except for 2 imported cases detected through the established surveillance system.

This is the first example in which a dengue-free country with *Ae. aegypti* reinfestation has made a concerted effort to reduce larval indices, while simultaneously monitoring dengue virus activity and preparing for an eventual outbreak of dengue.