

WHAT IS IT?

Chikungunya is a mosquito-borne viral illness that can affect people travelling to certain tropical and subtropical regions. The name comes from a word meaning "to bend or become contorted," referring to the severe joint pain and stiffness that many people experience during infection.

Chikungunya should be considered in any traveller who develops a sudden fever and joint pain within two weeks of returning from an affected area. The virus is found in parts of Africa, Asia, India, Europe, and the Caribbean, and outbreaks continue to expand into new regions.

At this time, there is no vaccine available to prevent Chikungunya. Prevention focuses on strict mosquito bite avoidance, including insect repellent use, protective clothing, and accommodations with screens or air-conditioning.



HOW IS IT TREATED?

There is no specific antiviral medication that cures Chikungunya. Treatment focuses on relieving symptoms and supporting recovery. Management may include:

- Rest and adequate hydration
- Medications to reduce fever and relieve pain
- Gentle movement and stretching once fever improves to prevent stiffness

Most people recover with supportive care. However, because joint pain can sometimes persist, follow-up care may be recommended for those experiencing ongoing symptoms. If symptoms are severe, prolonged, or accompanied by concerning signs, further medical assessment is important.

WHAT ARE THE RISKS?

Travelling into areas where Chikungunya is present. Mosquitoes that transmit Chikungunya often breed close to human living areas. Even small amounts of standing water - such as water in buckets, flower pots, discarded containers, or puddles - can support mosquito breeding. This means travellers staying in areas with nearby standing water may experience higher exposure to infected mosquitoes, increasing their risk of infection.

CHIKUNGUNYA

HOW QUICKLY DO SYMPTOMS DEVELOP?

After the infecting bite, chikungunya symptoms develop within 3 to 12 days (on average, 4 to 7 days).

WHAT ARE THE SYMPTOMS?

Symptoms usually begin suddenly and often include a high fever with significant joint pain. The joint pain can be quite severe and may limit movement. While many people improve within a few days, joint discomfort can sometimes last weeks, months, or even longer.

Other common symptoms may include:

- Muscle aches
- Headache
- Fatigue
- Nausea
- Skin rash

Most people recover fully. However, in some cases, Chikungunya can lead to prolonged joint pain and, less commonly, complications involving the eyes, nervous system, heart, or digestive system. Symptoms can range from mild to more noticeable, and mild infections may go unrecognized - particularly in regions where other mosquito-borne illnesses, such as dengue, are also present.

WHAT CAN YOU DO FOR PREVENTION?

At this time, there is no vaccine available to protect against Chikungunya. For this reason, prevention focuses on strict mosquito bite avoidance, especially when travelling to areas where the virus is present. Travellers are advised to:

- Use an insect repellent containing at least 30% DEET
- Wear long sleeves, long pants, and light-coloured clothing
- Be especially cautious during early morning and late afternoon, when the mosquitoes that spread Chikungunya are most active
- Sleep in accommodations with window screens or air conditioning
- Use insecticide-treated mosquito nets, particularly for infants, young children, and older adults, and for anyone sleeping during daytime hours
- Consistent bite prevention is the most effective way to reduce your risk of infection while travelling.

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DENGUE FEVER

WHAT IS IT?

Dengue fever is a mosquito-borne viral illness spread primarily through the bite of infected *Aedes* mosquitoes. It is one of the most common mosquito-transmitted infections worldwide, with millions of cases occurring each year in tropical and subtropical regions.

Dengue is considered endemic in many parts of Africa, Central and South America, Asia, the Caribbean, and the Pacific Islands. For travellers, the highest risk is currently seen in Southeast Asia and Latin America.

Because dengue is so widespread, careful mosquito bite prevention is essential when travelling to affected areas.

WHAT ARE THE RISKS?

Your risk of Dengue fever increases when travelling to tropical or subtropical regions, particularly during warm and humid seasons. Transmission is more intense in urban and densely populated areas, including downtown and business districts.

The mosquitoes that spread Dengue (*Aedes aegypti*) are most active during the daytime, with peak biting periods in the early morning and mid-to-late afternoon. On overcast days, or when indoors, these mosquitoes may bite throughout the day and often rest unnoticed in close proximity to people.

Anyone who has not previously been exposed to the specific circulating Dengue strain in an area is at risk. Staying in accommodations without proper air conditioning, window screens, or mosquito protection increases risk - however, transmission can occur in any setting, including hotels and urban centres.





DENGUE FEVER

SYMPTOMS & TREATMENT?

After an infected mosquito bite, Dengue symptoms usually begin within 3 to 14 days. Common symptoms may include:

- Sudden high fever
- Headache
- Extreme fatigue and weakness
- Significant muscle, joint, and lower back pain
- Skin rash (which may be faint or bright red with lighter patches)

Dengue is usually a self-limiting illness that improves within about one week. Treatment focuses on symptom relief, rest, and hydration.

Most people do not require hospitalization. However, anyone with persistent fever, worsening symptoms, or signs of dehydration should seek medical care promptly.

Dengue hemorrhagic fever (DHF) and dengue shock syndrome (DSS) are rare but severe forms of dengue that may occur in people who previously have been infected with one strain of dengue virus and are later infected by a different strain (there are 4 strains). DHF and DSS begin like classic dengue but progress to abdominal pain and vomiting. The most severe cases, if left untreated, can progress to bleeding at sites of minimal trauma, circulatory failure, shock and death.

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INSECT PROTECTION

Although insects may seem like a minor nuisance, they can pose serious health risks to international travellers. Certain mosquitoes and insects can carry bacteria, viruses, and parasites that cause significant illnesses in humans, including yellow fever, malaria, dengue fever, and Japanese encephalitis. For this reason, consistent insect bite prevention is a critical part of staying healthy while travelling abroad.

CHOOSING AND USING INSECT REPELLENTS:

Using insect repellent correctly is one of the most effective ways to reduce your risk of mosquito-borne illnesses while travelling. For Canadian travellers, the preferred repellents are products containing:

- 20-30% DEET, or 20% Icaridin (Picaridin)

DEET has been used safely in Canada for many years and provides excellent protection against mosquitoes. Icaridin is a newer option in Canada but has long been recommended internationally, including by the World Health Organization, as an effective and well-tolerated alternative.

When using repellent:

- Always follow the manufacturer's instructions
- Reapply as directed, and always after swimming or heavy sweating
- Test the product on a small area of skin before your trip to check for sensitivity
- If using both sunscreen and repellent, apply sunscreen first, then repellent

Consistent and correct use of repellent is a key part of protecting yourself from insect-borne illnesses while travelling.

CHILDREN:

For children, icaridin (picaridin) is considered the preferred insect repellent choice in Canada. Products containing up to 20% icaridin are safe and effective for children six months to 12 years of age and may be applied according to product directions. Because of this safety profile, icaridin is generally recommended as the first-line repellent for children.

DEET can also be used in children, but with more restrictions:

- Ages 6 months to 2 years: up to 10% DEET once daily
- Ages 2 to 12 years: up to 10% DEET up to three times daily

Neither DEET nor icaridin should be used on infants under six months of age.

Your travel health provider can help you choose the most appropriate repellent for your child based on destination and age.

PERMETHRIN-TREATED CLOTHING

Permethrin is an insecticide derived from chrysanthemum flowers and is a safe and highly effective way to kill mosquitoes, ticks, flies, and other biting insects on contact. Travellers can purchase pre-treated clothing, bed nets, tents, and screens, or apply permethrin themselves using spray or soak products designed for this purpose. When used according to product directions, permethrin treatment can remain effective:

- For several months on clothing
- Up to six months on bed nets

Always follow the manufacturer's instructions carefully when treating items. Using permethrin-treated gear adds an extra layer of protection against insect-borne illnesses while travelling.

INSECT PROTECTION

OTHER WAYS TO AVOID INSECTS:

In addition to using insect repellent and treated clothing, there are several practical steps you can take to further reduce your risk of insect bites while travelling.

Before your trip, become familiar with the insects found at your destination, including where they are most active and when they bite (daytime vs. nighttime). This helps you plan your activities and protection accordingly.

Protective clothing is strongly recommended:

- Wear light-coloured, loose-fitting, long-sleeved shirts and long pants
- Choose closed shoes or boots instead of sandals
- In tick-prone areas, tuck pant legs into socks or boots or secure cuffs to prevent insects from crawling inside
- Wearing a hat adds extra protection

Avoid using scented soaps, perfumes, or lotions, as fragrances can attract insects. Additional tips:

- Avoid sitting directly on sand or grass - use a towel, hammock, or chair instead
- Keep windows closed unless they are properly screened
- If sleeping in areas without sealed, air-conditioned rooms, use a permethrin-treated mosquito net, especially in malaria-risk regions
- Regularly inspect nets for tears and ensure they are tucked in securely

After outdoor activities:

- Shower and check your skin for ticks or other insects
- Remove ticks promptly using fine tweezers, pulling straight out without squeezing the body
- Clean bite areas with antiseptic
- Carry a basic first aid kit when hiking or spending extended time outdoors

Taking these precautions significantly lowers your risk of insect-borne illness while travelling.

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WHAT IS IT?

Traveller's diarrhea (TD) is the most common illness affecting people who travel internationally - especially to regions where food and water sanitation standards differ from Canada.

TD is defined as:

- 3 or more loose or watery stools within 24 hours
- Often accompanied by abdominal cramping, nausea, bloating, urgency, or fatigue

Most cases resolve within 2-4 days, but symptoms can occasionally last longer or become severe.

HOW DO PEOPLE GET IT?

TD is caused by bacteria, viruses, or parasites found in contaminated food and water. You can become infected through:

- Drinking unsafe water
- Eating food washed or prepared with contaminated water
- Poor food handling practices
- Unwashed hands

Even travellers who are careful may become ill - but the risk can be dramatically reduced by following the precautions below.

FOOD SAFETY- WHILE TRAVELLING

Travelling into areas where Chikungunya is present. Mosquitoes that transmit Chikungunya often breed close to human living areas. Even small amounts of standing water - such as water in buckets, flower pots, discarded containers, or puddles - can support mosquito breeding. This means travellers staying in areas with nearby standing water may experience higher exposure to infected mosquitoes, increasing their risk of infection.

Choose These Foods:

- Freshly cooked food served steaming hot
- Bread, tortillas, crackers, baked goods
- Fruits and vegetables that you peel yourself
- Canned foods
- Food from reputable, busy restaurants
- Always wash or sanitize hands before eating

Avoid These Foods:

- Street vendor or open-air market food
- Raw vegetables, salads, garnishes
- Undercooked meat, seafood or fish
- Buffets that are not kept steaming hot
- Unpasteurized dairy (milk, cheese, yogurt)
- Creamy desserts and sauces
- Cold sauces (mayonnaise, salsa, chutneys)
- Large reef fish (may contain toxins)

SAFE DRINKING PRACTICES

Drink Only:

- Factory-sealed bottled water
- Boiled, filtered, or treated water
- Hot tea or coffee made with boiling water
- Canned or sealed bottled beverages
- Beer and wine (but not mixed with unsafe water)

Avoid:

- Tap water (even for brushing teeth)
- Ice cubes
- Fresh juice unless from sealed containers
- Unpasteurized milk
- Wet cans or bottles that haven't been wiped clean

PREVENTION OPTIONS:

Pepto-Bismol (Optional Prevention) Can reduce risk of TD when taken short-term:

- 2 tablets (or 30 ml liquid) four times daily
- Max 8 tablets or 120 ml per day
- Not recommended longer than 3 weeks

Do NOT use if you are:

- Allergic to aspirin
- Pregnant or breastfeeding
- On blood thinners
- Have kidney disease or gout
- Under age 12

Dukoral Vaccine - Dukoral is an oral (drinkable) vaccine that provides protection against:

- Cholera
- A specific strain of E. coli (ETEC) that can cause traveller's diarrhea

WHAT TO DO IF YOU GET SICK

Most cases improve within 48-72 hours without antibiotics. Seek medical care urgently if you have:

- Bloody diarrhea
- High fever
- Severe dehydration
- Symptoms lasting longer than 10 days

Rehydration (Most Important!)

Drink small, frequent sips of fluids.

Oral rehydration solutions are recommended. You can also make your own:

- 2 tbsp sugar
- ¼ tsp salt
- ¼ tsp baking soda
- ½ cup orange juice or lemon juice
- Add to 1 litre of clean water

Imodium (Loperamide):

May be used if:

- No fever
- No blood in stool

Diet While Recovering

- For 24 hours:
- Clear fluids, broth, crackers
- Then progress to bananas, rice, toast
- Avoid dairy until symptoms stop

If symptoms worsen or do not improve - Seek medical attention.

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