## DEPARTMENT OF PUBLIC HEALTH SURVEILLANCE UNIT

## **EPI ALERT**

24TH JUNE 2014

## CHIKUNGUNYA ALERT

VOLUME 24

An alert on Chikungunya Disease has been made by WHO/PAHO.

On the 6th December the first cases of Chikungunya Disease were reported in the Caribbean. To date, there have been 183,761 suspected and 5,294 confirmed cases in 19 countries in the Caribbean (Anguilla, Antigua and Barbuda, Dominica, Dominican Republic, French Guiana, Guyana, Guadeloupe, Haiti, Martinique, Puerto Rico, Saint Barthelemy, St. Kitts and Nevis, St. Martin, Sint Maarten, St. Lucia, St. Vincent and the Grenadines, The (UK) Virgin Islands, The U.S. Virgin Islands and Turks and Caicos); with 21reported deaths (Martinique –12; Saint Martin -3, Dominican Republic-3 and Guadeloupe-3).

There have been 87 imported cases, as of EW 25 in 9 countries (The United States –57, Panama - 2, Chile- 2, Cuba– 6, Venezuela –6, Brazil– 11, Aruba- 1, Suriname-1 and Barbados- 1).

This is the first time locally-acquired cases of Chikungunya have been detected in the Caribbean. It is therefore important for Health Care Providers to obtain the travel history of clients presenting to clinics with symptoms suggestive of Chikungunya.

Chikungunya is a viral disease that is rarely fatal and is transmitted to humans by the bite of an infected female mosquito. There are two species, *Aedes aegypti* and *Aedes albopictus*, which can also transmit other mosquito borne viruses, including Dengue. The *Aedes aegypti* mosquitoes can be found in abundance throughout The Bahamas.

Symptoms of Chikungunya include high fever, with significant pains in the joints e.g. ankles and wrists, which can persist for several weeks. The symptoms appear between 4 and 7 days after the patient has been bitten by an infected mosquito.

Case Definition	PREVENTION AND CONTROL
<ul> <li>Acute onset of high fever typically greater than 101F and severe joint pains .</li> <li>Other symptoms include: <ul> <li>Muscle pain</li> <li>Headaches</li> <li>Nausea</li> <li>Rash</li> <li>Fatigue</li> <li>Remember to obtain travel history for the last 3 weeks</li> </ul> </li> </ul>	<ul> <li>Transmission is prevented by:</li> <li>Reduction of natural and artificial water filled container habitats</li> <li>Use of repellents that contain DEET,IR3535 and/or icaridin on exposed skin.</li> <li>Use of Mosquito coils or other insecticide vaporizers that reduce indoor biting.</li> <li>The use of insecticides to kill flying mosquitoes, on surfaces in and around containers where the mosquitoes land, and to treat water in containers</li> </ul>
<ol> <li>IF YOU ENCOUNTER A SUSPECTED CASE OF CHIKUNGUNYA:</li> <li>Obtain 2 samples of blood (red top tubes) to be tested for Dengue and Chikungunya.</li> <li>Complete Case Investigation Form</li> <li>Contact Surveillance Unit @ 502-4790, 502-4776, 376-3533 or 376-4705 IMMEDIATELY.</li> <li>Send specimen to PMH Lab, for referral to CARPHA</li> </ol>	<ul> <li>Case Management</li> <li>There are no specific drugs to cure the disease.</li> <li>Treat symptomatically after excluding more severe conditions like Malaria, Dengue and Bacterial Infections is recommended.</li> <li>Treatment is directed primarily at relieving the symptoms, including the joint pain.</li> <li>There is no commercially available Chikungunya vaccine.</li> </ul>

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- Muscle pain
- Headaches
- Nausea
- Rash
- Fatigue