



Chikungunya – Information for Clinicians

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Please contact your county health department (CHD) immediately during business hours if you suspect a patient has a chikungunya infection to ensure prompt mosquito control efforts.

Chikungunya, a dengue-like illness, has been identified in the Caribbean, Central America, and South America. Outbreaks have been documented in Africa, Southern Europe, Southeast Asia, the Indian subcontinent, and islands in the Indian and Pacific Oceans prior to the introduction into the Caribbean in December 2013. **An infected person should avoid mosquito bites while ill to prevent infection of local mosquitoes.**

Transmission occurs through the bite of an infected mosquito. Chikungunya infection can also occur in neonates (aged <1 month) via transmission from infected mothers during the intrapartum period.

Incubation period is 1 to 12 days.

Clinical Presentation: A majority of people infected with chikungunya virus become symptomatic. Relapse of joint pain and fatigue may occur within three months after acute illness. Chronic joint pain and fatigue of several weeks to years duration is seen in some patients, especially those >45 years of age or with preexisting joint disease. Persons at risk for more severe acute disease include neonates exposed intrapartum, adults >65 years of age, and persons with underlying medical conditions (e.g., hypertension, diabetes, or cardiovascular disease).

Chikungunya fever signs and symptoms may include:

- Acute fever
- Myalgia
- Polyarthralgia
- Arthritis
- Headaches
- Rash

Patients with suspected chikungunya fever also should be evaluated, tested and managed for possible dengue virus infection if travel was to areas where both are present, as co-infection is possible. Aspirin is not advised in case of co-infection with dengue.

Laboratory Testing: Polymerase chain reaction (PCR) can be used to detect viral RNA in serum samples collected during the first week post-symptom onset. Virus-specific IgM and neutralizing antibody testing should be requested for serum specimens taken more than one week post-onset. Both acute (less than one week post-onset) and convalescent (more than one week post-onset) sera should be collected. Your CHD can provide guidance on how and when to submit samples to the Florida Department of Health (FDOH) Bureau of Public Health Laboratories.

Please contact your county health department if you have a patient who has:

- Acute onset of high fever and polyarthralgia with or without recent (two weeks prior to onset) travel to an endemic area including the Caribbean, and Central and South America.

Resources:

FDOH: www.floridahealth.gov/diseases-and-conditions/chikungunya/index.html

CDC: www.cdc.gov/chikungunya/hc/clinicalevaluation.html