

Chikungunya Fever: A Re-emerging Viral Infection in Bangladesh

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Chikungunya is a viral disease caused by a RNA arbovirus transmitted to humans by infected *Aedes aegypti* and *Aedes albopictus* mosquitoes. The disease was documented first time in the form of an outbreak in Tanzania in 1952.¹ The name “chikungunya” derives from a word in the Kimakonde language, meaning “to become contorted”, and describes the stooped appearance of sufferers with joint pain (arthralgia). The fever locally also named as ‘Langra Jor’. During December 2008, a team investigated the first outbreak of chikungunya fever occur in the Rajshahi and Chapianawabganj districts of Bangladesh.² Chikungunya is characterized by an abrupt onset of fever with some reaching 39 to 40 degrees Celsius and having chills and rigor frequently accompanied by joint pain. The fever varies from low grade to high grade and lasts a few days. Joint involvement is symmetric and ankles, wrists and small joints of hands are often affected. Other common signs and symptoms include muscle pain, headache, nausea, fatigue, rash and swelling around the joints.³

Several methods can be used for diagnosis. Samples collected during the first week after the onset of symptoms should be tested by both serological ELISA may confirm the presence of IgM and IgG anti-chikungunya antibodies and virological methods (RT-PCR).⁴ There is no specific antiviral drug treatment for chikungunya.

Treatment is directed primarily at relieving the symptoms, resting adequately, including drinking fluids to prevent dehydration, taking paracetamol to reduce

fever and pain. There is no commercial chikungunya vaccine.⁵ The prevention and control of chikungunya simultaneously rely on reducing the number of both natural and artificial water-filled container habitats that support breeding of the mosquitoes and the use of insect-repellents and mosquito-nets. An infected mosquito can then transmit the virus to other people. To prevent further spread of the virus, it is important for people to avoid mosquito bites during the first week of illness.⁵

A Chikungunya outbreak in 2017 first occurs in Dhaka, now the cases of the disease are found all over the country. Most of the cases remain undiagnosed or misdiagnosed due to similar courses of illness of other arthropod-borne infections, lack of awareness and diagnostic facilities. It is very common and it demands attention for proper diagnosis and treatment. A public and social awareness as well as effective and integrated steps are necessary to control the vector of chikungunya infection.

References

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