

Chikungunya Fever

Merlin reporting code = 06540 (Imported)

= 06540 (Locally Acquired) **!**

Case report form (CRF): [Florida Confidential Vector-borne Disease Infection CRF](#)
MERLIN EXTENDED DATA REQUIRED

Clinical description

Acute phase symptoms include a sudden onset of continuous or intermittent high fever (usually >102° F) with severe joint pain in >2 joints. Tendons may also be involved. Joint and tendon pain commonly involve the hands and feet, is usually bilateral, and often is accompanied by swelling. Other joints may be involved and back pain is reported in up to 50% of cases. Maculopapular rash is reported in approximately half of all patients, usually 2-5 days after fever onset. Other symptoms may include headache, fatigue, depression, nausea, vomiting, and muscle pain. Mild thrombocytopenia, leukopenia, and elevated liver function tests may be reported.

Relapse of joint and tendon pain can occur after initial improvement of clinical signs; relapse is most common 1-3 months after symptom onset. Some patients have prolonged fatigue and depression lasting weeks or months.

Laboratory criteria for case classification

Confirmatory:

- Isolation of virus from, or demonstration of specific viral antigen or nucleic acid in tissue, blood, CSF, or other body fluid (e.g., culture, immunohistochemistry [IHC], or polymerase chain reaction [PCR]),

OR

- Four-fold or greater change in virus-specific quantitative antibody titers in paired sera (e.g., enzyme-linked immunosorbent assay [EIA/ELISA], microsphere immunoassay [MIA], or immunofluorescence assay [IFA]),

OR

- Virus-specific IgM antibodies in serum with confirmatory virus-specific neutralizing antibodies in the same or a later specimen (e.g., EIA/ELISA with serum neutralization [SN] or plaque reduction neutralization [PRNT]).

Presumptive:

- Virus-specific IgM antibodies (e.g., EIA/ELISA, MIA, or IFA) in serum.

Case classification

Confirmed:

A clinically compatible illness in a person with confirmatory laboratory evidence.

Probable:

A clinically compatible illness in a person with presumptive laboratory evidence.

Comments

Chikungunya fever and dengue fever are difficult to differentiate clinically. Maculopapular rash is more frequent in chikungunya fever and polyarthralgia or pain in a chikungunya fever case is often more localized in joints and tendons, particularly the hands and feet, and may be associated with visible swelling. Signs of shock or hemorrhage are much less commonly reported for chikungunya fever

compared to dengue fever. It is also important to note that chikungunya fever and dengue fever can occur as co-infections.

Suspect cases of chikungunya or dengue fever should have specimens submitted for appropriate testing (PCR or ELISA/IFA) for both viruses.

 **Acute and convalescent sera from reported cases without recent (2 weeks prior to symptom onset) international travel must be sent to the Bureau of Public Health Laboratories for confirmatory testing.**

Notes

For the most recent Surveillance and Control of Selected Arthropod-borne Diseases in Florida Guidebook and additional information about arboviral diseases, please visit:

<http://www.floridahealth.gov/%5C/diseases-and-conditions/mosquito-borne-diseases/index.html>.

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