

The Virgin Islands Consortium

Chikungunya Holds Steady In Territory

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Chikungunya is proving to be a pesky problem for the Virgin Islands Department of Health, as it continues to hold steady in the territory after health officials told *VI Consortium* the disease [would have left the territory by February 2015](#).

The department's [own latest data show](#) chikungunya still affecting the three islands, and the number of suspected cases saw a slight increase on St. Croix.

Data released on Jan. 22 show 38 confirmed cases on St. Croix for the weekend ending Dec. 28, 2014, identical to the [Dec. 14 report](#). However, suspected cases jumped by 11 to 530 from 519.

On St. John, confirmed cases rose from seven in the Dec. 14 data to 10 in the latest report; however, suspected cases dropped on the small island by one, bringing the new total to 38 suspected case.

On St. Thomas, the numbers held steady across the board in the latest data, with 228 confirmed and 753 suspected cases.

Last December, Dr. Esther Ellis, territorial epidemiologist, said the projections that the debilitating disease would end in the territory in Feb. 2015 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, Dr. Ellis did not provide specific projections for when the outbreak is expected to end on St. Thomas or St. John."

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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