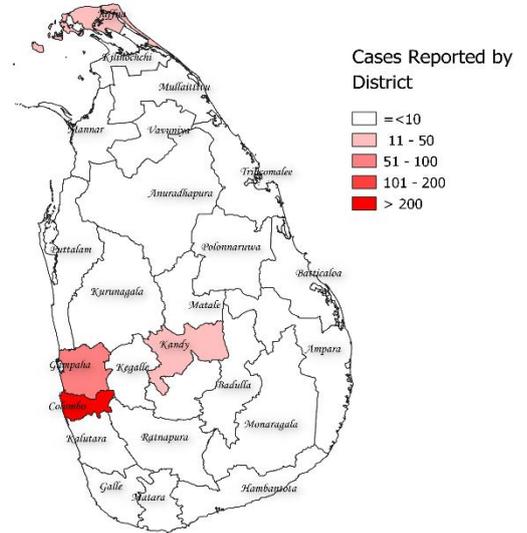


Chikungunya Surveillance Update:

From November 2024 onwards, cases of Chikungunya were reported through the Event-Based Surveillance (EBS) system. Sentinel site surveillance was initiated in three districts—Colombo, Gampaha, and Kandy—in November 2024. The system was subsequently expanded to cover other districts across the country to report Chikungunya on suspicion.

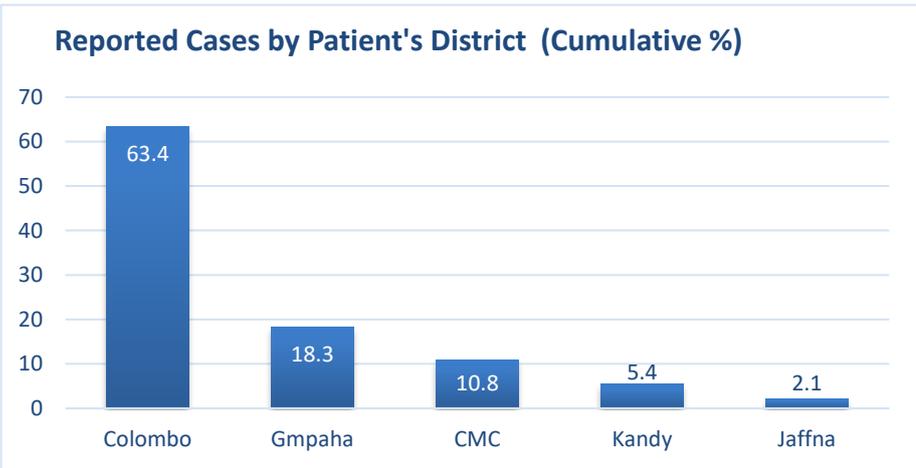
Chikungunya distribution up to May 2025



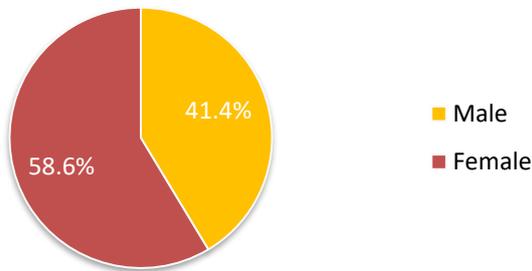
Surveillance Case Definition for a Suspected Case:

A person who lives in or has traveled in the previous 2 weeks to areas with Chikungunya transmission, and has fever* associated with arthralgia or arthritis that is not explained by other medical conditions, with or without other extra-articular manifestations that can range from mild to severe.

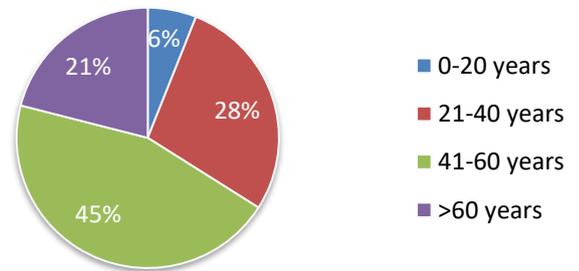
* fever is usually sudden onset lasting no more than 7 days.



Gender distribution of reported Chikungunya cases



Age distribution of reported Chikungunya cases



The primary objective for Chikungunya surveillance is to enable early detection of cases and identify potential outbreaks promptly. Timely identification supports the rapid implementation of control measures to limit transmission. Surveillance data guide local resource allocation and vector control interventions in affected areas. Additionally, ongoing monitoring aids in assessing the preparedness strategies and effectiveness of public health response.

Following is the link to be used by treating clinicians to report suspected/ confirmed cases of Chikungunya:
<https://bit.ly/Epid-cgCRF>