

# Chikungunya fever identified in the United States

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(HealthDay)—Chikungunya fever is being seen in travelers returning to the United States from affected regions and should be considered as a diagnosis for febrile travelers, according to an ideas and opinions piece published online Sept. 23 in the *Annals of Internal Medicine*.

Davidson H. Hamer, M.D., from Boston University, and Lin H. Chen, M.D., from Mount Auburn Hospital in Cambridge, Mass., discuss chikungunya, a mosquito-borne viral pathogen, which has been identified in the United States.

The researchers noted that chikungunya emerged in the Caribbean in October 2013 and rapidly spread throughout the Caribbean and to Central and South America. Symptoms include abrupt onset of high fever, headache, back pain, myalgia, and polyarthralgia, which occur after an incubation period averaging three to seven days. The joint pain is typically symmetrical; can be severe; and generally affects the

phalanges, ankles, and wrists. One-half of patients develop rash, which is usually pruritic erythematous maculopapular eruption on the trunk. No antiviral agents are licensed for treatment, so therapy includes anti-inflammatory agents. Antivector measures can help reduce the risk for exposure. Efforts to develop live, attenuated, inactivated vaccines are ongoing. Seven hundred fifty-one imported cases have been reported in the continental United States, with autochthonous transmission in southern Florida.

"Clinicians should consider chikungunya in the differential diagnosis of febrile travelers with arthralgia and rash after visiting regions with chikungunya transmission, including the Caribbean and Central and South America," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

**More information:** [Full Text](#)

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