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Chikungunya virus disease- Global situation report 2025

The World Health Organization have published a report on the current global situation of chikungunya virus disease (CHIKV)

On 3 October 2025, the World Health Organization (WHO) published an update on the current global situation of chikungunya virus (CHIKV) disease [1]. Between 1 January and 30 September 2025, a total of 445,271 suspected and confirmed cases of CHIKV (155 deaths) were reported globally. Some WHO Regions are experiencing significant increases in case numbers compared to 2024, while others are currently reporting lower case numbers The distribution of cases across regions has been uneven with some countries reporting a resurgence in numbers during 2025.

As of December 2024, current or previous local transmission of CHIKV had been reported from 119 countries and territories across six WHO regions. The potential for further geographical spread is highlighted by the fact that 27 countries and territories have established competent vector populations (*Aedes aegypti* and *Aedes albopictus* mosquitoes) but have not yet documented local CHIKV transmission.

So far in 2025 the region of the Americas has reported the highest number of cases followed by the European region (largely from French Overseas Departments in the Indian Ocean such as La Réunion which reported a large outbreak of 54,517 cases and 40 deaths during 2025).

Chikungunya is a viral infection caused by the chikungunya virus (CHIKV), an alphavirus which is spread to humans through the bite of an infected female *Aedes* mosquito [1]. These mosquitoes bite primarily during daylight hours, particularly at dawn and dusk, with *Aedes aegypti* feeding both indoors and outdoors and *Aedes albopictus* feeding primarily outdoors.

While the overall fatality rate is low, severe disease can occur. The elderly, particularly those with underlying medical conditions, and infants are most vulnerable to severe infections. Newborns can be infected during delivery or bitten by infected mosquitoes in the weeks after birth.

Symptoms include:

- sudden onset of fever
- severe joint pains (arthralgia) and muscle pains (myalgia)
- headaches
- nausea
- fatigue
- skin rashes

The symptoms usually improve within 1–2 weeks, but the joint pains can be severe and may persist for months or even years.

The WHO report recommends improvements in health care capacity, surveillance, testing, outbreak management and vector control strategies in order to reduce the impact of CHIKV infections in the future.

Advice for travellers

Before you travel

Check our Country Information pages to research general health risks, prevention advice and any vaccine recommendations. Chikungunya vaccination may be considered for individuals aged 12 years of age and over who are:

- travelling to regions with a current chikungunya outbreak
- long-term or frequent travellers to regions with an increased risk of chikungunya
- exposed to the chikungunya virus through their work, such as laboratory staff working with the virus

Outbreaks of CHIKV will be reported on our Outbreak Surveillance database.

While you are away

As many insect and mosquito infections are spread by day-biting mosquitoes, take particular care with bite avoidance especially around dawn and dusk.

Reduce your risk of mosquito spread illnesses, like chikungunya, by wearing long sleeves/trousers, applying insect repellent regularly and following insect and tick bite avoidance advice.

Insect repellent should be applied after sunscreen and regularly reapplied after any activities, including swimming.

50% DEET (N, N-diethyl-m-toluamide) based insect repellents are the most effective repellents currently available and can be used in pregnancy, breastfeeding and for children from two months of age. If DEET is unsuitable, alternative insect repellents containing Icaridin (Picaridin) or Eucalyptus citriodora oil, hydrated, cyclized or 3-ethlyaminopropionate should be used.

See Mosquito bite avoidance for travellers for more advice.

If possible natural or man-made water filled containers, which may act as mosquito-breeding sites, should be removed.

When you return

If you have symptoms (for example, a high fever, severe joint pains, muscle pains, headaches, sensitivity to light or skin rashes) get urgent medical advice. Remember to tell your treating healthcare professional where you have visited.

Advice for health professionals

Health professionals advising travellers can check our Country Information pages for vaccine recommendations and specific risk advice.

UK Health Security Agency and NaTHNaC have reviewed chikungunya epidemiology and the updated recommendations for individual countries are available on the Country Information pages. Detailed advice about the use and contraindications of the available vaccines will be available in the Green Book chikungunya chapter in the coming months. For now, please see the JCVI news item and the Chikungunya factsheet for details. Also see our previous news item for further details: Chikungunya vaccination information.

Health professionals who suspect a mosquito or insect spread infection such as chikungunya in a recently returned traveller, should discuss this urgently with their local microbiology, virology or infectious diseases consultant. A full travel/clinical history will need to be provided. They may advise that appropriate samples are sent for testing to specialist laboratory facilities at the Rare and imported pathogens laboratory (RIPL) in the UK.

Resources

- Country Information
- Outbreak Surveillance
- Chikungunya factsheet
- Insect and tick bite avoidance
- Chikungunya vaccination information
- Mosquito bite avoidance: advice for travellers – GOV.UK

References

1. World Health Organization Chikungunya virus disease – Global situation. 3 October 2025 [Accessed 7 November 2025]