

The Virgin Islands Consortium

Chikungunya Confirmed Cases Spike In Virgin Islands

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Chikungunya continues to plague the U.S. Virgin Islands, despite the Department of Health's (DOH) [projection](#) in November that the disease would no longer affect the territory by the end of February.

In November, Dr. Esther Ellis, territorial epidemiologist, said the projections were based on the length of time the disease has historically affected other nations.

"Most of the other Caribbean islands that have experienced similar outbreaks to this have lasted eight months," she said. "For St. Croix, that would be February."

However, the latest numbers released by the department shows a stark increase in the number of confirmed cases on all three islands.

[From Dec. 14 to Dec. 20](#), chikungunya rose on St. Croix to 38 confirmed cases and 519 suspected. Previously, [from Oct. 26 to Nov. 1](#), there were 12 confirmed cases on St. Croix and 338 suspected. Similarly, on St. Thomas, the disease grew from 102 confirmed cases between Oct. 26 and Nov. 1, to 228 confirmed cases to date. St. Thomas did experience a decline in the number of suspected cases, however, going from 857 to 753 from Oct. 26 to Nov. 1, and Dec. 14 to Dec. 20, respectively.

The trend on St. John resembled that of St. Thomas, as the island saw a rise in confirmed cases from 4 to 7, Oct. 26 to Nov. 1, and Dec. 14 to Dec. 20, respectively. There was a decrease in the number of suspected cases from 41 between Oct. 26 and Nov. 1, to 39 from Dec. 14 to Dec. 20.

In reference to the department's efforts in fighting the outbreak, the No. 1 method Dr. Ellis recommended is prevention. Furthermore, she pointed out that DOH's environmental department "has also been doing larvicing, which is effective in reducing the mosquito larvae population."

Dr. Ellis said the Centers for Disease Control (CDC) has also been helping the local health department in its efforts to combat chikungunya. The federal agency recently sent a team to the territory "to complete an entomological assessment and response recommendations," she pointed out.

"The entomology team surveyed selected case households to identify mosquito breeding sites and set traps to capture adult mosquitoes," she explained. "In addition, they surveyed and set mosquito traps at sites across all three islands known to be mosquito 'hot spots' in a previous dengue outbreak."

She went on to describe the work of the CDC team.

"The team observed a large number of containers in the yards of many residents that had the potential to become breeding sites for *Aedes aegypti* and *Aedes albopictus* when rainfall levels increase," she said. "Their recommendation was to ensure water-keeping cisterns, reservoirs, and barrels are covered with mosquito netting to prevent mosquitoes from using them as breeding sites. For non-potable water, it was recommended that larvicide (containing BS or Bti) be used."

VI Consortium also asked Dr. Ellis whether the health department had received adequate funding to fight chikungunya; however, in lieu of answering directly, she pointed to the department's outreach efforts.

"The most effective campaigns have been resident-to-resident," she said, adding that it "has been working with community leaders to spread awareness and empower community members that depend on their leadership."

Dr. Ellis said the health department associates "empowerment and proactivity with PSA's and radio broadcasts, and has been working closely with media partners to deliver the most effective means of prevention."

In a story the *VI Consortium* reported Dec. 8, [Dr. Ellis described](#) the DOH's chikungunya data-collection process, and advised people who may be suffering from the disease to visit their healthcare provider or one of the local clinics.

"It is recommended that if someone is sick with chikungunya they seek care from their healthcare provider or at the Charles Harwood Medical Complex clinic or Frederiksted Health Clinic," she wrote in response to *VI Consortium's* emailed questions. "In this way, a trained medical professional can evaluate the patient and determine if chikungunya is suspected or not. It's important to remember that chikungunya is very similar to dengue clinically; however, dengue can have hemorrhagic manifestations and may require care from a medical professional."

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