



Chikungunya Cases Rise: South African Travellers Urged to Take Care May 2025

Chikungunya virus (CHIKV) outbreaks have occurred across Africa, the Americas, the Caribbean, Asia, Europe, and the Indian and Pacific Oceans. As of 4 May 2025, the Americas reported the highest number of CHIKV cases globally: 135,654 cases, including 54,377 confirmed infections. Outbreaks have recently re-emerged in Réunion, Mayotte, Mauritius, Somalia, and Sri Lanka. This resurgence comes nearly 20 years after the significant 2005–2006 outbreak that began in Comoros and spread to Réunion, Mayotte, Mauritius, the Seychelles, and Madagascar. Réunion experienced an explosive outbreak, with 264,000 infections out of a population of 770,000 and 237 associated deaths. Mayotte reported approximately 7,300 cases during that period.

The first autochthonous (locally transmitted) case in over a decade was reported in La Réunion in August 2024. Since the beginning of 2025, case numbers and geographic spread have significantly increased, especially from March onward. As of 4 May 2025, over 47,500 cases and 12 deaths were reported in La Réunion. The virus was first introduced in Mauritius on 15 March, and by the end of April, 26 cases had been confirmed. Mayotte reported 116 cases by 4 May. The first imported case of this outbreak was identified on 5 March.

CHIKV is a mosquito-borne virus of the genus *Alphavirus* and family *Togaviridae*. It is transmitted to humans by bites from *Aedes aegypti* and *Aedes albopictus* mosquitoes in a dengue-like cycle, characterized by mosquito-mediated, direct human-to-human transmission in urban settings. Clinical features of chikungunya include fever, muscle pain, rash, arthralgia, and arthritis. While the disease is usually self-limiting, symptoms can be severe and debilitating, with arthritis persisting chronically in some cases. Infected individuals are not directly contagious to others.

The Indian Ocean islands are popular holiday destinations for South Africans. Local outbreaks in South Africa could occur if returning travellers with high viral loads are bitten by *Aedes aegypti* mosquitoes, which are found in urban areas across much of the country. These mosquitoes are especially prevalent along the east coast, particularly in KwaZulu-Natal and the Eastern Cape, as well as in the high-altitude Gauteng Province.

In South Africa, laboratory surveillance of suspected arbovirus infections is conducted by the Arbovirus Reference Laboratory (ARL) of the National Institute for Communicable Diseases (NICD), Centre for Emerging Zoonotic and Parasitic Diseases, a division of the National Health Laboratory Service, in collaboration with certain private laboratories. As of April 2025, ARL has reported three travel-related cases of confirmed or probable chikungunya in South Africa. In March and April, two travellers returning from Mauritius to the Western Cape were identified, one confirmed by PCR as an acute case and another classified as probable based on IgM serology. Additionally, in April, a probable travel-related case was diagnosed in the Western Cape after a traveller arrived from Kenya.

Recommendations for Travellers:

1. Seek medical attention during or after travel if you experience fever, joint pain, headache, muscle aches, joint swelling, or rash. CHIKV and dengue symptoms usually appear shortly after returning from affected regions due to incubation periods of up to 14 days.
2. Pregnant individuals are advised to reconsider travel to affected areas due to potential health risks.
3. Prevent mosquito bites, especially during the day and late afternoon. Use effective insect repellents on exposed skin, wear long-sleeved clothing and trousers, and stay in air-conditioned or well-screened environments.
4. Note: There are currently no licensed or available vaccines for CHIKV in South Africa.

In November 2023, a live-attenuated vaccine (IXCHIQ) was approved for use in adults aged 18 years and older. In February 2025, a virus-like particle vaccine (VIMKUNYA) was licensed for use in individuals aged 12 years and above. However, following reports of serious adverse events in May 2025, health authorities, including the US Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC), and the European Medicines Agency (EMA), have suspended the use of IXCHIQ in persons 60 years of age and over.