Chikungunya Situation in Asia –

Including Exports Resulting in Outbreaks Far Away

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Chikungunya Situation in Asia – Including Exports Resulting in Outbreaks Far Away

- Historical lessons essentials on clinical picture, outcome
- Re-emergence of Chikungunya in Asia and elsewhere
- Import / Export relevance in travel medicine
- Basics on the Chikungunya Virus and Vectors
- Preventive options: public health vs. individual
- Outlook on further evolution
- NO discussion of diagnostics and treatment





History of Chikungunya

- 1824 India: Epidemics: fever + rash + arthritis (?)
- 1952 Makonde Plateau, S of Tanganyika, N Mozambique
 - disease described by Robinson, virus isolated
 - Makonde: 'kungunyala' = 'which bends up'
- 1960s Bangkok
- 1964 India, from Kolkata
- 1969 Sri Lanka
- 1975 Vietnam, Myanmar
- 1982 Indonesia

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20+ y Interval !!! (circulated at low levels in Africa)



The New Epidemic



- e 2004 Kenya
- 2005 Réunion: 266'000 patients (population 777,000 = 34%)
 also Comoros, Madagascar, Mayotte, Mauritius, Seychelles
- 2006 India: 1.39 million reported cases (areas with 45% affected)
 - also Malaysia, Sri Lanka, Maldives
 - and Indonesia (2001-2007, peak 2003)
- 2007 Gabon / India: 96% decrease of reported cases



Geographical Distribution of Chikungunya 2001 - 2007



WER 2007;47(82):409-416



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Chikungunya in Australasia – 2008

- Early Indonesia no details published
- January Maldives ongoing
- January Melbourne, 8(+) cases concerns of spread
- January Singapore, local outbreak: 10 cases
- May South Kanara (Karnataka, India) 200,000 cases (?)
- July Western Australia: low activity in past 2 years

www.searo.who.int/en/Section10/Section2246_13975.htm and other





Chikungunya: Clinical picture

<u>Symptom</u>	<u>%</u>
Fever > 38.5°C, 2-5 days	99.6
Arthralgia	99.2
- persisting over 18-36 months: 12%	
Myalgia	97.7
Headache	68.4 - 84.1
Vomiting	59.4
Rash, maculopaular, 2-3 days	40.0
Abdominal pain	31.6
Lymphadenopathy	30.8
Hemorrhagic symptoms	23.0



Chikungunya







Chikungunya: 'new' complications

<u>Symptom</u>	<u>per 1000</u>
Meningoencephalitis	1.7 (fatal in high age)
Myocarditis	N/A
Fulminant hepatitis	N/A
Disseminated intravascular coagulopathy	N/A

Elevated Case Fatality Rate in

- elderly, particularly with co-morbidity
- atypical cases (CFR 10%)

Neonatal infection: encephalopathy (vertical transmission) Fetal loss before week 22 due to infection, not quantified

Cordel H et al. Euro Surveill 2006;11: E060202.3 + E060302.3 Economopolou A et al. Epidemiol Infect 2008;11:1-8 Touret Y et al. Presse Med 2006;35:1656-8



Differential diagnosis: Chikungunya vs. Dengue

Criteria (n =)	Dengue	Chikungunya	Sign (p)
Arthralgia	0	22 (all!)	< 0.001
Myalgia	8 (50%)	7 (32%)	NS
Cephalgia	11 (69%)	9 (41%)	0.087
Macular exanthema	13 (81%)	16 (73%)	NS
Thrombocytopenia	14 (88%)	7 (35%)	0.002
Leucopenia	12 (75%)	8 (40%)	0.033
Neutropenia	13 (81%)	2 (10%)	< 0.001
Lymphopenia	9 (56%)	18 (90%)	0.049

N = 62: Dengue 16, Chikungunya 22, 60% male

Hochedez P et al. Am J Trop Med Hyg. 2008;78(5),710-13



Chikungunya - Epidemic 2006/7







Chikungunya "Export / Import"



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Exportation of ChickV Infections by Travelers





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Export / Import of ChikV Infections by Travelers



Export / Import of ChikV Infections by Travelers

- 2005/06 India (n=7), Malaysia (n=1) → Singapore Personal communication
- 11/2006 NW India → Israel Tanay A et al. J Travel Med 2008;15:410-2

► 2/2008 1st indigenous transmission Surinam → Holland Hassing RJ et al. J Travel Med 2009 (in print)





Surveillance as mirror of an epidemic elsewhere



Source : Cire Réunion Mayotte pour les données concernant l'épidémie réunionnaise

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VIRUS CHIKUNGUNYA



Vous revenez de la réunion de Mayotte, Maurice, des Comores

ou des Seychelles...



(heures ouvrables) pour une démoustication

autour de votre domicile.

051103









Chikungunya 2008

Approximate Global Distribution of Chikungunya Virus, by Country, 2008







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Epidemic curve – ChikV cases in Italy 2007 (n=205)



Rezza G. et al. Lancet 2007;370:1840-6





Origin of the ChikV outbreak in Castiglione di Cervia

- Index case: Man of Indian origin no travels
- Visiting relative from Kerala, India in June
 - Fever on June 23
 - Antibody titre against ChikV >1:1280





- 1 died: 83 y/o man with multiple chronic diseases
- Attack rate in Castiglione di Cervia 5.4%

Rezza G. et al. Lancet 2007;370:1840-6

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Preventive options against ChikV

Travellers: measures against mosquito bites (DAYtime)

- Clothing to cover skin
- Coils, repellents, electric vapour mats
- Mosquito nets for those who rest at daytime

Other:

- Laboratory: S.O.P.s
- Public Health (e.g. Italy):
 - Surveillance: GPs, hospitals
 - Insecticides 100 m around confirmed/suspected cases
 - General health education
 - Communication about vector control
 - Obtain evidence on efficacy of control measures

www.eurosurveillance.org www.searo.who.int/en/Section10/Section2246.htm







Chikungunya vaccine research

Military formalin-killed vaccine

Harrison VR et al. J Immunol 1971;107:643-7 and Am J Trop Med Hyg 1967;16:786-91

- Military attenuated vaccine, project abandoned 1990
 Levitt NH et al. Vaccine 1986;4:157-62
- Plaque purified live vaccine, Phase II trial, 'promising' Edelman R et al. Am J Trop Med Hyg 2000, 62:681-5

Chimeric alphavirus vaccine candidates, from

- VEE TC-83 (Venezuelan equine encephalitis)
- EEE (Eastern equine encephalitis)
- Sindbis

DNA vaccine

Wang E et al. Vaccine 2008; (Epub ahead of print) Muthumani K et al. Vaccine 2008; (Epub ahead of print)

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Chikungunya arbovirosis: Basics on Virus and Vector

VIRUS: Genus Alphavirus / Family Togaviridae

VECTOR: Aedes (Stegomyia)

- Kenya: Ae. aegypti tropics, subtropics urban
- Réunion, Italy: Ae. albopictus temperate rural, periurban
- India: Ae. albopictus, (Ae. Aegypti, Culex, etc.)

RESERVOIR

- Human
- Primates (high virus load, asymptomatic)
- Other mammals, birds

CYCLE

- Africa:
- Asia:

- sylvatic
- urban





Genome microevolution of ChikV



Schuffeneker I et al, PLOS Med 2006;3:e263





BKK 10/08-24

Characterization of ChikV: India vs. Central Africa



IND-06 isolates shared 99.9% nucleotide identity with RU isolates
 RU isolates with mutation (226 on E1 glycoprotein)

Kumar NCVM et al. Indian J Med Res 2007;126:534-40





Outlook: Continued EXPLOSIVE epidemics (?)

- Virus polymorphism: faster evolution in mosquitoes
- No herd immunity
- Spread of vector(s) in different parts of the world
- Globalization of trade and travel
- Consequences: Major impact on
 - public health
 - economy, tourism

Increased monitoring, surveillance paramount





Distribution of Aedes albopictus, Italy





Courtesy: Dr. Alberto Matteelli





Duration of seasonal activity of Aedes albopictus – Mathmatical modeling of weeks between spring egg hatching and autumn egg diapause



Ecdc. Meeting report, Paris (22 October 2007)

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.... and the future?





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Summary and Conclusions

- New epidemic 'wave' ongoing
- Mutation \rightarrow possibly faster evolution
- ChikV established endemicity in Asia, Africa
 - Persisting socio-economic factors
 - Persisting public health inadequacies that facilitate the spread of this infection
- Travellers at risk
- Modest options for prevention
- Vaccine far away

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