

b Chikungunya fever and Angola

Since May 2014, six cases of chikungunya disease (including one death) have been reported by the NICD. All case-patients acquired infection with this mosquito-borne virus in Angola. Most of these cases were referred to the NICD as suspected dengue fever, but tested positive for chikungunya virus-specific IgM responses. A dengue outbreak has been raging in Angola since early 2013 with evidence of co-circulation of dengue subtypes 1 and 4. Evidence of co-circulation of chikungunya and dengue viruses has been documented, with cases of patients with co-infection reported. The presence of chikungunya virus in Angola was first reported in the 1960s, but the geographic distribution and burden of disease in the country is not well described. It is likely that the current outbreak of dengue may also coincide with an increase in chikungunya cases, since the same mosquitoes are involved in transmission of both viruses.

Chikungunya virus is widely spread in sub-Saharan Africa, but is also reported from countries in South East Asia and the Pacific. Chikungunya is considered an emerging disease. Since 2004, massive outbreaks of the fever have occurred in India and several islands in the Indian Ocean. During 2005-2006, more than a million cases of the disease were reported from India alone. Autochthonous outbreaks have also been reported in recent years from Italy and France. Since late 2013, reports of chikungunya have been confirmed from French Guiana and a number of Caribbean

islands, marking the first reports of local (and extensive) transmission of the virus in the Americas.

Chikungunya (which translates as 'disease that bends up the joints') is characterised by an abrupt onset of fever with severe joint pain 3-7 days after infection. The joint pain is symmetrical, usually affecting wrists, knees, ankles, and hands. In some cases, headache, muscle pain, joint swelling and rash may also be noted. Although most infections are self-limited, severe disease can occur with neurological and cardiac manifestations which may be fatal. Neonates, persons >65 years, and those with underlying medical conditions are at greatest risk for severe disease and death. Chronic chikungunya disease, manifested by chronic joint pain/arthritis, can be highly debilitating. There is no specific treatment, and management is supportive. Diagnosis requires specialised testing, including RT-PCR and serology; virus isolation may also be performed.

There are no registered chikungunya virus vaccines, so prevention of mosquito bites is essential. The virus is transmitted primarily by day-biting mosquitoes. Standard measures include wearing long-sleeved shirts and long trousers, and using DEET-containing repellents.

Source: Division of Public Health Surveillance and Response and Centre for Emerging and Zoonotic Diseases, NICD-NHLS