## N.C. Chikungunya Update Carl Williams, DVM

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# N.C. Chikungunya Update

- Wake AHEC requires all speakers to disclose any relevant financial conflicts of interest.
- Dr. Williams has no relevant financial conflicts of interest to disclose.

# Chikungunya Virus

- RNA virus in *Alphavirus* genus
  - ss (+) in Semliki Forest Complex
  - Three genotypes: Asian, West African, East Central South African (ECSA)
- Transmitted by mosquitos of Aedes genus
  - Historically aegypti (vector of Dengue), now also albopictus
  - Reservoirs are infected humans
- Infection causes Chikungunya fever

# Aedes Mosquito

# Location of Aedes Mosquito Species in U.S.

Approximate distribution of *Aedes aegypti* in the United States\*



Approximate distribution of *Aedes albopictus* in the United States\*

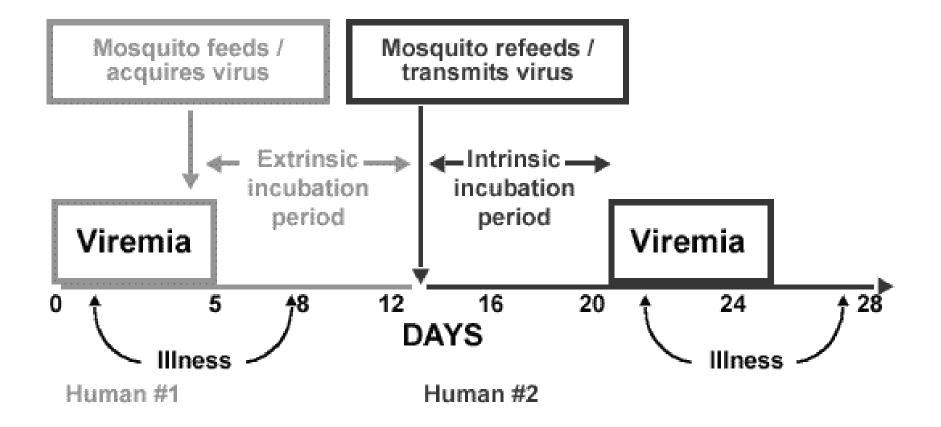


Note: Locally-acquired cases of Chikungunya have been found in Florida and Northern Mexico.

# Transmission of Chikungunya

- Mosquitoes become infected when they feed on a person already infected with the virus.
- Infected mosquitoes can then spread the virus to other people through bites.
- Period when an infected human can transmit to mosquito = Viremic Period, from 2 days before onset of symptoms to 5 days after symptom onset.

## **Transmission Cycle**



#### Clinical Presentation

- Majority (72%–97%) of infected people develop clinical symptoms
- Incubation period usually 3-7 days (range 1-12 days)
- Primary clinical symptoms are fever and polyarthralgia

# Fever and polyarthralgia

- Fever
  - Abrupt onset
  - Typically  $\geq$ 39.0°C ( $\geq$ 102.2°F)
- Joint pain
  - Often severe and debilitating
  - Involves multiple joints
  - Usually bilateral and symmetric
  - Most common in hands and feet



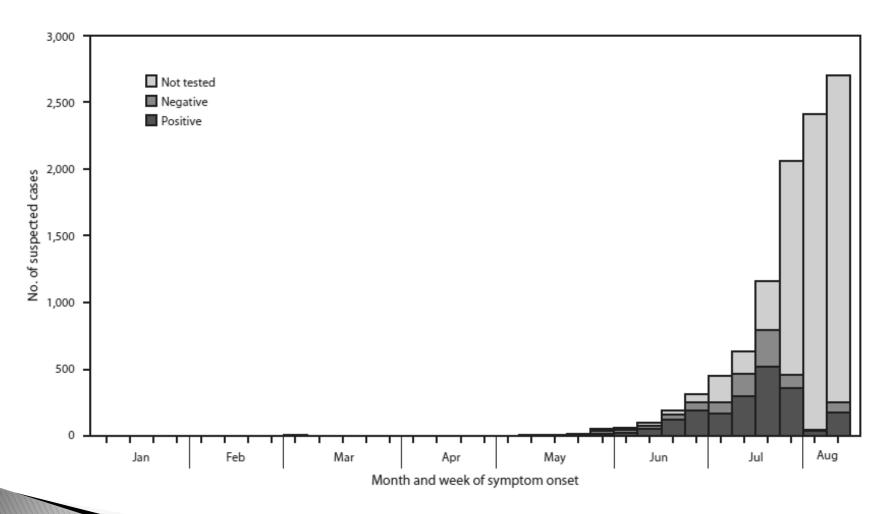
## El virus que encorva-virus that bends

#### Other clinical signs and symptoms

- Headache
- Myalgia
- Arthritis
- Conjunctivitis
- Nausea/vomiting
- Maculopapular rash

# Chikungunya rash

Week of symptom onset and testing status for suspected chikungunya cases reported to the Puerto Rico Department of Health — Puerto Rico, January 1–August 12, 2014



MMWR. December 5, 2014 / 63(48);1121-1128

#### Surveillance in N.C.

- Reportable in N.C. since June 2014
- Reportable Via NC EDSS since December 2014

### N.C. Chikungunya Case Definition

- Clinical criteria
- Fever (chills) as reported by the patient or a health-care provider, AND
- Absence of neuroinvasive disease, AND
- At least one or more of the following: headache, myalgia, rash, arthralgia, vertigo, paresis, nuchal rigidity, AND
- Absence of a more likely clinical explanation.

### N.C. Chikungunya Case Definition

**Confirmed:** A case that meets the clinical criteria and one or more the following laboratory criteria for a confirmed case:

- Isolation of virus from, or demonstration of specific viral antigen or nucleic acid in, tissue, blood, CSF, or other body fluid, OR
- Four-fold or greater change in virus-specific quantitative antibody titers in paired sera, OR
- Virus-specific IgM antibodies in serum with confirmatory virus-specific neutralizing antibodies in the same or later specimens, OR
- Virus-specific IgM antibodies in CSF and a negative result for other IgM antibodies in CSF for arboviruses endemic to the region where exposure occurred.

#### N.C. Chikungunya Case Definition

#### **Case Classification**

- Probable: A case that meets the clinical criteria and the following laboratory criteria:
  - Virus-specific IgM antibodies in CSF or serum but with no other testing.

# Chikungunya Control Measures

- Educate public of travel related diseases risk
- Validate Travel History
- Validate Viremic Period
- Counsel suspected patients on importance of staying indoors or wearing mosquito repellant during viremic period

# Chikungunya Control Measures

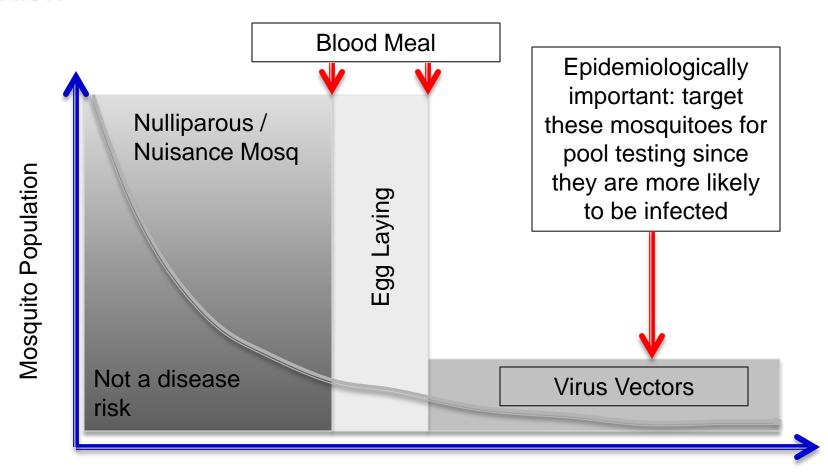
Alert Mosquito Control and Local Health Director of situation.

- Develop a mosquito response plan for Chikungunya in your locality.
- Notify DPH <u>immediately</u> if locally-acquired case is suspected.

# Individual property and Community-wide mosquito control

- New Hanover County Health Department (NHCHD) provides mosquito control services to protect and promote public's health as authorized by North Carolina General Statutes Chapter 130A-39. NHCHD uses Environmental Protection Agency (EPA) approved pesticides to achieve effective control of mosquitoes with least impact on human health and environment.
- NHCHD's preferred mosquito control strategy is reduction of mosquito larva numbers through public education, source reduction, and use of mosquito larvicides.

# Collaborate with & verify activities of mosquito control programs; Multiparous Mosquitoes Represent Risk



#### Mosquito Age

Transovarial transmission of both Chikungunya and Dengue can occur, but in general multiparous mosquitoes represent higher risk, and should be the focus of pool testing, if conducted

# Questions??

#### Resources

- Centers for Disease Control Chikungunya website, <a href="http://www.cdc.gov/chikungunya/">http://www.cdc.gov/chikungunya/</a>
- Pan American Health Organization website, <a href="http://www.paho.org/hq/index.php?option=com\_content&view=article&id=9053&Itemid=39843">http://www.paho.org/hq/index.php?option=com\_content&view=article&id=9053&Itemid=39843</a>