



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.

Guidelines on the Surveillance and clinical management of Chikungunya are now available on the Epidemiology Unit's Website;

https://www.epid.gov.lk/storage/post/pdfs/en_684fe52498043_Clinical%20Management%20of%20Chikungunya%20Infection%20through%20Disease%20Phases.pdf1.

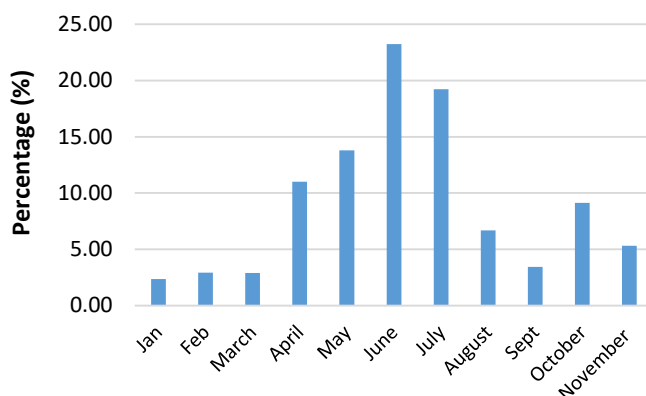
1. Guideline for surveillance of Chikungunya (May, 2025)
2. Laboratory Diagnosis and Acute Clinical Management of Chikungunya (April 2025)
3. Clinical Management of Chikungunya through Disease Phases (Reviewed and updated, June 2025)

In any area where cases fulfilling the above definition are identified, case reporting should be promptly initiated through the online system to enable timely response, prevent outbreaks, and minimize the disease burden.

Following is the link to be used by treating clinicians to report suspected/ confirmed cases of Chikungunya:

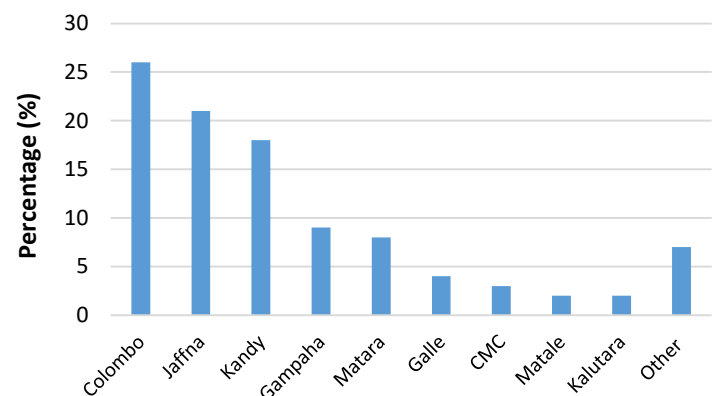
<https://bit.ly/Epid-cgCRF>

Reported Cases of Chikungunya (by Month-2025)



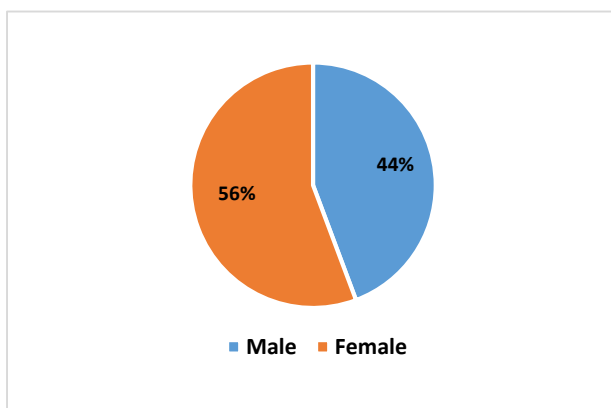
A substantial reduction in reported cases was observed in November compared to the peak months of May, June, and July.

Reported cases by patient's district (cumulative %)



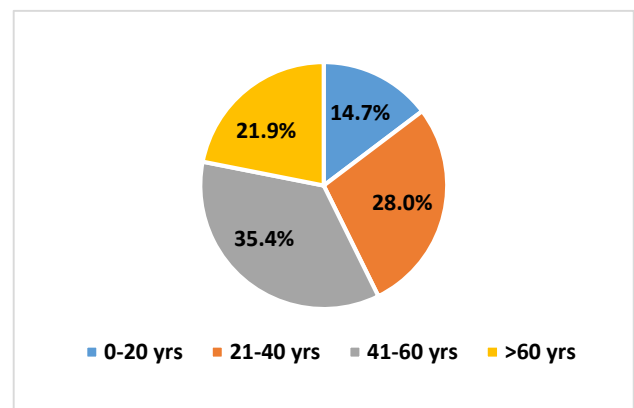
In 2025, the majority of cases were reported from Colombo, Jaffna, and Kandy.

Gender distribution of reported chikungunya cases



The majority of reported cases (56%) were among females.

Age distribution of reported chikungunya cases



The majority (35.4%) of reported chikungunya cases were among individuals aged 41–60 years.