

Joint UKBTS / NIBSC Professional Advisory Committee (1)

Position Statement

Chikungunya Virus

November 2009

Approved by: Standing Advisory Committee on Transfusion Transmitted Infections

November 2009 - The contents of this document are believed to be current. Please continue to refer to the website for in-date versions.

Background

Chikungunya is a self-limiting febrile illness caused by an alpha virus spread by the same day-biting mosquito as dengue (usually of the *Aedes* species). It is characterized by arthralgia or arthritis typically in the knee, ankle and small joints of the extremities (this may be persistent), high fever, followed by a maculopapular rash. Buccal and palatal lesions can occur as may nausea and vomiting. Thrombocytopenia may be present leading to bleeding, especially in children. Rarely there may be fulminant liver failure and death. It is known from antibody studies that many infections are asymptomatic. Immunity is long lasting. The virus is known to infect humans, primates, other mammals and birds. There is no evidence of person-to-person transmission except through blood transfer. At present the only treatment available is symptomatic. No vaccine is available.

It was first described in Tanzania in 1952 and has since been found in Africa, India, South East Asia, Saudi Arabia, Papua New Guinea and Mediterranean Europe. The name is derived from a local Tanzanian word meaning 'that which bends up', a reference to the stooped posture many patients develop as a result of painful inflammation of the joints commonly associated with the disease.

Since late 2004, large outbreaks of chikungunya fever in the Indian Ocean have raised serious public health concerns. The first recognised outbreak in Europe occurred in the northeast of Italy in the summer of 2007. The vector mosquito has become widespread following importation through international trade. It was first noted in Albania in 1979 and by 2007 has been found as far north as Belgium. It has not yet been recorded in the United Kingdom.

Although it is possible that the virus could be transmitted by transfusion, or by tissue or organ transplantation, the Standing Advisory Committee on Transfusion Transmitted Infections is not aware of any proven instance of transmission by these routes.

Large numbers of British tourists visit affected areas and in 2006 the Health Protection Agency's Special Pathogens Reference Unit reported 106 cases of chikungunya infection in travellers returning to the United Kingdom from affected areas. A further 15 cases were reported in 2007, and 10 in 2008. The majority of chikungunya cases reported, where travel history is available (about 80%), are usually acquired in Africa or Asia. In the first few months of 2006 the majority of the cases reported were acquired in Mauritius, consistent with the large outbreak of chikungunya in the islands of the Indian Ocean. From September 2006 into 2007, the majority of cases were acquired in India or Sri Lanka.

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Visitors to many affected areas will be excluded from donation for six months under current malaria guidelines. However some of the affected areas are not covered by malaria exclusions. Visitors to these areas should not donate blood or tissues for six months from their return to the UK if they have been infected or may have been infected with chikungunya, or for four weeks from their return if they have had no symptoms suggesting that they may have been infected with chikungunya.

Countries affected by chikungunya and any applicable time limits are shown in the Geographical Disease Risk Index (GDRI) and any associated Change Notifications.

(1) **Joint United Kingdom Blood Transfusion Services and National Institute for Biological Standards and Control Professional Advisory Committee**