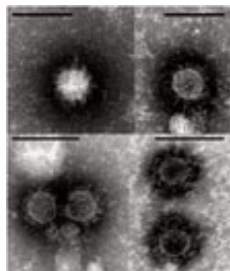


Chikungunya Virus



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- Chikungunya is a viral disease that is spread by mosquitoes. It causes fever and severe joint pain. Other symptoms include muscle pain, headache, nausea, fatigue and rash.
- The disease is transmitted by the same mosquitoes involved in the dengue transmission (*Aedes aegypti* and *Aedes albopictus*); also shares some clinical signs with dengue, and can be misdiagnosed in areas where dengue is common.
- There is no cure for the disease. Treatment is focused on relieving the symptoms.
- The proximity of mosquito breeding sites to human habitation is a significant risk factor for chikungunya.
- The disease occurs in Africa, Asia and the Indian subcontinent. In 2007, disease transmission was reported for the first time in Europe, in a localized outbreak in north-eastern Italy.
- On December 2013, PAHO/WHO received confirmation of the first cases of autochthonous transmission of chikungunya in the Americas (Caribbean).

The disease

Chikungunya is characterized by an abrupt onset of fever frequently accompanied by joint pain, other symptoms or pain during chronic phase can include fatigue and depression. In addition it includes muscle pain, headache, nausea, and rash. Most patients recover fully, but in some cases the joint pain may be chronic. Serious complications are not common, but in older people, children and pregnant women the disease can get worse.

The virus is transmitted by the bites of infected *Aedes aegypti* and *Aedes albopictus* mosquitos, both present in the Americas. After the bite of an infected mosquito, onset of illness occurs usually between 3 and 7 days but can range from 2 to 12 days.

Chikungunya must be distinguished from dengue. While both diseases patients may have diffuse body pain, having Chikungunya the pain is much more intense and localized in the joints and tendons than dengue.

There are no specific drugs to cure the disease. Treatment is directed primarily at relieving the symptoms, including the joint pain. There is no commercial chikungunya vaccine.

Since 2004, chikungunya virus has caused massive and sustained outbreaks in Asia and Africa, infecting more than 2 million people, with attack rates as high as 68% in some areas. This situation can put a sudden and heavy burden on health services.

The proximity of mosquito vector breeding sites to human habitation is a significant risk factor for chikungunya as well as for other diseases that these species transmit.

In 2013, PAHO/WHO received confirmation of the first cases of autochthonous transmission of chikungunya in the Americas. Before that, hundred people who have travelled from the Americas to Asia and Africa in the past years have become infected with the chikungunya.

The solution and PAHO/WHO response

PAHO/WHO has been working with countries of the region for several years to strengthen preparedness and response for the introduction of this virus.

In 2012, PAHO/WHO, in collaboration with the U.S. Centers for Disease Control and Prevention (CDC), published new guidelines on chikungunya. The Guidelines for Preparedness and Response for Chikungunya Virus Introduction in the Americas aims to help countries throughout the Americas improve their ability to detect the virus and be prepared to monitor, prevent, and control the disease, should it appear.

PAHO/WHO recommends that countries with the mosquito develop and maintain the capacity to detect and confirm cases, manage patients, and implement social communication strategies to reduce the presence of the mosquito vectors.

Prevention and control relies heavily on reducing the number of natural and artificial water-filled container habitats that support breeding of the mosquitoes. This requires mobilization of affected communities.

During outbreaks, insecticides may be sprayed to kill flying mosquitoes, applied to surfaces in and around containers where the mosquitoes land, and used to treat water in containers to kill the immature larvae.

For protection during outbreaks of chikungunya, clothing which minimizes skin exposure to the day-biting vectors is advised. Repellents can be applied to exposed skin or to clothing in strict accordance with product label instructions.

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