

## Chikungunya Illness among TN Travelers Returning from the Caribbean - Julie Shaffner

- A. The virus
  - 1. Symptoms
    - a) Sudden onset fever
    - b) Extreme joint pain
    - c) Rash
    - d) Fatigue
  - 2. Symptoms last 7-10 days
  - 3. Mortality is rare
  - 4. Morbidity
    - a) Joint pains are severe
    - b) Persistent joint pain can occur
  - 5. Majority of infected people have symptoms
  - 6. Human disease - no animal reservoir
- B. Vector
  - 1. *Ae aegypti*
  - 2. *Ae albopictus*
- C. Preparing for CHIK
  - 1. TMVCA meeting
    - a) TDH staff
    - b) City and county HD
    - c) Mosquito control
  - 2. Tabletop exercise
    - a) Returning traveler
    - b) No travel history
  - 3. Response plan
    - a) Educational resources
    - b) Links to outbreak status
    - c) Lab testing
    - d) Phased response based on WNV phased response
    - e) Case classification
  - 4. TN outbreak
    - a) June 2014
      - (1) Provider report
        - (a) Travel to Caribbean
        - (b) Symptoms
      - (2) Sent out a press release - June 10th
      - (3) Confirmation on June 13th
      - (4) Statewide call - activated Incident Command Center
      - (5) Medscape alert sent to providers throughout state
    - b) Focus - prevent local transmission
    - c) June 17th - modified case report form
      - (1) Included group trip info
      - (2) Looked into possible mosquito control response
      - (3) Updated materials and website
    - d) June 23rd
      - (1) Initiated home visits
      - (2) Environmental analysis
    - e) July 1 - Testing algorithm
    - f) End of July - deactivated SHOC

D. EPI curve

1. Most cases occurred in June
2. Why the drop off?
  - a) More media in June
  - b) Use of insect repellent
  - c) People quit going to doctor
3. Continuing to slowly trickle in
4. Winter vacation period???

E. Lessons learned

1. Strict command structure
  - a) Tedious
  - b) Useful for making sure everything got done
2. Good media relations are vital
3. Need a plan
4. Prevention opportunities
  - a) Group trip leaders
  - b) Travel clinics
5. Mosquito control capacity varies widely

F. Next steps

1. Understanding the role of clinicians
2. Assessing long term effects and risk factors