

Given the expansion of chikungunya virus transmission in the Americas, the Pan American Health Organization / World Health Organization (PAHO / WHO) reminds Member States to continue efforts to reduce vector density and prepare health services for the possibility of chikungunya virus outbreaks which may increase the demand for such services, particularly in areas with concurrent dengue outbreaks.

Situation summary

To date, ten countries and territories in the Region of the Americas have recorded autochthonous cases of chikungunya infection: Anguilla, the British Virgin Islands, Dominica, French Guiana, Guadeloupe, Martinique, Saint Barthelemy, Saint Martin (French), Sint Maarten (Dutch) and Saint Kitts and Nevis. In addition, an imported case has been recorded in Aruba. See figure below.

With the confirmation of cases of autochthonous transmission in French Guyana, chikungunya virus has now been recorded in South America.

Thus far, the health services capacities of the concerned countries and territories have not been exceeded. As of 21 February 2014, the cases of chikungunya infection recorded¹ in the Americas, is of the following distribution:

- **Anguilla:** 11 confirmed cases (including autochthonous and imported);
- **Aruba:** one confirmed imported case;
- **British Virgin Islands:** 5 confirmed autochthonous cases, with no hospitalizations;
- **Dominica:** 45 confirmed cases, of which 6 have been hospitalized;
- **French Guiana:** 7 confirmed cases, two of which are autochthonous, with no hospitalizations;
- **Guadeloupe:** 1,380 clinically suspected cases, of which 6 have been hospitalized;
- **Martinique:** 3,030 clinically suspected cases, of which 88 have been hospitalized;
- **Saint Barthelemy:** 350 clinically suspected cases;
- **Saint Martin:** 1,780 clinically suspected cases, of which 22 have been hospitalized in the French part of the island;²
- **Sint Maarten:** 65 confirmed cases of autochthonous transmission in the Dutch part of the island;
- **Saint Kitts and Nevis:** one confirmed autochthonous case which has been hospitalized and since discharged without complications.

¹ Due the current epidemiological situation, the French collectivities of Guadeloupe, Martinique, Saint Barthelemy and Saint Martin have discontinued the systematic confirmation of all cases and include clinically suspected cases in their totals.

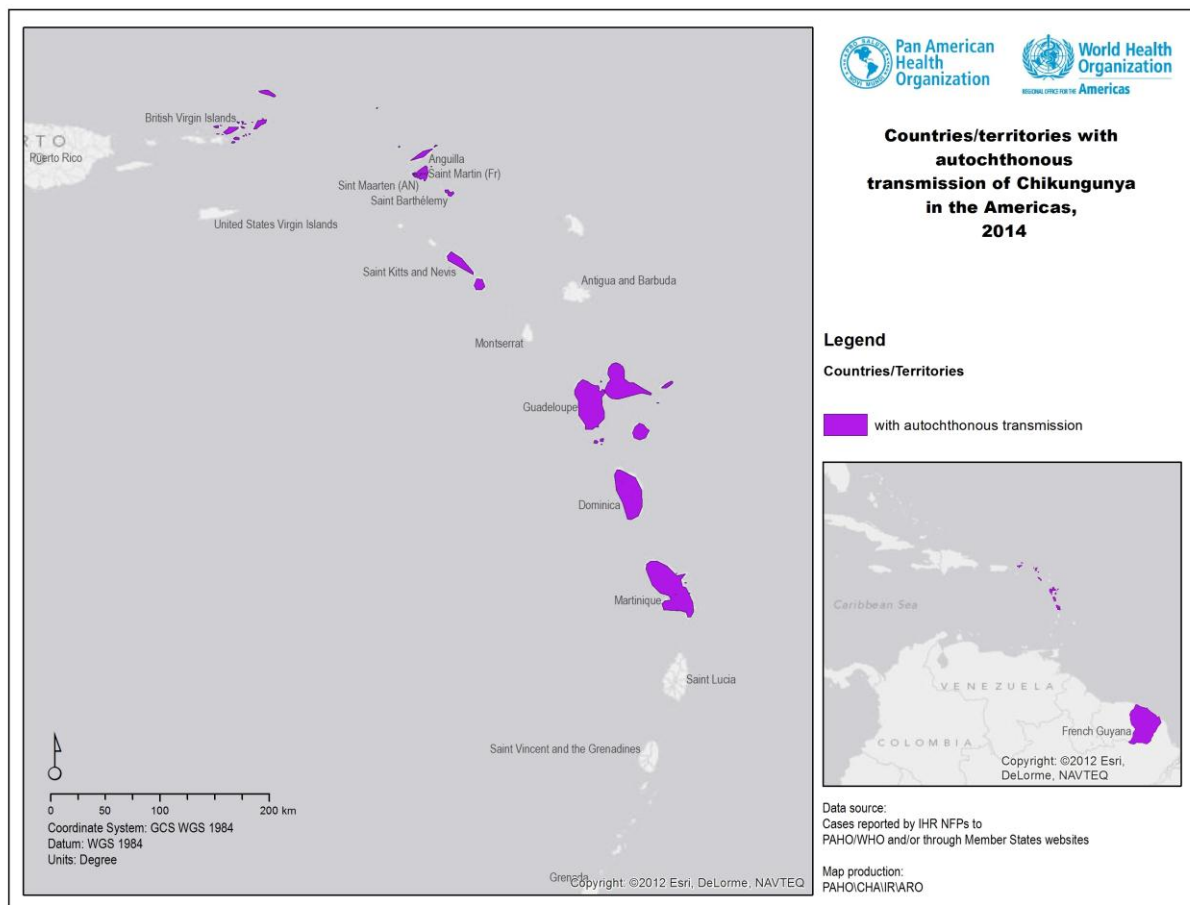
² The confirmed cases include one death of an adult with co-morbidities. This death is considered to be indirectly related to infection by chikungunya because of the existing co-morbidities.

Chikungunya infection is a disease transmitted by the bite of *Aedes mosquitoes*, particularly *Aedes aegypti* and *Aedes albopictus*. The disease symptoms usually appear after an incubation period of three to seven days (range 1-12 days). Chikungunya virus can cause acute, sub-acute, and chronic disease. In acute disease, symptoms develop abruptly and include high fever, headache, myalgia and arthralgia (predominantly in limbs and large joints). The appearance of a maculopapular rash is also frequent.

Recommendations

The PAHO/WHO recommendations in the [9 December 2014 Epidemiological Alert](#) and the [24 January 2014 Epidemiological Update](#) on chikungunya remain unchanged.

Figure. Countries/territories with autochthonous transmission of chikungunya in the Americas.



Related Links

- Preparedness and Response for Chikungunya Virus – Introduction in the Americas. PAHO/WHO and US Centers for Disease Control and Prevention, 2011. Available at: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=16984&Itemid=
- Chikungunya - PAHO/WHO Health Topics. Available at: <http://www.paho.org/chikungunya>
- Chikungunya – WHO Fact sheet No. 327, March 2008. Available at: <http://www.who.int/mediacentre/factsheets/fs327/en/>