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SUBJ/CHIKUNGUNYA MEDICAL AND MOSQUITO VECTOR SURVEILLANCE//
POC/LT TONY HUGHES/NAVMCPUBHLTHCEN/LOC: PORTSMOUTH VA/TEL: COMM
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REF/A/DOC/OPNAV WASHINGTON DC/DATE//
NARR/REF A IS OPNAVINST 6250.4C NAVY PEST MANAGEMENT PROGRAMS.
RMKS/1. Background: Chikungunya is a viral disease transmitted to humans by infected Aedes aegypti and Aedes albopictus mosquitoes. Both mosquitoes are found in the United States (see www.cdc.gov/chikungunya/pdfs/chikv_vectorcontrol.pdf for mosquito distribution). Aedes aegypti and Aedes albopictus are persistent biters, feed during the daytime and prefer to breed in small containers. Chikungunya outbreaks have occurred in Africa, Europe, Southeast Asia and the Pacific. The disease has now spread to the Americas, and over 350,000 cases have been collectively reported in South America and the Caribbean. On 17 July 2014, the Florida Department of Health confirmed the first cases of locally acquired chikungunya in the United States. Additional locally transmitted cases can be expected in Florida and elsewhere in the United States where competent mosquito vectors are present.
2. Symptoms: Common symptoms of chikungunya include sudden high fever and severe joint pain that commonly involve the hands and feet. Chikungunya rarely results in death, but patients may experience chronic joint pain, arthritis and loss of energy. More information on chikungunya is available at www.cdc.gov/chikungunya. There is no vaccine or specific treatment for this disease. The only effective means of prevention is to control mosquito vector populations and protect individuals against mosquito bites.
3. Prevention: Apply 25-30% DEET or 20% picaridin based repellents on exposed skin and treat clothing with a permethrin-containing product. Wear long sleeved light colored shirts and pants whenever outdoors or in places where mosquitoes may be present. Reduce the number of breeding mosquitoes by removing water from any containers around buildings. Limit vegetation around buildings to prevent overgrowth and potential mosquito harborages.
4. Medical Surveillance: Health care providers should consider chikungunya

in patients with acute onset of fever and polyarthralgia, especially travelers who returned within two weeks from areas with virus transmission. Chikungunya cases should be reported in the Disease Reporting System Internet (DRSi). Navy reporting guidance and other chikungunya resources are available at http://www.med.navy.mil/sites/nmcphc/program-and-policy-support/Pages/Chikungunya.aspx. Navy Environmental and Preventive Medicine Units (NEPMUs) can assist operational and MTF providers with investigations, laboratory testing and vector control measures.

5. Installations.

a. Chikungunya represents an emerging threat to the United States. Naval installations at highest risk are in Mid-Atlantic, Southeast, Southwest and Hawaii regions. Current mosquito surveillance efforts in these areas shall be augmented to include day-time surveillance in order to determine the presence of chikungunya transmitting mosquitoes.

b. Per Reference A, medical departments are responsible for providing technical guidance and services for medically important pest/vector surveillance and implementing safe effective vector control when beyond the scope of local commands. Preventive medicine departments should work closely with public works departments, local and state public health departments and mosquito control districts to implement comprehensive mosquito control measures.

c. A chikungunya vector surveillance and control plan for naval installations is available at http://www.med.navy.mil/sites/nmcphc/program-and-policy-support/Pages/Chikungunya.aspx. Mosquito surveillance guidance and assistance can be obtained by contacting the Navy Entomology Center of Excellence (NECE), Fleet Support Department, Jacksonville, FL at 904-542-2424 or DSN 942-2424, or emailing: fleetsupport-nece@med.navy.mil.

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CHIKUNGUNYA MEDICAL AND MOSQUITO VECTOR SURVEILLANCE

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