



Epidemiology Unit

Ministry of Health and Mass Media

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Initiation of surveillance measures for Chikungunya - 2025

It has been observed that Chikungunya and suspected Chikungunya like cases are being reported from your institutions since latter part of 2024. Samples from these cases have been tested at the Medical Research Institute (MRI), Colombo and the disease has been confirmed to be Chikungunya. Chikungunya is a mosquito borne viral disease transmitted to humans through the bites of infected *Aedes aegypti* or *Aedes albopictus* mosquitoes.

According to WHO case definition of Chikungunya,

- **Suspected case:**

A patient presenting with acute onset fever, usually accompanied by chills/rigors which lasting for 3 — 5 days, and multiple joint pains/swelling that may persist for weeks to months

- **Probable case:**

A suspected patient with the above features with any one of the following:

- a) History of travel or residence in areas reporting outbreaks
- b) Exclusion of Dengue or any other known cause for fever with joint pain
- c) Presence of post-infection hyperpigmented rash

- **Confirmed case:**

A patient with one or more of the following findings, irrespective of the clinical presentation.

- a) virus isolation in cell culture or animal inoculations from acute phase sera
- b) Presence of viral RNA in acute phase sera
- c) Seroconversion to virus specific antibodies in samples collected at least 1 — 3 weeks apart
- d) Presence of virus specific IgM antibodies in single serum collected after 5 days of onset of illness

Please ensure the implementation of the following steps in your hospital:

- Initiate fever surveillance in the Out Patient Department of your hospital.
- Medical staff at the Out Patient Departments and wards of the hospital should be informed to notify suspected chikungunya cases using the standard notification form (H544) to the relevant Medical Officer of Health (MOH) areas during this period until further notice.
- Make arrangements to complete the special surveillance form of Chikungunya fever EPID/05/CG/2025 (attached) for all clinically diagnosed and/or serologically confirmed cases in hospitals and send to the Epidemiology unit. Please instruct Infection Control Nursing Officers (ICNO) of the hospital to assist this activity.

Furthermore, please note that ICNOs will be contacted weekly by the focal point of the Epidemiology Unit for updates and coordination.

For diagnostic confirmation, testing for Chikungunya-specific IgM antibodies is available at the Medical Research Institute (MRI), Colombo and please make aware the medical staff to send blood samples for testing for all suspected cases.

Your cooperation in these efforts is critical to controlling the spread of Chikungunya and protecting public health.



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Surveillance of Chikungunya Fever – Case Investigation Form

(To be completed by the ICNO or any other responsible officer in the ward on discharge or removal of the patient. Necessary data should be obtained from the Consultant, Medical officers, BHT, Diagnosis card of the patient or from the patient / guardian)

Name of the Hospital

Date of notification //

Case No:

A- Particulars of the patient

1. Name
2. Age Yrs
3. Sex: M F
4. Ethnicity: Sinhalese Tamil Moor Others Unknown
5. Residential Address
6. Permanent Address [if different]
7. Occupation
8. DPDHS area
9. MOH area

B- Present illness/ outcome

10. Date of onset: //
11. Date of admission: //
12. Ward no:
13. BHT No:
14. Outcome: Discharged / Transferred / Died / Unknown
15. Date of discharge / Transfer / Death //
16. If transferred, name of the hospital:

C- Clinical and laboratory data

17. Fever
 - Duration
 - Recorded highest temperature.....
18. Polyarthralgia Y/N
19. Joint swelling Y/N

20. If yes which of the following joints are involved
- | | | |
|----------------------------|-----|--------------------------|
| Ankle joints | Y/N | <input type="checkbox"/> |
| Wrist joints | Y/N | <input type="checkbox"/> |
| Knee joints | Y/N | <input type="checkbox"/> |
| Small joints of hands/feet | Y/N | <input type="checkbox"/> |

21. Erythematous Maculopapular rash Y/N
 22. Hemorrhagic tendencies Y/N

23. If yes which of the following
- | | | |
|------------------------------|-----|--------------------------|
| Positive tourniquet test | Y/N | <input type="checkbox"/> |
| Petechiae | Y/N | <input type="checkbox"/> |
| Ecchymoses/ Purpura | Y/N | <input type="checkbox"/> |
| Bleeding from mucosa | Y/N | <input type="checkbox"/> |
| Bleeding from GIT | Y/N | <input type="checkbox"/> |
| Bleeding from injection site | Y/N | <input type="checkbox"/> |
| Others (Specify)..... | | |

24. Liver enlargement Y/N

D - Complications

- | | | |
|----------------------------|-----|--------------------------|
| Evidence of Encephalopathy | Y/N | <input type="checkbox"/> |
| Fulminant hepatitis | Y/N | <input type="checkbox"/> |
| Myocarditis | Y/N | <input type="checkbox"/> |
| Others (specify)..... | | |

**E - Laboratory investigations
Haematological changes**

- | | | |
|--|-----|--------------------------|
| 25. Leucopenia | Y/N | <input type="checkbox"/> |
| 26. Elevated ESR | Y/N | <input type="checkbox"/> |
| 27. Thrombocytopenia less than 100,000 | Y/N | <input type="checkbox"/> |
| 28. Increased PCV | Y/N | <input type="checkbox"/> |

29. Confirmation tests for chikungunya
- | | | | |
|--------|--------------------------------------|--------------------------------------|--------------------------------------|
| 1. IgM | 1. Positive <input type="checkbox"/> | 2. Negative <input type="checkbox"/> | 3. Not done <input type="checkbox"/> |
| 2. IgG | 1. Positive <input type="checkbox"/> | 2. Negative <input type="checkbox"/> | 3. Not done <input type="checkbox"/> |
| 3. PCR | 1. Positive <input type="checkbox"/> | 2. Negative <input type="checkbox"/> | 3. Not done <input type="checkbox"/> |
| 1. IgM | 1. Positive <input type="checkbox"/> | 2. Negative <input type="checkbox"/> | 3. Not done <input type="checkbox"/> |
| 2. IgG | 1. Positive <input type="checkbox"/> | 2. Negative <input type="checkbox"/> | 3. Not done <input type="checkbox"/> |
| 3. PCR | 1. Positive <input type="checkbox"/> | 2. Negative <input type="checkbox"/> | 3. Not done <input type="checkbox"/> |

31. Laboratory where the serological investigation was done
Name.....

F - Diagnosis

32. Initial clinical diagnosis.....
 33. Final diagnosis.....

Name/Designation & signature of the Officer reporting