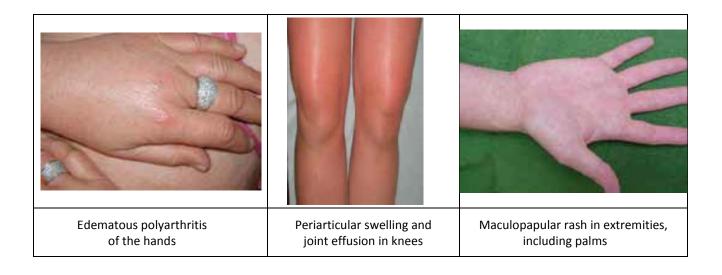
Clinical findings

- Acute onset of fever and polyarthralgia are the primary clinical findings
- Joint symptoms usually symmetric and often occur in hands and feet
- Other symptoms: Headache, myalgia, arthritis, conjunctivitis, nausea/vomiting, or maculopapular rash
- Lymphopenia, thrombocytopenia, elevated creatinine, and elevated hepatic transaminases are the most common clinical laboratory findings
- Mortality rare but joint symptoms can be severe and debilitating



Chikungunya and dengue

- Difficult to distinguish chikungunya and dengue based on clinical findings alone
- Chikungunya and dengue viruses transmitted by the same mosquitoes
- The viruses can circulate in the same area and cause occasional co-infections in the same patient
- Chikungunya virus more likely to cause high fever, severe polyarthralgia, arthritis, rash, and lymphopenia
- Dengue virus more likely to cause neutropenia, thrombocytopenia, hemorrhage, shock, and death
- Patients with suspected chikungunya should be managed as dengue until dengue has been ruled out
 - o Proper clinical management of dengue reduces the risk of medical complications and death
 - Aspirin and other NSAIDs can increase the risk of hemorrhage in patients with dengue



	Chikungunya	Dengue
Fever (>39°C)	+++	++
Arthralgia	+++	+/-
Arthritis	+	-
Headache	++	++
Rash	++	+
Myalgia	+	++
Hemorrhage	+/-	++
Shock	-	+
Lymphopenia	+++	++
Neutropenia	+	+++
Thrombocytopenia	+	+++
Hemoconcentration	-	++

Clinical and laboratory features of chikungunya virus infections compared with dengue virus infections

Treatment and clinical management

- No specific antiviral therapy; treatment is symptomatic
- Assess hydration and hemodynamic status and provide supportive care as needed
- Evaluate for other serious conditions (e.g., dengue, malaria, and bacterial infections) and treat or manage appropriately
- Collect specimens for diagnostic testing
- Use acetaminophen or paracetamol for initial fever and pain control
 - o If inadequate, consider using narcotics or NSAIDs
 - o If the patient may have dengue, do not use aspirin or other NSAIDs (e.g., ibuprofen, naproxen, toradol) until they have been afebrile ≥48 hours and have no warning signs for severe dengue*
- Persistent joint pain may benefit from use of NSAIDs, corticosteroids, or physiotherapy

*Warning signs for severe dengue include severe abdominal pain, persistent vomiting, mucosal bleeding, pleural effusion or ascites, lethargy, enlarged liver, and increased hematocrit with decrease in platelet count