

Guidelines on Clinical Management of Chikungunya Fever



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Guidelines on Clinical Management of Chikungunya Fever

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Foreword



Chikungunya is an emerging vector-borne disease of high public health significance in WHO's South-East Asia Region. It has been reported from countries of South and East Africa, South Asia, South-East Asia and, in 2007, from Italy. In the South-East Asia Region, outbreaks have been reported from India, Indonesia, Maldives, Myanmar, Sri Lanka and Thailand. There have been

massive outbreaks of chikungunya fever in recent years in India, and also in the island countries of the Indian Ocean. Maldives reported outbreaks of Chikungunya fever for the first time in December 2006. Although not a killer disease, high morbidity rates and prolonged polyarthrititis lead to considerable disability in a proportion of the affected population and can cause substantial socioeconomic impact in affected countries.

The socioeconomic factors and public health inadequacies that facilitated the rapid spread of this infection continue to exist. As it is a new and emerging disease it has not received sufficient coverage yet in the medical curricula of Member States. Specific treatment is not available, and there is no vaccine for the prevention of chikungunya fever. It has therefore become imperative to develop guidelines, based on the limited clinical experience gathered from managing patients so far, for appropriate management of patients in communities and in health facilities. Experts engaged in managing patients with chikungunya fever in the Region were brought together by the WHO Regional Office for South-East Asia to outline guidelines for managing various situations and stages of the disease. This publication is the end result of that exercise and is intended to assist health-care providers in planning and implementing appropriate care to patients with chikungunya fever according to their actual clinical conditions.

I hope that these guidelines will be helpful to Member countries in the area of case management of patients suffering from this re-emerging disease.

A handwritten signature in black ink that reads "Samlee Plianbangchang".

Samlee Plianbangchang, M.D., Dr.P.H.
Regional Director

Acknowledgement

This guide was initially drafted by Dr. R. Sajith Kumar, MD, Ph. D, specialist in Infectious Diseases, Kottayam, Kerala, India. The original draft was peer reviewed extensively by a consortium of clinicians in various disciplines and public health workers as listed below at the peer-review meeting held in 7-8 August 2008 in the South-East Asia Regional Office of WHO in New Delhi. Further consultation was also obtained from Dr Kee Tai GOH, Associate Professor and Sr. Consultant at the WHO Collaborating Centre for Environmental Epidemiology, Ministry of Health in Singapore before the preparation of the final draft.

Acknowledgment is made to all the contributors and to the many patients who suffered the disease and allowed us this new knowledge so we could use it to try to alleviate the suffering of future patients.

List of participants in the Peer-review meeting held in 7–8 August 2008

- (1) Dr Khanchit Limpakarnjanarat – Regional Adviser, CSR, SEARO, WHO
- (2) Dr Vijay Chandra – Regional Adviser, MHS, SEARO, WHO
- (3) Dr Rohit Sobti, Consultant Physician, SEARO, WHO – RMS
- (4) Dr R Sajith Kumar, Consultant Physician, Infectious Diseases – Facilitator and rapporteur
- (5) Dr Madhu Ghimire, Temporary International Professional, CSR, SEARO, WHO
- (6) Dr Mulya Rahma Karyanti, Consultant Paediatrician, Jakarta, Indonesia – WHO Temporary Adviser
- (7) Dr Prachi – Mental Health Counsellor, WHO Temporary Adviser
- (8) Mr. Sukhvinder Singh Alagh – WHO Temporary Adviser for consultation on physiotherapy

1. Introduction

Chikungunya fever (CF) is a viral illness caused by an arbovirus transmitted by the *Aedes* mosquitoes. The disease was documented first time in the form of an outbreak in Tanzania. The name is derived from the 'makonde' dialect which means 'that which bends up', indicating the physical appearance of a patient with severe clinical features.

1.1 Causative agent

Chikungunya fever is caused by virus of same name (CHIK virus in short) which is an RNA virus that belongs to the *Alphavirus* genus of the *Togaviridae*, the family that comprises a number of viruses that are mostly transmitted by arthropods. The virus was first isolated in 1952-1953 from both man and mosquitoes during an epidemic of fever that was considered clinically indistinguishable from dengue fever in Tanzania.

It is a single stranded RNA virus, heat labile and sensitive to temperatures above 58⁰ Celsius. Three lineages with distinct genotypic and antigenic characteristics have been identified: two phyllogenetic-groups from Africa and one from Asia. Chikungunya virus strains isolated in India during the 2006

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