

S2_Table. Data extraction

1st author (year) [ref]	Country and year of study	Study Design	N Total / Gender	Age	Diagnosis type/ Date extraction type	Outcomes	Comments
Eyer-Silva et al (2016)	Brazil, 2016	Case report	n=1 1 M	36	1 confirmed Chikungunya Clinical and laboratory Examinations (RT-PCR)	severe acute arthritis in a finger joint previously damaged by trauma	
Guillot et al (2020)	France (2018 to 2019)	longitudinal observational monocentric study	N=30/ 20 F 10 M	F (66 [49–83]) M (33 [17–51])	30 confirmed Chikungunya Clinical and laboratory Examinations	7 (23.3%) Radiographic structural damage (joint erosions and/or joint space narrowing)	After the 2005–2006 outbreak, 159 patients were first referred to a rheumatologist for post-chikungunya chronic musculoskeletal pain, 73 of them were diagnosed with classifiable chikungunya-related chronic inflammatory rheumatic diseases. Thirty of these 73 patients were clinically evaluated by a second rheumatologist in 2018–2019.
Manimunda et al (2010)	India (June 2008 to April 2009)	longitudinal follow-up study	N=203 107 F 96 M	F (median 36.5; IQR 28–48) M (median 33.5; IQR 22.5–50).	203 confirmed Chikungunya Clinical and laboratory Examinations (Anti-CHIKV IgM antibody)	In 20 patients the presence of RF and anti-CCP was tested. (5/20) patients showed radiolucent lesions on the X-ray suggestive of bony erosion. In MRI: (16/20) patients: joint effusion (4/20) patients: erosion; (7/20) patients: marrow oedema/erosion; (4/20) patients: synovial thickening (2/20) patients: tenosynovitis (3/20) patients: tendinitis.	A subpopulation of the patients with joint pain (20/94) was tested for rheumatoid factor (RF) and anti-cyclic citrullinated peptide (anti-CCP) antibody, and the joints were imaged by X-ray and magnetic resonance imaging (MRI). Findings suggestive of degenerative disease of the joints, tearing of menisci and cruciate ligaments were also observed.

Bouquillard and Combe (2009)	France (February 2006 to July 2007)	a prospective follow-up study	N = 21 13 F 8 M	Mean age 57.3 ± 12.2 years)	21 confirmed Chikungunya Clinical and laboratory Examinations (IgM or IgG antibodies)	Radiographic analysis of hands and feet At diagnosis: 5 (23.8%): erosions 12 (57.1%): joint space narrowing At ~24 months' follow-up 17 (81%): erosions 17 (81%): Joint space narrowing	Patients with possible RA after CHIKV infection and RA according to the 1987 American College of Rheumatology Criteria. The mean delay between CHIK fever onset and RA diagnosis was 10 months (range 4–18).
Leidersnaider et al (2021)	Brazil (January 2018 to March 2020.	cross-sectional study	N=30 26 F 4 M	a mean ± SD 54.7 ± 10.0 years.	30 confirmed Chikungunya IgG serology in 23 patients (76.7%), IgM and IgG serology in 3 (10%), IgM serology alone in 2 (6.6%) and PCR in 2 (6.6%)	MRI: 11 (36.7%): bone marrow edema 8 (26.2%): bone erosion 5 (16.7%): subcutaneous edema US: 25 (83.3%): effusion or synovial thickening 1 (3.3%): bone erosion	Mean elapsed time between the diagnosis and US examination was 336.1 ± 251.7 days, For MRI, the mean elapsed time was 337.5 ± 251.7 days
Mogami et al (2017)	Brazil (June to October 2016)	cross-sectional observational study	N=50 44 F 6 M	mean age was 56.9 6 13 years	laboratory diagnosis of CHIKF (IgM/IgG)	US: 42 (84%): joint synovitis 37 (74%): effusion and/or synovial thickening Radiographic Findings: 31 (62%): Normal 9 (18%): Periarticular or diffuse osteopenia 7 (14%): Osteoarthritis 5 (10%): Increase of soft parts 4 (8%): Nonspecific findings 1 (2%): Marginal erosions	ultrasound exams were performed 3.97 6 1.09 months after the onset of the disease
Malvy et al (2009)	France (2007)	Case report	N=1 M	60 years	IgM-capture and an IgG-capture enzyme-linked	Radiography: Subchondral defect of the 2nd and 3rd right proximal interphalangeal	Transcriptomic and protein analysis revealed individual genes which could be implicated in the

					immunoabsorbent assay	finger joints as well as of the 3rd, 4th and 5th left distal interphalangeal joints. MRI: Bilateral periosteal inflammation Oedematous carpal Carpis synovitis Bone destruction Intra-articular swelling	pathogenesis of chronic arthritis
Mizuno et al (2011)	Japan (2006 to 2009)	Case report	N=6 4 F 2 M	F 36, 39,39,56 M 30,52	IgM-capture enzyme-linked immunoassay and a plaque reduction neutralizing antibody assay	MRI: 1 patient with extensive intermediate-signal-causing carpal styloid erosions	None
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