

# Things you need to know about Chikungunya

STAR HEALTH DESK

Chikungunya is a viral disease which is transmitted to humans by infected mosquitoes.

Chikungunya was first described during an outbreak in southern Tanzania in 1952. The name chikungunya originates from a verb in the Kimakonde language, meaning 'to become contorted'. This refers to the 'stooped' appearance of sufferers with joint pain (arthralgia).

## Signs and symptoms

Symptoms appear between 4 and 7 days after the patient has been bitten by the infected mosquito. Chikungunya is characterised by an abrupt onset of high fever (40°C/104°F) frequently accompanied by joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue and rash. The joint pain is often very debilitating, but usually lasts for a few days or may be prolonged to weeks. Hence the virus can cause acute, subacute or chronic disease.

Most patients recover fully, but in some cases joint pain may persist for several months, or even years. Occasional cases of eye, neurological and heart complications have been reported, as well as gastrointestinal complaints. Serious complications are



not common, but in older people, the disease can contribute to the cause of death. Often symptoms in infected individuals are mild and the infection may go unrecognised, or be misdiagnosed in areas where dengue occurs.

Chikungunya is rarely fatal. Symptoms are generally self-limiting and last for 2-3 days. The virus remains in the human system for 5-7 days and mosquitoes feeding on an infected person during this period can also become infected. Chikungunya shares some clinical signs with dengue and can be misdiagnosed

in areas where dengue is common. Chikungunya can be detected using serological tests. Recovery from an infection will confer life-long immunity.

## Transmission

The virus is transmitted from human to human by the bites of infected female mosquitoes. Most commonly, the mosquitoes involved are *Aedes aegypti* and *Aedes albopictus*, two species which can also transmit other mosquito-borne viruses, including dengue.

## Diagnosis

Several methods can be used for diagnosis. Serological tests may

confirm the presence of IgM and IgG anti-chikungunya antibodies. IgM antibody levels are highest 3 to 5 weeks after the onset of illness and persist for about 2 months. Samples collected during the first week after the onset of symptoms should be tested by both serological and virological methods.

## Treatment

There is no specific antiviral drug treatment for chikungunya. Treatment is directed primarily at relieving the symptoms, including the joint pain using anti-pyretics, optimal analgesics and fluids. There is no commercial

chikungunya vaccine.

## Prevention and control

Prevention and control relies heavily on reducing the number of natural and artificial water-filled container habitats that support breeding of the mosquitoes. During outbreaks, insecticides may be sprayed to kill flying mosquitoes, applied to surfaces in and around containers where the mosquitoes land, and used to treat water in containers to kill the immature larvae.

For protection during outbreaks of chikungunya, clothing which minimises skin exposure to the day-biting vectors is advised. Repellents can be applied to exposed skin or to clothing in strict accordance with product label instructions. For those who sleep during the daytime, particularly young children, or sick or older people, insecticide-treated mosquito nets afford good protection. Mosquito coils or other insecticide vaporisers may also reduce indoor biting.

Basic precautions should be taken by people travelling to risk areas and these include use of repellents, wearing long sleeves and pants and ensuring rooms are fitted with screens to prevent mosquitoes from entering.

Source: World Health Organisation

## HEALTH bulletin



### Drug-resistant TB set to increase in four high burden countries

Cases of drug-resistant tuberculosis (TB) are forecasted to increase in the four high burden countries (India, the Philippines, Russia, and South Africa) between 2000 and 2040, with the upturn likely to be a result of increased transmission of drug-resistant TB between people, rather than by strains acquiring resistance to anti-tuberculosis drugs, according to a study published in The Lancet Infectious Diseases.

While better access to treatment programmes will reduce rates of drug-resistant TB in countries with a high burden, they will not eradicate the problem alone, and current efforts may not be enough to reverse the epidemic.

Research into additional control measures will be needed to prevent drug-resistant TB spreading between people. To reduce the burden of drug-resistant disease, the researchers recommend that treatment be coupled with ways to prevent spread of the disease, such as early detection, reducing the number of patients who do not complete treatment, and providing tailored treatment depending on which drugs the strain is susceptible to.

## Sweaty palms and feet: Hyperhidrosis and you

DR MD ZAHED PARVEZ BARA BHUIYAN

Sweaty hands can be a cause of displeasure for many, especially in social situations. There are many in our country who suffer from this disorder as it hampers their regular productivity. Many people tend to ignore it and this results in the condition going undiagnosed. Called *Hyperhidrosis* in medical terms, here are some ways to regulate the condition and find peace of mind.

Sweating is usually a process that helps maintain body temperature. But if this happens excessively, it might end up causing tension in one's day-to-day life and put them through a lot of discomfort.

Hyperhidrosis, the excessive sweating of palms and hands, is no temporary condition. Those affected face the problems of going through their daily activities like handling sensitive materials, making physical contact or even writing on paper. It leaves their hands wet, sodden and smelly. All this can pile up and leave them isolated among their friends and close ones.

Below are some useful tips and methods to keep in mind that might address lingering concerns and help deal with the discomforts from hyperhidrosis:

- **Identification:** You must try and identify conditions that lead you to sweat extensively. Try avoiding such environments or situa-



tions. It might be over spicy food or doing work that requires you to wear gloves or any protective gear.

- **Staying dry:** Some over-the-counter anti-perspirants containing low-dose aluminium are easily available to help reduce your sweating.

- **Medication:** Apart from the over-the-counter anti-perspirants, some prescription medications are also available to manage the excessive wetness. Be proactive to contact your physician and identify hyperhidrosis so as to start with these.

- **Iontophoresis:** The basic idea behind this treatment procedure is

to temporarily stop or block those sweat glands causing all the trouble. Tap water is passed through the skin of your hands using mild electric current. This might require 20-30 sessions to help reduce the sweatiness considerably.

- **Botox:** This is a toxin that if injected at the area of excessive sweating, blocks the nerves that stimulate sweating. However it can cause pain at the site of the injection and some weakness around the applied area.

- **Surgery:** This is usually an extreme option. If nothing else works, and if the one affected is too disturbed of this condition, a surgical procedure that cuts off the nerve that stimulates sweating is performed.

It is important to keep in mind that hyperhidrosis might sometimes be an indication of some underlying metabolic disorder. In such a case, it is recommended that one visit a dermatologist to better understand the causes, and how they can be properly treated.

It is important to feel confident when interacting with others, and some might suffer from lack of it due to hyperhidrosis. Rather than do nothing about it, seek the necessary help and regain the confidence to lead a healthy, productive life.

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## CHILD CARE

### Unusual cry in newborn

PROF M KARIM KHAN

Recently, I attended a caesarean section and resuscitated the baby. It was a boy with full term pregnancy. The mother had no significant problem during pregnancy. She got admitted in the hospital 18 hours after the rupture of membrane (leaking membrane). There was dribbling of amniotic fluid whole day. After the caesarean section, the baby cried spontaneously. He weighed 3.5 Kg. There was no respiratory distress. The colour of the baby was pink. There was no obvious congenital anomaly and the activities were normal. The baby was put to breast within an hour. He passed urine but not stool (meconium) even after 24 hours.

Everything was apparently fine, parents as well as relatives were happy. But we noticed that the baby cried out often and on; and the cry was very unusual — high pitched and almost every 20-30 minutes. The temperature of the baby was normal and sucking was quite okay. After rectal wash, the baby passed meconium (stool), but screaming was still there.

Sepsis screening confirmed that the baby had got neonatal sepsis. This infection might be an ascending infection through genital tract and probably due to prolonged rupture of membrane.

Cry in newborn is common and it is related to hunger, any discomfort, trauma, wetting of diapers etc. But unusual cry is always suspicious. Neonatal sepsis is one of the leading cause of newborn death and which accounts about 20% in Bangladesh.

There are many causes of neonatal sepsis — prolonged rupture of membrane (PROM) is one of them. Other notable causes are prematurity, low birth weight, prolonged labour, febrile illness of mother, frequent per vaginal examination during labour, instrumentation, poor hygiene etc.

Poor sucking, fever, lethargy, respiratory distress, unusual cry, poor cry, less movement, vomiting, convulsion all are features of neonatal sepsis; but sometimes symptoms are not so obvious as it happened to our patient. So any newborn not doing well should be considered as sepsis until otherwise proven. In rupture of membrane, delay in intervention mostly invites neonatal sepsis and thus increases morbidity and neonatal mortality.

Simple awareness can prevent this unwanted suffering. Wishing happy ending of all pregnancy.

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### Agreement signed between United Hospital Limited and Union Group



STAR HEALTH REPORT

United Hospital Limited signed a corporate medical services agreement with Union Group recently, says a press release.

Under this agreement employees and their dependents of Union Group will get various medical services from the hospital.

Col. (Retd.), Mohammad Akber Hossain, Chief Executive Officer of Union Group and Dr. Shagufa Anwar, Chief of Communication and Business Development of United Hospital Limited were the signatories.

  /StarHealthBD

## Chikungunya is a viral disease transmitted to humans by infected mosquitoes.

It causes fever and severe joint pain. Other symptoms include muscle pain, headache, nausea, fatigue and rash.

### Symptoms

- Most people infected with chikungunya virus will develop some symptoms.
- Symptoms usually begin 3-7 days after being bitten by an infected mosquito.
- The most common symptoms are fever & joint pain.
- Other symptoms may include headache, muscle pain, joint swelling, or rash.

- Chikungunya disease does not often result in death, but the symptoms can be severe and disabling.
- Most patients feel better within a week. In some people, the joint pain may persist for months.
- People at risk for more severe disease include newborns infected around the time of birth, older adults (≥65 years), and people with medical conditions such as high blood pressure, diabetes, or heart disease.
- Once a person has been infected, he or she is likely to be protected from future infections.

### Treatment

There is no vaccine to prevent or medicine to treat chikungunya virus.

Treat the symptoms:

- Get plenty of rest.
- Drink fluids to prevent dehydration.
- Take medicine such as acetaminophen (Tylenol) or paracetamol to reduce fever & pain.
- Do not take aspirin and other non-steroidal anti-inflammatory drugs (NSAIDS) until dengue can be ruled out to reduce the risk of bleeding.
- If you are taking medicine for another medical condition, talk to your healthcare provider before taking additional medication.

If you have chikungunya, prevent mosquito bites for the first week of your illness.

- During the first week of infection, chikungunya virus can be found in the blood & passed from an infected person to a mosquito through mosquito bites.
- An infected mosquito can then spread the virus to other people.

