

Chikungunya virus: Underestimating its burden

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Madam, chikungunya, a crippling disease caused by a virus belonging to the alpha virus genus of the Togoviridae family has reared its head in Pakistan. Just as the year 2016 was nearing its end, the country observed a major outbreak of Chikungunya afflicting reportedly about 30,000 people. The health care officials may have been misconstruing the long term burden of the disease, conceiving it to be 'mild' and declaring the situation 'under control', however, 29 cases of Chikungunya have been reported in February alone casting doubt on these assurances.¹

Chikungunya was first discovered in Tanzania in 1950, as a self-remitting febrile ailment with symptoms overlapping that of dengue. However, its true burden was revealed after some global outbreaks, adversely affecting the long term quality of life of the patients and thus emerging as a major public health challenge.² In Pakistan, the earliest reports on the presence of the virus can be dated back to 1983.³

The principal mode of transmission and spread of the virus are *Aedes aegypti* and *Aedes albopictus* mosquitoes with human beings serving as the main reservoir of infection. Infection with the virus typically presents with fever, headache, rashes, myalgia and crippling joint pain, which is responsible for the characteristic stooped appearance of the individual during the acute stage. The most distinguishing feature is persistent arthralgia and other chronic musculoskeletal and rheumatic manifestations that may severely disable the patient for some time.⁴ This long term debilitating sequelae of the disease is especially alarming for countries like Pakistan

where vast numbers of people are already living below the poverty line and such disabling symptoms impair their functionality, further aggravating their economic status and add to the vicious circle of poverty.⁵

Given the miserable sanitary conditions and improper garbage disposal sites in most regions of the country, we could be witnessing an outbreak of a much greater magnitude if adequate measures aren't taken. Steps taken to work on developing a vaccine for Chikungunya virus and prevention by vector control should be our mainstay of focus. The government needs to acknowledge the chronic devastating potential of the disease and an active mosquito surveillance system be implemented and followed through on an urgent basis. Lastly, the need to educate the masses on the means of preventing mosquito bites remains as acute as ever.

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