

CHIKUNGUNYA: SHOULD IT BE TAKEN SERIOUSLY?

Latest in the arsenal of aedes mosquitoes against human being is the chikungunya virus in addition to their already available dengue, zika and yellow fever viruses. Chikungunya virus was first detected in an outbreak in Tanzania in 1952. The word chikungunya means, in Kamakonde language, 'to become contorted', in other words 'that which bends up' describing the stooped appearance of the patients with severe joint pain.

Chikungunya has been endemic in many parts of Africa and Asia. In Bangladesh there were sporadic cases in the past but it is emerging as endemic in the peak season in the last couple of years. In general, the symptoms of this disease can be severe and some of the symptoms can cause prolonged suffering of the patients. The most common symptoms being: high grade fever, joint pain with swelling, headache, muscle pain, skin rash etc. Multiple joint pain may follow the onset of fever by two to five days and can be intense and disabling, leading to immobilization. Although the disease is considered rarely fatal, severe complications and death have been reported during chikungunya outbreaks. Severe complications and death occur more commonly in elderly patients and patients with multiple comorbidities, for example, diabetes and cardiovascular disease. Severe complications include respiratory failure, cardiovascular decompensation, myocarditis, acute hepatitis, renal failure, meningoencephalitis, acute flaccid paralysis, Guillain-Barre syndrome. The duration of acute illness is usually 7 to 10 days. The diagnosis of Chikungunya is established by detection of chikungunya viral RNA via real time reverse transcription polymerase chain reaction (RT-PCR) available in a few centers including Apollo Hospitals Dhaka or chikungunya virus serology. There is no vaccine and treatment is symptomatic (rest, hydration and analgesic) as there is no specific treatment for chikungunya.

Some patients have persistence or relapse of signs and symptoms in the months following acute illness most commonly in the form of severe joint pains. Patients may suffer for months and in some cases for even a year, greatly affecting the daily activity of the patient. Chikungunya per se may not be as fatal but a large number of people with debilitating chronic symptoms may have a toll on personal, family and national level.

Humans are the reservoir and aedes mosquitoes, primarily the aedes aegypti and aedes albopictus are responsible for spreading the disease. In tropical countries most outbreaks occur during the rainy season although some cases can be found during the dry season as well. Both these chikungunya and dengue viruses are transmitted by the same vectors and they are mostly an urban disease with a large number of people living in close proximity. Another important contributory factor in spreading this disease is the ubiquitous reservoir of stagnant water in urban areas, for example, flower vas, old tires, pots, drums etc. as these are highly convenient breeding ground for aedes mosquitoes.

Finally, as there is no specific treatment and a large number of patients suffer chronically, it is imperative that measures should be taken to minimize the risk of transmission of this disease. It can only be done efficiently by creating an environment not conducive for the breeding of aedes mosquitoes. To this end both the government and the public have roles and physicians dealing with this disease can effectively educate their patients in taking preventive measures.

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