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Chikungunya virus: Pacific Islands and Oceania

Locally acquired transmission of chikungunya virus in Pacific Islands and Oceania

The countries and territories in the Pacific Islands with confirmed autochthonous (locally acquired) chikungunya virus (CHIKV) transmission between 2014 and 2015 are [1, 2]:

- American Samoa
- Cook Islands
- Federal States of Micronesia
- Fiji
- French Polynesia (including Tahiti)
- Kiribati
- Marshall Islands
- Nauru
- New Caledonia
- Papua New Guinea
- Tonga
- Tokelau
- Samoa

The most recent countries in the Pacific Islands reporting autochthonous transmission is Fiji and Nauru [2]. As of 12 July 2015, the Chikungunya outbreak is on-going in Cook Islands and Marshall Islands [3]. In recent months a significant reduction of cases has now been reported in other previously affected countries (Kiribati, American Samoa and Samoa) [2].

Since December 2013, a major epidemic of CHIKV has been ongoing and has spread to North, Central and South America. So far in 2015, 443,799 suspected cases and 60 deaths have been reported in the region [4]. Several European Union countries, including the United Kingdom, have reported imported cases from affected areas [5, 6].

Advice to travellers

There is no vaccine or chemoprophylaxis available to prevent CHIKV. You should take insect bite avoidance measures when travelling to outbreak affected areas. Aedes mosquitoes are most active during daylight hours. Particular vigilance with bite avoidance should be taken around dawn and dusk.

High mosquito numbers following the rainy season increases the risk of disease transmission.

You are advised to check the Outbreak Surveillance section for further information on confirmed and suspected CHIKV outbreaks, including country specific CHIKV case reports.

Advice for health professionals

CHIKV does not occur in the UK, but a number of cases are reported each year in travellers returning from endemic areas. In 2014, the majority of cases (88%) were acquired on trips to the Caribbean and South America and only once case was associated with travel to the Pacific region (Tonga) [6]. This is in contrast to previous years, where the majority of UK cases were associated with travel to South and South East Asia.

Health professionals should be aware of the possibility of CHIKV in febrile travellers who have recently visited affected areas. If a case is suspected, appropriate samples should be sent for testing (including a full travel and clinical history, with relevant dates) to the Public Health England, Rare and Imported Pathogens Laboratory.

The Imported Fever Service, Public Health England is also available to local infectious disease physicians or microbiologists, if specialist advice is needed on: 0844 778 8990.
Resources

- CDC: Chikungunya Geographic Distribution
- Country Information pages
- Public Health England: Chikungunya
- Secretariat of the Pacific Community: interactive map showing infectious disease alerts in the Pacific Region including chikungunya

References


