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# Chickungunya Virus



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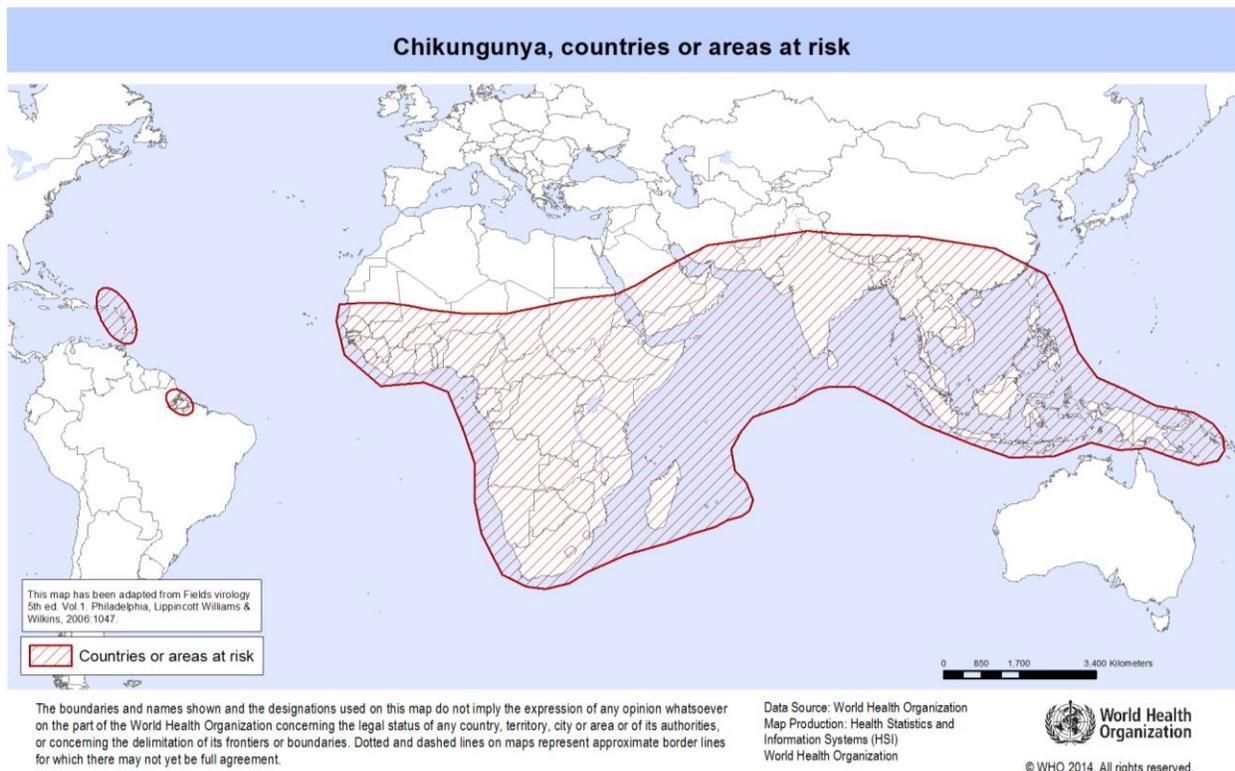
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The first case of the Chikungunya virus was detected in Africa in 1952. The virus currently occurs throughout Africa, Asia, and the Indian sub-continent, and in 2007, a localized outbreak occurred in north-eastern Italy. More recently, in late 2013, the World Health Organization (WHO) detected the transmission of Chikungunya throughout the Caribbean. Cases detected in the United States have been linked to travelers who spent time abroad. Local transmission, meaning infected mosquitoes are spreading the virus to people, has been detected in numerous Caribbean islands, including the following countries:

- |                        |                    |                                  |
|------------------------|--------------------|----------------------------------|
| Anguilla               | Dominican Republic | Saint Kitts                      |
| Antigua                | Grenada            | Saint Lucia                      |
| Aruba                  | Guadeloupe         | Saint Martin (French)            |
| Bahamas                | Haiti              | Saint Vincent and the Grenadines |
| Barbados               | Jamaica            | Saint Maarten (Dutch)            |
| British Virgin Islands | Martinique         | Trinidad and Tobago              |
| Cayman Islands         | Montserrat         | Turks and Caicos Islands         |
| Curacao                | Puerto Rico        | U.S. Virgin Islands              |
| Dominica               | Saint Barthelemy   |                                  |



Chikungunya is a viral disease, meaning there is neither a vaccine to prevent the disease nor an antiviral medication to treat it, which is commonly spread by two species of mosquitos, the *Aedes aegypti* and the *Aedes albopictus*. Symptoms of Chikungunya begin three to seven days after the initial mosquito bite and most commonly include a fever and severe joint pain. Additional symptoms include muscle pain, headache, a rash, or joint swelling, mainly in the hands and feet.

While antiviral medication is not available to treat Chikungunya, treating the symptoms is possible. Fever reducers and pain relievers should be utilized to ease suffering as joint pain, joint swelling, and fever can be severe. Death from Chikungunya is very rare, and most patients begin to feel better after a week, although some infected people exhibit symptoms for much longer than a week and can develop long-term joint pain. While travelers are unable to prevent Chikungunya, precautions can be taken in order to reduce the threat of this disease. Avoiding mosquitoes by wearing long pants, long-sleeved shirts, wearing insect repellent and staying indoors are the best methods to prevent Chikungunya. Using insect repellent with 30 percent DEET (diethyltoluamide) is the best option to ward off mosquitoes, and reapplication is highly recommended to keep insects at bay. Once bitten by an infected mosquito, it is best to avoid mosquitoes and insect bites even further to prevent the spread of the virus.

High risk travelers, those most at risk for contracting the virus, include people with arthritis, people with serious underlying medical conditions (for example heart disease, diabetes, or high blood pressure), individuals over the age of 65, missionary workers and long-term travelers, people who plan on working outdoors, and women who are pregnant. Before traveling, people who may be considered high-risk should consult their healthcare provider.

Throughout the Caribbean countries, a total of 149 deaths have been reported from November 2013 until November 21, 2014. During this same time period, 8,350 cases of Chikungunya have been confirmed by the Pan American Health Organization and the World Health Organization. Puerto Rico and Curacao have the highest number of confirmed cases – 3,287 and 354, respectively – while Guadeloupe and Martinique have the highest death rate. Martinique experienced 76 deaths in the past year and Guadeloupe had 59 deaths related to Chikungunya.