



Public Health
England

Chikungunya in England, Wales and Northern Ireland: 2013

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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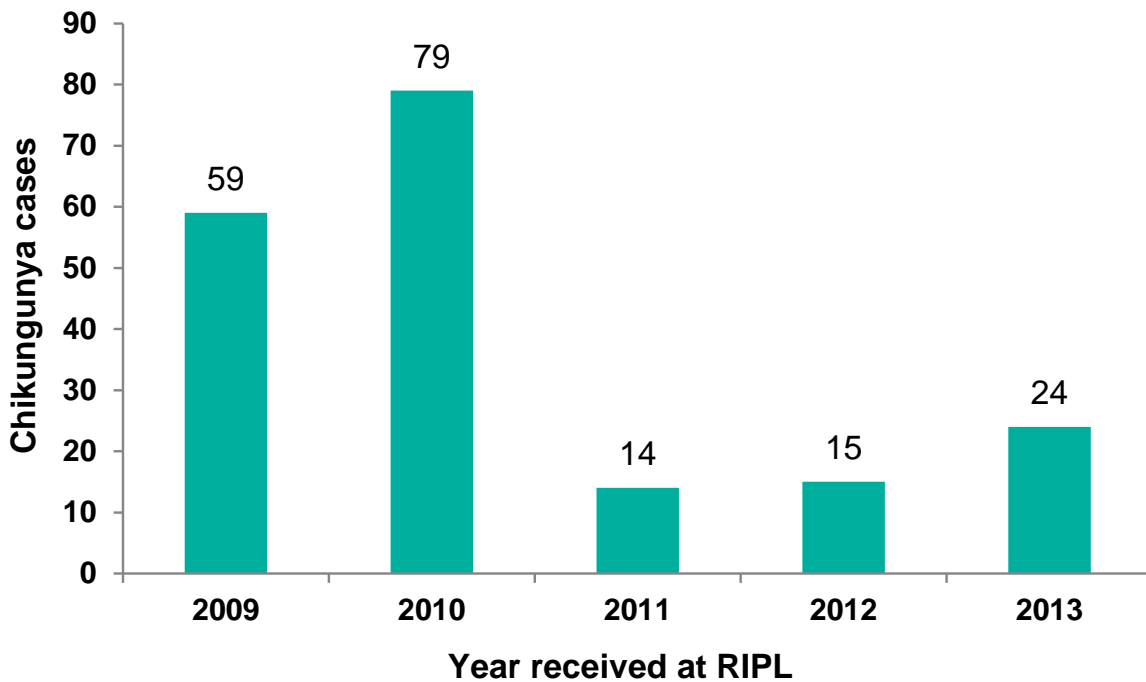
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General trend

Chikungunya does not occur in the United Kingdom; it is a travel-associated infection. The majority of cases that are reported in the UK are acquired in South and South East Asia (where chikungunya has seen a resurgence in recent years) as well as in Africa where the infection was first discovered. At the end of 2013, indigenously acquired chikungunya was first reported in St Martin, a French overseas territory in the Caribbean. As of 3 July 2014, at least 22 other countries and territories in the Caribbean and parts of South and Central America had also reported indigenous chikungunya [1] and four cases in the UK associated with travel to the Caribbean had also been reported.

In England, Wales and Northern Ireland (EWNI), there were 24 individual cases of confirmed and (9, 38%) probable (15, 62%) chikungunya reported by the PHE Rare and Imported Pathogens Laboratory (RIPL) in 2013; 60% higher than in 2012 (15 cases) [Figure 1].

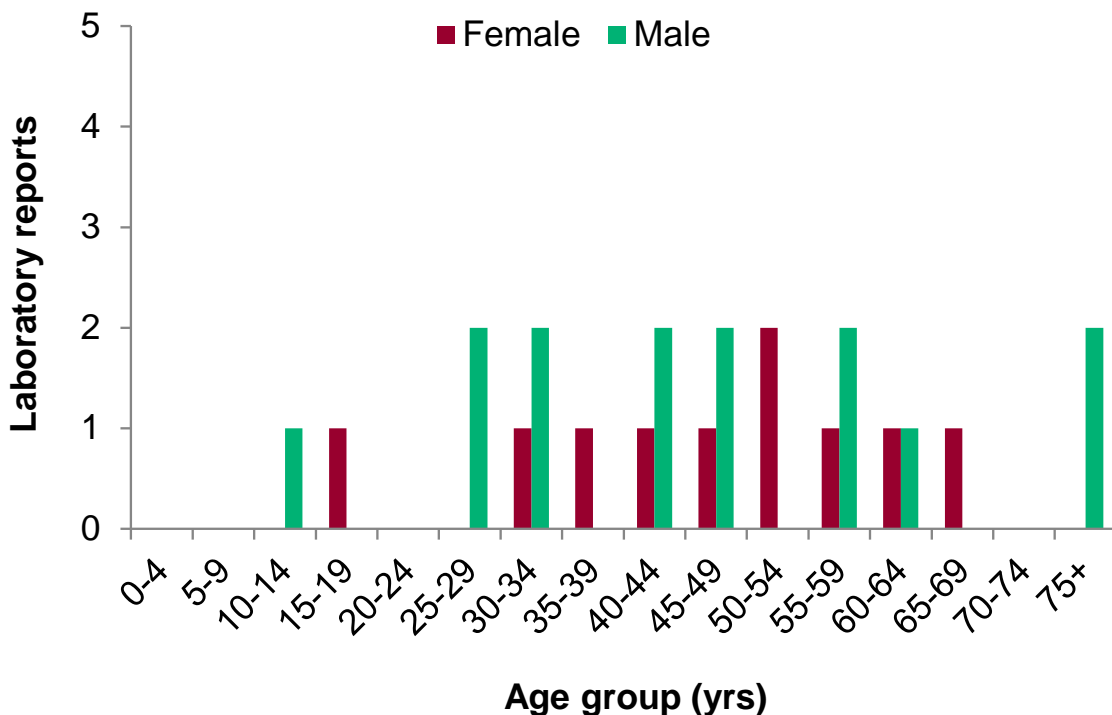
Figure 1. Laboratory confirmed cases of chikungunya, England, Wales and Northern Ireland: 2009 – 2013



Age and sex

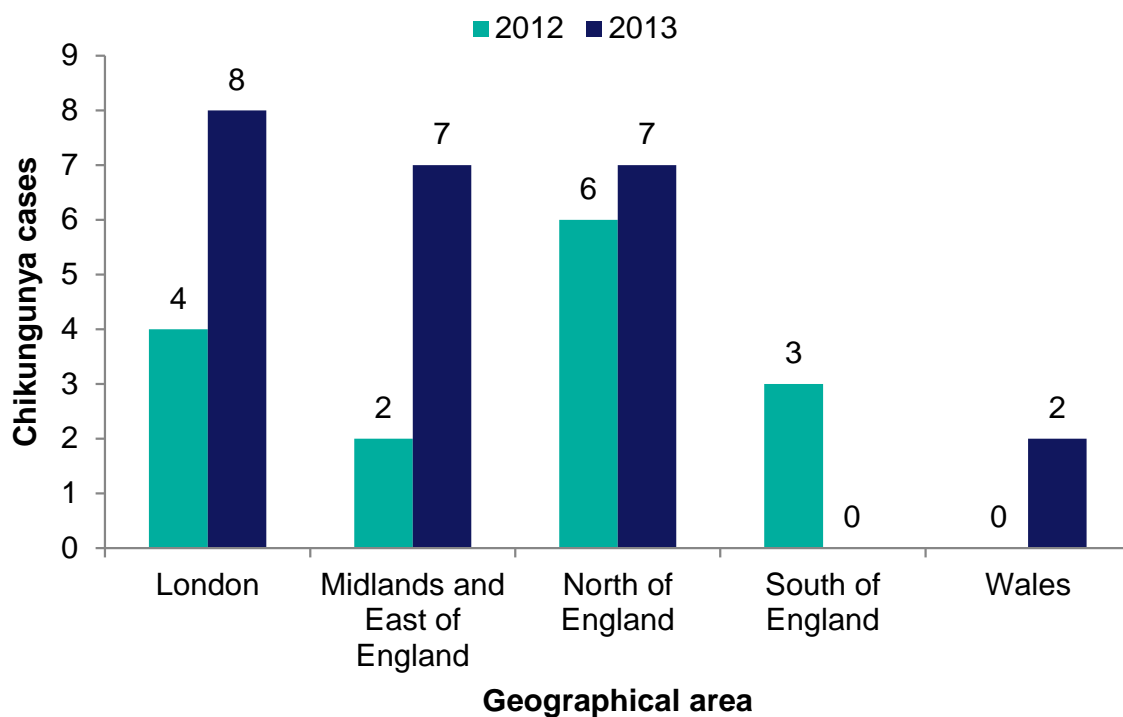
In 2013, age and sex was known for all cases of chikungunya in EWNI [Figure 2], of which 58% were male. The median age for all cases was 45.5 years [range 10-78 years], differing slightly by gender (44.5 years for males and 48 years for females).

Figure 2. Laboratory confirmed cases of chikungunya by age and sex, England, Wales and Northern Ireland: 2013 (N=24)



Geographical distribution

Figure 3. Cases of chikungunya by geographical distribution, England, Wales and Northern Ireland: 2012 and 2013



Residential postcode is not always available for chikungunya cases, therefore the geographical region of the cases are defined by the sending laboratory. London PHE Centre usually reports the highest proportion of cases but in 2013 cases were spread a bit further north [Figure 3].

Travel history

Active surveillance of chikungunya is not conducted in the UK. Clinical and travel history details for cases are dependent upon what the diagnosing clinician writes on the laboratory request form when the sample is sent to RIPL. Often clinical details such as date of onset and symptoms, past vaccination status and travel history (such as country and dates of travel) that would aid laboratory staff to confirm the diagnosis of chikungunya (or indeed other infections), are missing. The data below should therefore be interpreted with caution, especially for travel history where more than one country has been given. It is recommended that those sending samples to RIPL adhere to the guidance about what information to include, as set out in the RIPL User Manual available on the [PHE website](#).

Of 24 cases reported in EWNI, 22 (92%) had a country/ies of travel stated; travel history completeness tends to be better than that for dengue fever, likely due to there being fewer cases reported. Of these, 20 had travelled to a single country and two had travelled to three different countries. Table 1 shows the countries of travel for chikungunya in EWNI in 2013 compared to 2012.

Table 1. Chikungunya cases by country of travel, England, Wales and Northern Ireland: 2013 and 2012

Country of travel	2012	2013
India	5	10
Philippines	4	5
Indonesia	-	2
Singapore	-	2
Malaysia	-	2
Australia	-	1
Cambodia	3	1
Malawi	-	1
Thailand	1	1
Sierra Leone	-	1
Zimbabwe	1	-
Congo	1	-
Country not stated	1	2
Total	16	28

***Note that the totals in Table 1 are higher than the total number of cases as some cases travelled to more than one country. All possible countries/regions of infection are**

included for analysis if no dates of travel or onset have been stated; in reality a case is likely to have acquired his/her infection in only one country.

In 2013, as in previous years, the majority of chikungunya cases reported in EWNI are associated with travel to India and South East Asia reflecting the continued spread of this infection within those regions.

The increase in chikungunya reported in travellers in 2013 highlights the need for all travellers to be aware of the risk of chikungunya when travelling to a dengue endemic area, especially in Asia and the Caribbean, and to take precautions to avoid mosquito bites particularly during the day around dawn and dusk. Mosquito bite avoidance advice is available on the [National Travel Health Network and Centre \(NaTHNaC\) website](#).

More information about chikungunya is also available on the [PHE website](#).

Data sources

Chikungunya infections for England, Wales and Northern Ireland comprise laboratory reports from the PHE Rare and Imported Pathogens Laboratory, Porton Down (using date received by the laboratory). Data cleaning and analysis were undertaken by the PHE Travel and Migrant Health Section, Colindale.

References

1. National Travel Health Network and Centre. Chikungunya clinical updates [online] [accessed 12 June 2014]. Available at: http://www.nathnac.org/UpdatesListForm.aspx?levelone=pro&leveltwo=clinical_updates&dis ease=Chikungunya&display=all