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Directors and Superintendents of Provincial General, District General, and Base Hospitals
Provincial Directors of Health Services
Regional Directors of Health Services
Director, Private Health Sector Development
All Medical Officers of Health
Heads of all other Curative Care Institutions

Guideline for Surveillance of Chikungunya – May 2025

Chikungunya is a mosquito-borne viral disease caused by the chikungunya virus, an RNA virus in the alphavirus genus of the family Togaviridae. It is transmitted by mosquitoes, most commonly *Aedes aegypti* and *Aedes albopictus*, which can also transmit the dengue virus. Since the latter part of 2024, chikungunya and suspected chikungunya-like cases have been reported mostly from hospitals in the Western Province. Samples from these cases have been tested at the Medical Research Institute (MRI), Colombo, and the disease has been confirmed to be chikungunya.

Given the potential for outbreaks and the need for timely detection and the initiation of response measures, this circular outlines the surveillance measures to be followed by all relevant healthcare staff.

Target Audience: These surveillance measures apply to all healthcare institutions in the curative and preventive sectors.

1. Surveillance Case Definition

- **Suspected case:**

A patient presenting with an abrupt onset of fever, usually accompanied by chills/rigors that last for 1 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 a single serum collected after 5 days of the onset of illness

2. Surveillance measures to be implemented in all hospitals

a. At the Outpatient Department of each hospital

- All treating Medical Officers at the OPD are requested to mark one cage in the designated "OPD Chikungunya Surveillance Sheet" (Annexed herewith) for each suspected case. The Infection Control Nursing Officer shall collect all completed OPD chikungunya Sheets daily, compile the data, and submit a weekly summary to the Epidemiology Unit. Please use the URL <https://epinet.health.gov.lk> for reporting.
- Special emphasis should be on the pregnant mothers and the neonates presenting with fever, considering their risk for severe disease, for early hospital admission

b. In all wards of the hospital

- All suspected/confirmed chikungunya cases presented to wards should be notified using the standard notification form (H544) to the relevant Medical Officer of Health (MOH) areas

during this period until further notice. Documentation of the chikungunya notification in the Ward Notification Register and the Institution Notification Register should be continued as other notification forms.

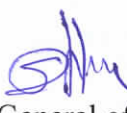
- Infection Control Nursing Officer (ICNO)/ any other designated officer shall provide a daily update on all notifying chikungunya cases to the Epidemiology Unit. Please use the URL <https://bit.ly/Epid-cgCRF> for reporting.

3. Surveillance measures to be implemented in all MOH Offices

- All chikungunya cases notified through H544 to the MOH office should be promptly entered into the MOH office notification register.
 - The Epidemiology Unit will grant access to the 'Chikungunya Case Dashboard' for relevant Regional Epidemiologists and Medical Officers of Health (MOOH), to enable real-time monitoring.
 - Preventive measures should be initiated and strengthen promptly by the MOH based on current surveillance data. MOH officers should also supervise field investigations and ensure the proper implementation of control measures through field staff.
 - Following field investigations, PHIs are required to complete the Field Investigation Report (H411 Part I).
 - MOH field staff should ensure the early detection of cases by encouraging individuals with short-duration febrile illnesses in the community to seek prompt medical attention, thereby minimizing further transmission.
 - In the presence of multiple clusters of suspected or confirmed cases, additional support, including multi-sectoral collaboration (e.g., with local authorities), should be mobilized to intensify outbreak control activities.
 - The public should be made aware of the importance of informing the treating physician about known chikungunya cases in their locality when seeking medical care for short-duration febrile illnesses.
 - MOH/PHI should strengthen community participation for a sustainable outbreak response of chikungunya, including;
- ✓ Destroy all potential mosquito breeding sites such as stagnant water in containers, used tires, blocked gutters, and improperly discarded receptacles.
 - ✓ Special attention should be given to preventing mosquito breeding at construction sites and in public places, including schools.

- ✓ Apply mosquito repellents, particularly during peak mosquito biting hours (early morning and late afternoon). Repellents may be applied to exposed skin or clothing for additional protection; however, the use of chemical repellents for infants and children under two years of age is not advisable.
- ✓ Protect children from mosquito bites during daytime hours.
- ✓ Wear protective clothing, including long-sleeved shirts and long trousers, especially during peak mosquito activity periods.
- ✓ Avoid mosquito bites during the first week of illness to minimize further transmission of the virus.

Please bring the contents of this guideline to the attention of relevant officers in your institutions/ provinces/ districts.


 Director General of Health Services

Cc: Secretary, Ministry of Health
 Additional Secretary – PHS
 Additional Secretary – MS
 DDG (PHS) I & II
 DDG (MS) I & II
 Chief Epidemiologist
 Director/ National Dengue Control Unit
 All Provincial Epidemiologists
 All Regional Epidemiologists
 All Medical Officer - Epidemiology

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OPD Chikungunya Surveillance Sheet

Suspected Chikungunya ➡ Fever + Joint Pain/Swelling +/- rash

1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72
73	74	75	76	77	78	79	80	81	82	83	84
85	86	87	88	89	90	91	92	93	94	95	96