

Global Update

Disease Watch : Chikungunya fever

Since the beginning of this year reports of chikungunya fever in thousands of people from Karnataka, Andhra Pradesh and Maharashtra have been trickling in. This funnily named disease is based on a word in Swahili which means “that which bends up” referring to the funny positions which patients take. A mixed outbreak of chikungunya, with sporadic cases of dengue has been reported in Andhra Pradesh. Between 1 December 2005 - 17 February 2006, 5671 cases of fever with arthralgia were reported. High density of *Aedes aegypti* was observed in the area. From 1-15 March, over 2000 cases of chikungunya have been reported from Malegaon town in Nasik district, Maharashtra state, India. In Karnataka about 36000 people in 9 districts are suspected to have been infected. In Orissa state, India, 4904 cases of fever associated with myalgia and headache have been reported between 27 February - 5 March 2006. These signs are consistent with an arbovirus outbreak. Preliminary reports from the National Institute of Virology, Pune suggest that it is the chikungunya virus which is responsible.

Fact sheet of chikungunya fever

Causative organism: *Chikungunya virus*

Key diagnostic tests:

1. Detection of antigens or antibody to the agent in the blood (serology).
2. ELISA is available.
3. An IgM capture ELISA is necessary to distinguish the disease from dengue fever.

Differential Diagnosis: *Dengue fever*

Symptoms and effects.

After an incubation period of 3-12 days there is a sudden onset of flu-like symptoms including a severe headache, chills, fever ($>40^{\circ}\text{C}$, 104°F), joint pain, nausea and vomiting. The joints of the extremities in particular become swollen and painful to the touch. A rash may sometimes occur. Hemorrhage is rare and all but a few patients recover within 3-5 days. Some can suffer for joint pain for months. Children may display neurological symptoms.

Vaccine: Unavailable

Therapy: No specific therapies are available. Symptoms are treated, e.g. with analgesics and anticonvulsants

Mortality: Low

Complications: Use of aspirin may precipitate reyes syndrome.

(http://www.who.int/csr/don/2006_03_17/en/index.html, <http://www.cbwinfo.com/Biological/Pathogens/CHIK.html>)

http://www.cdc.gov/travel/other/2006/chikungunya_india.htm)

Vaccine watch

Papilloma virus vaccine for adolescents:

The decision by the Advisory Committee on Immunization Practices, CDC, USA to recommend the papilloma virus vaccine for adolescent girls is sure to stir up a hornets nest. This vaccine is useful in prevention of papilloma induced cervical cancer. The vaccine is being marketed by Merck as

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Gardasil. It is also one of the most expensive vaccines, costing \$360 (£195; •280) for three injections given over six months. It has been recommended for girls aged 11-12 and women aged 13-26. They also recommended it to all women who have had abnormal pap tests, genital warts, and certain other conditions. HPV is now the most common sexually transmitted disease in the US.

Merck India has also entered into a pact with ICMR to conduct trials in India. The vaccine will be tried on 30 to 40,000 women in two phases. The volunteers will be between 17 and 18 years of age. While the first phase will take two years, the second will take four

years to complete and the cost of the trials is estimated to be around \$45 million. The Indian trials will be carried out to see if it's safe and equally efficacious for women in a tropical country.

(BMJ 2006;333:114 (15 July),
http://www.medindia.net/news/view_news_main.asp?x=6507)

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