This study broaches the Dengue problem in Brazil starting from a critical evaluation of some components of the Aedes aegypti Eradication Program (PEAa, in Portuguese) and adjustments made in the last four years. It puts a context to the implantation process taking as reference a Northeast county side district. This is a study of evaluation character that incorporated the differences related to the population perception of the disease, about the actions developed in local level, and about the social and environmental conditions that favor the maintenance of that endemic in the study area. An extensive documental analysis was accomplished for the understanding of the strategies foundations adopted by PEAa, from 1996 to 2002. A semi-structured questionnaire was used, applied in the interview form in 339 homes, selected by randomized sample in the municipal district of Glory of Goitá – PE. The results show that there is an inadequacy of urban infrastructure of collective character in the Municipal district, related to the sewerage system, deficiency in the garbage collection and the discontinuous water supply, which is then stored in 96% of the homes. On the epidemic behavior, in spite of the intensive use of biocides products to combat the vector, the disease is still a problem of public health, with annual epidemic outbreaks. Most of the population knows the disease preambles, but, however, is ignorant of the vector’s behavior and morphologic characteristics, although it is most shown aspect in health institutions advertising material. The health agent visit for orientation and placement of the larvicida in the reservoirs was the most frequently referred action. The health agent orientation concerns mainly the forms of avoiding the presence of the artificial nurseries at home. The population considers that the chemical products used to the vector combat are not harmful to human health, being a warranty of the public health and that the continuity of the disease is an individual responsibility. The program acted on only one of the aspects that compose the complex causal chain of the disease. It does not intervene in situations and contexts that generate the environmental risks. It does not recognize the inter definably of the biological, ecological, social and cultural factors that compose that complex disease. It does not internalize the environmental risks in the procedures adopted for the vector control and doesn’t promote the recognition of the risks it takes for the use of chemical insecticides.