

Chikungunya



Chikungunya is a viral disease characterized by the onset of sudden fever with severe joint pain. There is no cure, but it is rarely fatal. It is transmitted via mosquitoes.

Symptoms

Symptoms of chikungunya are similar to those of dengue and zika, and therefore have the potential to be misdiagnosed, particularly in areas where these other diseases occur. In general, though, most symptoms are mild or non-existent and can go unrecognized. Symptoms can last anywhere from a few days to a few weeks, but most people make a full recovery. The onset of the illness is usually between 4 to 8 days, but can occur between 1-12 days. Symptoms may include:

- + Joint pain
- + Fever (>39°C or 102°F)
- + Nausea
- + Fatigue
- + Rash
- + Muscle pain
- + Headache
- + Photophobia (sensitivity to light)

The most common symptoms are fever and joint pain. Joint pain can be very debilitating and most frequently affects the wrists, hands, and ankles. In some instances, joint pain can persist from months to years.

Serious complications are not common but can include eye, heart, and neurological complications as well as gastrointestinal complaints. Chikungunya does not usually result in death (1 in 1000 cases), although more vulnerable individuals, including those 65 years and older, newborns infected around the time of their birth, and those with pre-existing conditions such as heart disease, diabetes, and high blood pressure may be at greater risk. Individuals that suffer from some arthritic conditions (polyarthritis and tenosynovitis) may have a relapse in the months following acute illness. If a person does contract chikungunya, they usually develop lifelong immunity against the infection.

Transmission

Transmission occurs through the bite of mosquitos most commonly found in more tropical and sub-tropical regions, as well as more temperate regions such as Italy. These are the same species that can carry and transmit dengue and zika.

It is possible for those who are pregnant to pass chikungunya to an unborn baby, but this is extremely rare. There has been no evidence of chikungunya being transmitted through breast milk, so infected women are still encouraged to breastfeed.

Diagnosis & Treatment

If you are showing symptoms and think you may have contracted chikungunya, you should seek medical assistance as soon as possible. There is no vaccine or cure for the disease, so treatment is directed toward symptom relief including rest, pain relief, drinking plenty of fluids to reduce the likelihood of dehydration, and medication for the onset of a fever. It is important not to take any aspirin or non-steroidal anti-inflammatory drugs (NSAIDS) until a dengue diagnosis can be ruled out to reduce the risk of bleeding. Once dengue is confirmed to be negative, anti-inflammatory medications may be required for persistent joint pain. If taking medication for another health condition, seek medical advice before taking any other additional medicines.

Always call the Anvil Assistance line if help is required with medications or any medical issues during travel.



Prevention

Taking steps to avoid mosquito bites is the best preventative measure against contracting chikungunya. Be aware of peak exposure times in terms of bites from the Aedes mosquito to mitigate the risk of infection and avoid stagnant water where mosquitoes are known to breed. These mosquitos are active throughout the day, but most often bite at dawn and dusk. Wear loose clothes (preferably light in color) that cover as much skin as possible, tuck in shirts and trousers into socks, wear shoes that cover your feet instead of sandals, and use repellents on clothes as well as exposed skin.

Repellents containing DEET or icaridin/picaridin should be used. When using any mosquito repellents, make sure to read the label carefully and follow the instructions exactly. Some repellents cannot be used on children under a certain age.

If in an area requiring sunscreen, then insect repellent should be applied after the sunscreen. Studies have shown that DEET (33% concentration) reduces sunscreen protection from SPF15. However, in concentrations >33% DEET, sunscreen does not reduce the efficacy of the insect repellent. It is therefore recommended that 30-50 SPF sunscreen should be used and DEET should be reapplied after the sunscreen.

Insect repellent should also be reapplied after swimming, and more frequent application may be required in hot countries. It should be reapplied on exposed skin throughout the day and should also be used at night both indoors and outdoors. Most mosquitoes are known to bite outdoors, but Aedes aegypti species are also known to bite indoors. All mosquitoes lay their eggs in water. Therefore, to reduce larval hatching of mosquitos, ensure there is no standing water left around (e.g. collected in saucers under plant pots).

This factsheet has been developed for educational purposes and is correct at the time of production. It is not designed as a replacement for professional medical advice. Please consult your medical professional for any concerns or queries regarding cholera.