CONDITION

Arbovirus A chikungunya type

Learn how chikungunya spreads, what symptoms it can cause, how it is diagnosed and treated, and when joint pain or other symptoms need medical attention.

WHAT IT IS
Mosquito-borne viral infection

BODY SYSTEM
Whole body, especially joints

MAIN SYMPTOMS
Sudden fever, joint pain, joint swelling, rash

WHAT CAUSES IT
Chikungunya virus infection

HOW IT IS DIAGNOSED
Blood NAAT or antibody tests

MAIN TREATMENT
Supportive care and symptom relief

CAN IT BE CURED?
No, no specific antiviral treatment

IS IT AN EMERGENCY?
Sometimes, breathing difficulty or severe dehydration

LONG-TERM OUTLOOK
Most improve, but joint pain may persist

Overview

"Arbovirus A chikungunya type" is an older name associated with chikungunya , an infection caused by the chikungunya virus. The virus is an arbovirus , meaning it is carried between people by infected insects. Chikungunya is mainly spread by Aedes aegypti and Aedes albopictus mosquitoes.

Chikungunya often causes a sudden fever and significant pain in several joints. The name "chikungunya" comes from a word describing the bent posture that severe joint pain may produce. Most people improve, but joint pain can continue for weeks, months, or occasionally longer.

The infection occurs in parts of Africa, Asia, the Americas, the Caribbean, the Pacific, and the Indian Ocean region. Outbreak locations can change as infected travelers and mosquitoes

introduce the virus into new areas.

Chikungunya matters because its early symptoms can resemble dengue, Zika, malaria, and other infections that may require different care. Severe chikungunya is uncommon, but newborns, older adults, pregnant people near delivery, and people with certain long-term health conditions may have a higher risk of complications.

Symptoms

Symptoms usually begin several days after the bite of an infected mosquito. The incubation period-the time between infection and symptoms-is commonly about 3 to 7 days, although it may range from 1 to 12 days.

Typical symptoms include:

Joint symptoms commonly affect the hands, wrists, ankles, and feet. The pain can make walking, gripping objects, or completing everyday tasks difficult. Fever usually settles within several days, while joint pain may last longer or return after an initial improvement.

Children may have fever, rash, swelling, or reduced interest in feeding. Because infants cannot describe joint pain, they may instead be unusually irritable or move a limb less than expected.

Arrange prompt medical assessment if fever develops during or after travel to an area with chikungunya, especially if there is rash, joint pain, pregnancy, advanced age, or an underlying medical condition.

Seek urgent or emergency care for symptoms such as:

These symptoms are not specific to chikungunya. They can occur with dengue or other serious illnesses and need prompt medical evaluation.

- Sudden fever
- Pain in several joints, often affecting both sides of the body
- Joint swelling or stiffness
- Headache
- Muscle pain
- Rash
- Tiredness
- Red or irritated eyes
- Nausea or vomiting

- Trouble breathing, chest pain, fainting, or severe weakness
- Confusion, a seizure, extreme drowsiness, or difficulty waking
- Persistent vomiting or inability to drink
- Very little urine, a very dry mouth, or other signs of serious dehydration
- Severe abdominal pain
- Unusual bleeding, such as vomiting blood or passing black stools
- Rapid worsening in a newborn or young infant

Causes and risk factors

Chikungunya is caused by the chikungunya virus, which belongs to the alphavirus group. A mosquito becomes infected after biting a person who has the virus in their blood. The mosquito can then pass the virus to another person through a later bite.

The mosquitoes that spread chikungunya are active mainly during the day, although they may also bite around dawn, dusk, or in well-lit indoor areas. They often live close to homes and breed in containers holding standing water.

Risk increases with:

The virus does not usually spread through coughing, touching, food, or casual contact. Transmission from a pregnant person to a baby is uncommon during most of pregnancy but can occur around the time of delivery if the parent has virus in the blood. Transmission through infected blood or laboratory exposure is possible but rare where blood screening and safety procedures are used.

People with chikungunya should avoid mosquito bites during the first week of illness. This helps prevent mosquitoes from acquiring the virus and spreading it to others.

- Living in or traveling to an area where chikungunya is spreading
- Spending time outdoors without effective protection from mosquito bites
- Staying in buildings without window screens, air conditioning, or mosquito nets
- Having uncovered containers or other standing water near living areas
- Caring for someone with chikungunya without preventing mosquitoes from biting that person

Diagnosis

A clinician considers symptoms, recent travel, local outbreaks, mosquito exposure, and the timing of illness. A physical examination may look for fever, rash, swollen joints, dehydration, bleeding, or signs that another organ system is affected.

Laboratory testing can confirm the infection. During approximately the first week of illness, a nucleic acid amplification test, such as reverse-transcription polymerase chain reaction, may detect the virus's genetic material in blood. After the first week, blood tests can look for antibodies made by the immune system.

A positive antibody result may sometimes require confirmation with a more specific neutralization test. Antibodies from a past infection can also remain detectable, so the timing of symptoms and testing matters.

Other tests may be needed because chikungunya can resemble:

Dengue is particularly important to consider. Some medicines commonly used for joint pain can increase bleeding risk if the illness is actually dengue. Depending on the location and symptoms, a clinician may test for more than one infection.

Routine blood tests may also be used to assess hydration, blood cell counts, liver function, kidney function, or possible complications. No single symptom can reliably confirm chikungunya without considering the full clinical picture.

- Dengue
- Zika virus infection
- Malaria
- Leptospirosis
- Measles or rubella
- Other viral infections
- Rheumatoid arthritis or another inflammatory joint condition

Treatment and management

There is no specific antiviral treatment routinely used to cure chikungunya. Care focuses on relieving symptoms, maintaining hydration, and watching for complications.

Rest and regular fluids are important during the fever. People who are vomiting or sweating heavily may need drinks containing electrolytes, which are minerals that help regulate body fluids. Medical care may be needed if drinking is difficult or urine output falls.

A clinician may recommend acetaminophen, also called paracetamol, for fever and pain when it is safe for the individual. Aspirin and nonsteroidal anti-inflammatory drugs like ibuprofen or naproxen , or NSAIDs, are generally avoided until dengue has been excluded because these medicines can raise the risk of bleeding in dengue. NSAIDs include medicines such as ibuprofen and naproxen.

Once dengue has been ruled out, a clinician may consider an anti-inflammatory medicine for ongoing joint pain. The appropriate choice depends on age, pregnancy, kidney and stomach health, bleeding risk, other medicines, and other medical conditions.

Joint care may include gentle movement, pacing of activities, and physical therapy. Complete inactivity can increase stiffness, but strenuous exercise during the acute illness may worsen pain and fatigue. A physical therapist can help restore movement and strength without overloading painful joints.

Persistent inflammatory joint symptoms may need assessment by a rheumatologist, a doctor who specializes in joint and immune system conditions. Depending on the pattern and duration of symptoms, specialist treatment may include anti-inflammatory therapy or a disease-modifying antirheumatic drug. These medicines affect the immune-driven inflammation and require medical monitoring. Steroids like prednisone or hydrocortisone are not routine treatment for the early fever phase but may be considered by a clinician in selected cases of persistent inflammation or specific complications.

Antibiotics like amoxicillin or doxycycline do not treat chikungunya because it is caused by a virus. They are used only if a separate bacterial infection is suspected or confirmed.

Preventing further mosquito bites is part of management. Use an appropriate insect repellent, wear long sleeves and trousers when practical, and stay in screened or air-conditioned spaces. Bed nets can be useful for people sleeping during the day, especially infants or people who are ill.

Chikungunya vaccines have been authorized in some countries. Availability and recommendations may change and depend on age, health, destination, and risk of exposure. A travel medicine clinician can review current guidance before travel.

Complications

The most common ongoing problem is persistent joint pain, stiffness, or swelling. Symptoms may affect work, sleep, exercise, and daily activities. Some people experience episodes that improve and then return.

Rare complications can involve the nervous system, heart, liver, kidneys, eyes, or skin.

Examples include inflammation of the brain, nerves, heart muscle, or structures within the eye. Severe illness is more likely in newborns, older adults, and people with conditions such as high blood pressure, diabetes, or heart disease.

Infection close to delivery can be passed to a newborn. An exposed newborn may need observation for fever, feeding difficulty, unusual sleepiness, rash, swelling, or neurological symptoms.

Dehydration can occur when fever, vomiting, poor intake, or difficulty moving prevents adequate drinking. Falls may also occur when painful or swollen joints affect balance and walking.

Ongoing pain can contribute to poor sleep, reduced activity, low mood, or difficulty returning to usual responsibilities. These effects deserve attention even when the initial fever has resolved.

Follow up

Many people can have routine follow-up with a primary care clinician after the fever settles. Follow-up is especially useful if joint pain limits daily activities, symptoms return, or recovery is slower than expected.

Contact a clinician if:

A follow-up visit may include another examination and, when appropriate, repeat blood tests. Persistent joint symptoms may require evaluation for ongoing chikungunya-related inflammation or another condition that can cause arthritis.

Emergency care is appropriate for breathing difficulty, confusion, seizures, fainting, severe dehydration, major bleeding, severe abdominal pain, or rapid worsening. These warning signs should not wait for a routine appointment.

Before future travel, ask about current outbreak information and mosquito-bite prevention. A travel health professional can also determine whether vaccination should be considered under current recommendations.

- Fever continues, returns, or is accompanied by new symptoms
- Joint pain or swelling remains significant after the acute illness
- Pain prevents walking, working, sleeping, or completing daily tasks
- New weakness, numbness, vision changes, or severe headaches develop
- There are concerns about medicine side effects
- An infant, older adult, or pregnant person has been exposed or becomes unwell

Sources

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