

**Remarks by Minister of Health
Dr. Fenton Ferguson
Address to the Nation
Sunday, September 28, 2014**

My fellow Jamaicans,

Since July, we have been battling an increase in the incidence of cases of fever with pain, among them individuals affected by the chikungunya virus. As a citizen of this country and the Minister of Health I am very concerned about this and commit to you that the Ministry will continue to do all it can to respond. I want to express my sympathies to those who have been ill and wish you a quick and full recovery. While I understand the reaction of Jamaicans to this new illness, I am concerned that the important messages are getting lost in the sea of misinformation that has been circulating.

I want to highlight a few important points:

1. Chikungunya is spread by the bite of an infected *Aedes aegypti* mosquito.
2. It is a container breeding mosquito found in and around the home and other places where people gather such as schools, businesses and places of worship. Any container in which water settles can therefore be a breeding site.
3. Persons who get chikungunya usually experience symptoms which are resolved sometimes in as little as 2-3 days but up to 7 days. However there are rare cases involving persons especially in the high risk group who experience more severe symptoms and may even have difficulty moving.
4. There is no specific cure for chikungunya. Symptoms such as fever, joint pain and rash are treated and persons are urged to take paracetamol such as panadol and cetamol among others, drink lots of fluids and get rest.
5. Chikungunya is new to the country and each individual is at risk.

I want to assure you that we have been working assiduously to implement the activities to limit or slow the spread of this illness, including vector control, community fever surveillance and health education.

Between June and up to September 12, 2014:

- Larvicidal activities were conducted in 484 communities, with 50,887 premises inspected.
- 84,015 containers were inspected for mosquito breeding.
- 24,206 containers were treated.
- Space spraying activities were carried out in 977 communities
- Community fever surveillance activities involved 15,532 persons.

- We have done direct, face to face public and community education with close to 60,000 persons. And our activities continue.

The Ministry notes that based on information from communities and private physicians there are a number of cases involving persons with fever, joint pain and rash in excess of what has been officially reported to us and which would not form part of the official numbers. We continue to investigate as we have an interest to determine all the types of viruses that are presently circulating. It is important to note that the expectation is for chikungunya cases to spike and then trend down as persons begin to build immunity to this new disease. You can only get chikungunya once.

We are aware of the impact this is having on productivity and attendance at school and work and ask employers to be compassionate and assist their staff through this difficult period. We expect that the health workforce will also be impacted and so we are putting in place an emergency response plan to ensure that we can continue to provide care to the population.

I want to point out that this time of year we generally see an increase in cases of dengue which is transmitted by the same mosquito that spreads chikungunya. In 2012, we had a total of 5,929 suspected dengue cases and in 2013, we had 925 cases. Dengue is even more serious than chikungunya as the death rate is much higher. While there are exceptions deaths from chikungunya usually occur in persons with an otherwise compromised immune system. The death rate from chikungunya is less than one percent compared to dengue which is 1-5 percent and influenza which kills millions each year. I want to appeal to persons in the high risk group including pregnant women, infants, children under five years old and persons with chronic illnesses such as diabetes, hypertension and cardiovascular disease, to seek medical care immediately if they experience symptoms that could be chikungunya.

It will take a comprehensive response to really deal with the spread of dengue and chikungunya. That is why I am meeting with stakeholders to establish how we can continue to work together going forward. The first meeting was Thursday, September 25, 2014 and involved Mayors, Local Government, Transport and Works, Tourism and the Water, land, Environment and Climate Change Ministries, the National Solid Waste Management Authority, the National Water Commission and others as we put plans in place for a national clean-up effort. I want to make the point that this is not the first set of stakeholder meetings that we have had. Even before we had the first case, we began to engage stakeholders including the Ministry of Education to assist with the response.

The only real workable strategy is the destruction of mosquito breeding sites and personal protection. While the Government must lead the process, citizens have a major role to play in the reduction of the spread of this disease. It is therefore important for all of us to ensure that we are not harbouring this mosquito in our environment to prevent the spread of both dengue and chikungunya. Personal responsibility is going to be paramount in the reduction of the spread of this disease. Take ten minutes

each week and look around your home, your school, your workplace, your church and ensure that there is no uncovered container with water that could breed mosquitoes.

I implore every citizen to join us when we declare national cleanup day. Let us take charge of our health and restore national pride. Let's make Jamaica the country where we all want to live, work, raise families and do business.

Thank you.