University of Colorado Infectious Diseases Travel Bulletin

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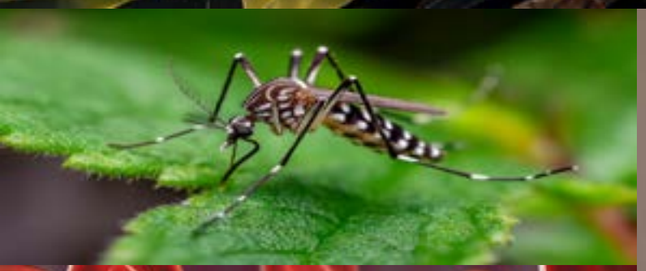

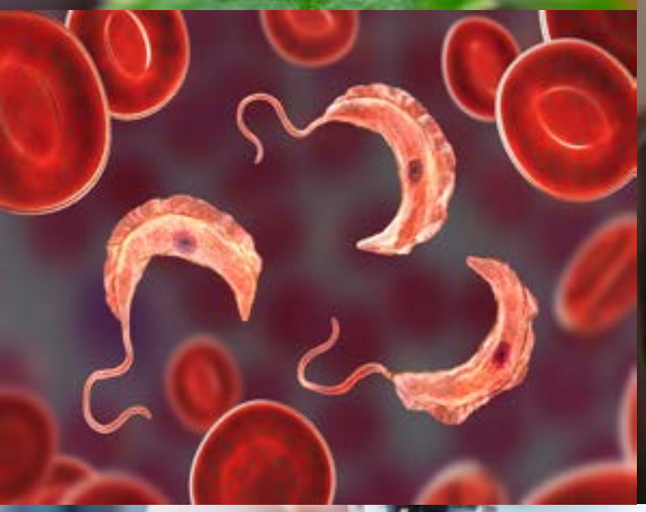

CHIKUNGUNYA

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As of June 26, 2025, the U.S. CDC maintains a Level 2 Travel Health Advisory for Bolivia as well as the Indian Ocean region, which includes Kenya, Madagascar, the Maldives, Mayotte, Mauritius, Réunion, Somalia, Sri Lanka. In La Réunion, over 47 500 cases and twelve associated deaths have been reported as of 4 May 2025.

In addition, U.S. travelers visiting the following countries are at elevated risk of exposure to Chikungunya virus: Brazil; Colombia; India; Mexico; Nigeria; Pakistan; Philippines; Thailand.

Both Ixchiq (live) and Vimkunya (non-live VLP) Chikungunya vaccines are available in the ID Clinic pharmacy.

DENGUE

Per the WHO, Dengue is a grade 3 emergency, with an estimated 4 billion people at risk globally. As of June 2025, the WHO Dengue Situation indicates that over 6 million Dengue cases and 7,552 related fatalities have occurred in 2025.

As of June 18, 2025, the U.S.CDC has identified a higher-than-expected number of

CONTENTS

WHO/CDC OUTBREAKS

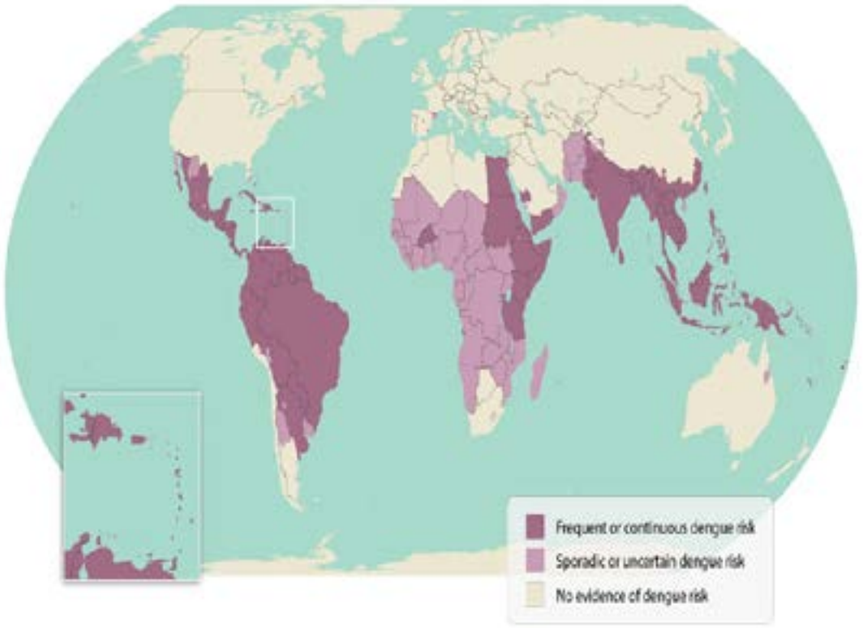
DENGUE

Dengue cases among U.S. travelers returning from Brazil, Colombia, Comoros, Cook Islands (New Zealand), Ecuador, including the Galápagos Islands, Fiji, French Polynesia (Tahiti, Moorea, and Bora-Bora), Marquesas Islands and Austral Islands, Guadeloupe, Guatemala, Kiribati Panama, Philippines, Samoa, Sudan, Tonga.

Transmission of Dengue virus remains high in the U.S. territories of Puerto Rico and the U.S Virgin Islands.

CDC advises clinicians to consider Dengue in patients with fever who live in or have recently traveled to areas with a risk of Dengue.

DENV-3 is the most common (84%) serotype identified in 2025. Currently, only Puerto Rico is offering Dengue vaccinations in the United States.



East African Trypanosomiasis

There have been several cases of East African sleeping sickness among travelers returning from safari areas in Zambia and Zimbabwe (see map). Sleeping sickness is spread by the bites of infected tsetse flies.

East African sleeping sickness progresses quickly, and treatment is necessary to prevent severe illness and death within weeks to months.

To prevent sleeping sickness, travelers to the outbreak area should:

•Wear medium-weight, neutral-colored clothing, including long-sleeved shirts and pants. Tsetse flies are attracted to bright colors and may bite through lightweight clothing.

•Inspect vehicles for tsetse flies before entering. Tsetse flies are yellow to dark brown in color, about the size of a housefly, and hold their wings over their back when at rest.

•Avoid bushes where tsetse flies may be resting.

•Pay attention to posted signs warning about tsetse flies or fly spraying in the area. Avoid areas where black or blue tsetse fly traps are present.

•Insect repellents have not proven effective in preventing tsetse fly bites.

•Seek medical care immediately for headache, fever, fatigue, rash, myalgias, or chancre during or after travel to safari regions of Zambia or Zimbabwe.

MEASLES

Measles cases are rising in many countries around the world. To alert international travelers, the U.S. CDC updated its Global Measles Outbreak Travel Health Advisory on May 28, 2025. This Level 1 advisory includes Canada.

All international travelers should be fully vaccinated against measles with the MMR vaccine, according to CDC's measles vaccination recommendations for international travel.

For travelers aged 12 months or older, two doses of MMR at least 28 days apart are recommended.Acceptable evidence of immunity against measles includes at least one of the following:

•Written documentation of adequate vaccination
•Laboratory evidence of immunity
•Laboratory confirmation of measles
•Birth in the United States before 1957

Oropouche Virus

A Travel Health Notice has been issued for Oropouche Virus in the Americas (see map). Travelers to affected areas should:

•Take steps to prevent bug bites.

•Consider using condoms or not having sex during travel and for 6 weeks after returning from travel.

YELLOW FEVER

MULTI-COUNTRY YELLOW FEVER OUTBREAK IN SOUTH AMERICA

A 4-fold increase in Yellow Fever cases has been observed since January 2025 in South America compared to the number of cases reported in 2024. Some of these cases have been reported in new areas in Bolivia, Colombia, and Peru that border areas where vaccination has historically been recommended (see map). Almost all cases reported in both 2024 and 2025 have occurred in unvaccinated individuals.

Travelers to these newly affected areas (see map) are now recommended to get vaccinated.

VACCINE UPDATE

IXCHIQ® Chikungunya vaccine from Valneva SE was approved by the U.S. in 2023, in Canadia, Europe, United Kingdom, and Brazil. As of 2025, 80,000 doses have been distributed worldwide**. Per CDC, and EMA, vaccination was suspended in older individuals (60 years and older) in May 2025, pending investigation of 17 serious adverse events (including encephalopathy, cardiac, and CNS events) and 2 deaths (US and Réunion).** Also, Chikungunya-like illness (CLI) after vaccination is a safety outcome of interest. (See ID Clinic experience right). There is insufficient safety data available to recommend during pregnancy or breastfeeding.

VIMKUNYA®, a non-live Chikungunya virus-like particle (VLP) vaccine produced by Bavarian Nordic A/S, was approved for individuals 12 years of age and older in the U.S. and Europe in February 2025. The FDA's approval of VIMKUNYA was based on data from two phase 3 studies that assessed the vaccine's effectiveness based on anti-chikungunya virus neutralizing antibody levels in over 3500 healthy participants 12 years and older. Adverse reactions in individuals 12-64 included injection site pain (23.7%); fatigue (19.9%); headache (18%); and myalgia 17.6%. Adverse reactions in people > 65 years included injection site pain (5.4%); myalgia (6.3%); and fatigue (6.3%). No CLI or severe unsolicited adverse events were noted.

ACIP recommends VIMKUNYA for individuals aged 12 and older traveling to a country or territory with a Chikungunya outbreak or with an elevated risk for U.S. travelers, particularly if planning extended travel, or for laboratory workers with potential exposure to chikungunya. VIMKUNYA is administered as a 40 µg dose by a muscular injection. People with a lowered immune system, including people receiving medications that affect the immune system, may have a diminished response to VIMKUNYA vaccination. VIMKUNYA vaccine should generally be deferred until after delivery but may be warranted if risk is high and exposure is unavoidable. Avoid vaccination during the first trimester and after the 36th week of gestation. Breastfeeding is not a contraindication or precaution for vaccination with Vimkunya.