

Chikungunya Outbreak Toolbox

Updated: September 2019



Key reference documents

- [Guidelines for prevention and control of chikungunya fever](#) (New Delhi: WHO Regional Office for South-East Asia; 2009).
- [Preparedness and response for chikungunya virus introduction in the Americas](#) (Washington (DC): Pan American Health Organization, 2011).
- [Chikungunya information page](#) (Geneva: World Health Organization).
- [Chikungunya fact sheet](#) (Geneva: World Health Organization; 2017).



Case definitions

WHO suggested outbreak case definition¹

Acute clinical case:

- clinical criteria: fever $> 38.5^{\circ}\text{C}$ **and** joint pain² (usually incapacitating)³ with acute onset; **and**
- epidemiological criterion: resident or visitor in areas with local transmission of chikungunya on the last 15 days (*suspect case* for epidemiological surveillance); **or**
- laboratory criterion: confirmation by laboratory – polymerase chain reaction (PCR), serology or viral culture (*confirmed case* for epidemiological surveillance).

Atypical case:

- clinical case of laboratory-confirmed chikungunya accompanied by other manifestations: neurological, cardiovascular, dermatological, ophthalmological, hepatic, renal, respiratory or haematological, among others.

Severe acute case:

- clinical case of laboratory-confirmed chikungunya presenting dysfunction of at least one organ or system that threatens life **and** requires hospitalization.

Suspected chronic case:

- person with previous clinical diagnosis of chikungunya after 12 weeks of the onset of the symptoms presenting with at least one of the following articular manifestation: pain, rigidity or oedema, continuously or recurrently.

¹ Weekly Epidemiological Record (WER), 14 August 2015, vol. 90, 33 (pp. 409–420).

² Usually accompanied by exanthema, myalgia, back pain, headache and occasionally, vomiting and diarrhea (in paediatric age group).

³ In children < 3 years of age, joint pain is expressed as inconsolable crying, irritability and rejection to mobilization and/or walking.

Confirmed chronic case:

- every chronic case with a positive chikungunya laboratory test.

WHO surveillance case definition

- Technical guidelines for integrated disease surveillance and response in the African Region (Brazzaville: WHO Regional Office for Africa and Atlanta: United States Centers for Disease Control and Prevention; 2010 (p. 263)).



Data collection tools

- Case investigation form: Not available.
- Line list: Not available.
- Electronic tools: Not available.



Laboratory confirmation

- Tool for the diagnosis and care of patients with suspected arboviral diseases (Washington (DC): Pan American Health Organization; 2017 (Chapter 7, page 43)).
- Preparedness and response for chikungunya virus: introduction in the Americas (Washington (DC): Pan American Health Organization; 2011 (Chapter 4, page 22)).
- Guidelines for prevention and control of chikungunya fever (New Delhi: WHO Regional Office for South-East Asia; 2009 (chapter 4, page 13)).



Response tools and resources

- Tool for the diagnosis and care of patients with suspected arboviral diseases (Washington (DC): Pan American Health Organization; 2017)
- Guidelines on clinical management of chikungunya fever (New Delhi: WHO Regional Office for South-East Asia; 2008).



Other resources

- Managing epidemics: key facts about major deadly diseases (Geneva: World Health Organization; 2018).
- Monitoring and managing insecticide resistance in *Aedes* mosquito populations: interim guidance for entomologists (Geneva: World Health Organization; 2016).
- Protecting the health and safety of workers in emergency vector control of *Aedes* mosquitoes: Interim guidance for vector control and health workers (Geneva: World Health Organization; 2016).