



Revista Brasileira de Hematologia e Hemoterapia Brazilian Journal of Hematology and Hemotherapy

www.rbhh.org



Editorial

Official communique: Chikungunya virus - a press release of the Associação Brasileira de Hematologia, Hemoterapia e Terapia Celular regarding the safety of transfusions and transplants

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The number of cases of Chikungunya an alphavirus transmitted by the mosquitoes *Aedes aegypti* and *Aedes albopictus*, continues to grow. The outbreak began in the Caribbean in December 2013 and until the present nearly 305,000 suspected cases have been reported to the Pan American Health Organization/World Health Organization (PAHO/WHO). A total of 4756 of these cases have been confirmed as Chikungunya infection according to a communiqué issued online by the PAHO/WHO on July 3, 2014.

The Brazilian health authorities are attentive to the evolution of the situation in the Caribbean, which is now considered an epidemic. The Associação Brasileira de Hematologia e Hemoterapia (ABHH), through its Committee on Transfusion-Transmitted Infectious Diseases, is vigilant. According to the committee there is no reason to introduce any measures yet, though it is studying the evolution of the situation and the measures to prevent transmission by transfusion and transplantation taken by other countries during epidemics.

No cases of Chikungunya transmission have been described after blood transfusions, however, there is concern due to the many similarities with West Nile virus and dengue

virus, which have similar routes of transmission (mosquitoes and transfusion).

The first signs of the disease begin to appear between 3 and 7 days after the mosquito bite. The infection causes high fever, joint and muscle pain, rash, and headache. The disease rarely causes death, but joint pain can last for months or even years in some cases.

There is no specific treatment or vaccine to prevent infection with this virus, which most often affects under 1-year-old children, adults over 65 years of age and individuals with chronic diseases such as diabetes, and hypertension.

There were 260,000 clinical cases of Chikungunya in a population of 770,000 during an epidemic that occurred on the French island of La Réunion in the Indian Ocean in 2006. At that time, the French government suspended blood collections and sent packed red blood cells from France. Platelets were collected locally by apheresis and treated to inactivate pathogens prior to transfusion.

In 2007, a small outbreak occurred in the region of Emilia-Romagna, Italy. As in La Réunion, blood collections were suspended in the affected area and blood components

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<http://dx.doi.org/10.1016/j.bjhh.2014.07.019>

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were imported from unaffected regions. Recently European countries have introduced questions for donor selection about possible contact with the disease; donors who visited any affected region are deferred for 28 days. It is important to note that the measures were taken a few weeks after the start of the epidemic and no cases of transmission were recorded.

The ABHH remains vigilant by monitoring the spread of Chikungunya virus. So far, it has not spread within Brazil; as

to date (7/7/2014) there are only 17 cases of suspected Chikungunya fever isolated in specific regions of the country. Of these, only two cases were confirmed in Rio de Janeiro.

Conflicts of interest

The authors declare no conflicts of interest.