LETTER TO THE EDITOR

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Karachi Faces Chikungunya Surge: Urgent Action Needed to Tackle Growing Health Crisis

Sir,

Chikungunya virus, a vector-borne disease, primarily causes arthralgia, myalgia, rash, and fever, particularly affecting the knees. Karachi is currently facing a significant surge in cases, reaching epidemic levels. Since September, there has been a notable rise in patients presenting with fever and joint pain, affecting both the young and elderly. Data reveals that up to 750 patients per day are presenting at one of the major government hospitals with very similar symptoms consistent with chikungunya, with 50-150 cases being seen in each of the many government hospitals across the city.¹ Private hospitals are also seeing a substantial number of patients suffering from chikungunya virus symptoms, with many testing positive for chikungunya virus antibodies.

Although this outbreak can largely be attributed to the recent monsoon rains in July and August, government inefficiency has also played a significant role in exacerbating the situation. Elderly patients, the immunocompromised, and those with comorbidities or pre-existing joint disorders are at higher risk of developing severe complications, such as renal failure, cardiac failure, Guillain-Barre syndrome, encephalitis, and chronic joint pain.²

In addition to the ongoing outbreaks of malaria and dengue, both of which are also vector-borne, the rise of chikungunya underscores critical gaps in mosquito-control efforts. Alarm bells regarding the potential rise of chikungunya were raised as far back as 2017, yet there is still a severe lack of free adequate testing facilities.³ This hinders accurate diagnosis and impedes the identification of high-risk areas that require urgent intervention.

As Karachi grapples with this dangerous outbreak placing immense strain on its healthcare system, there are successful examples from other countries that have managed to control vector-borne diseases. For instance, Sri Lanka, a country that faced similar challenges with comparable resources, implemented effective measures.⁴ The government and relevant authorities should take note of these examples and implement effective regulations and policies. The introduction of the recently FDA-approved chikungunya vaccine, especially for vulnerable populations, would be a critical first step.⁵ Additionally, strategies such as widespread mosquito spraying, stringent surveillance in high-risk areas, and improved access to affordable testing are vital. These measures will not only help curb chikungunya but also address other vector-borne diseases such as malaria and dengue. If we fail to act now, we may face larger surges of chikungunya and other vector-borne diseases, which could further strain hospitals and healthcare systems.

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