



Stay safe from CHIKUNGUNYA

This pamphlet was developed by **Skymedcare** in collaboration with **Dr. David H. Hamer** (Prof. MD, FACP, FIDSA, FASTMH, FISTM; Department of Global Health and Medicine, Boston University School of Public Health, Boston, MA, USA) and **Dr. Tom Solomon** (Prof. CBE, FRCP, FMedSci; Chair of Neurological Science, University of Liverpool and Director of The Pandemic Institute, Liverpool, UK).

FAST FACTS ABOUT CHIKUNGUNYA^{3,4}

- Chikungunya is caused by the bite of *Aedes* mosquitoes that carry the chikungunya virus.
- Common symptoms include acute onset of high fever associated with severe joint pain.
- Although some treatments can help relieve symptoms, there are no specific medicines to treat chikungunya disease.
- You may be eligible to receive the chikungunya vaccine. Your doctor will advise you on the recommended use for travelers.



Quick Tips for Mosquito Bite Prevention^{1,2}

FLASH CARD 1 of 2 – flip over to find out more!

Before your trip...

- If going to affected areas or countries arrange a pre-travel medical consultation 4 to 6 weeks before your trip.

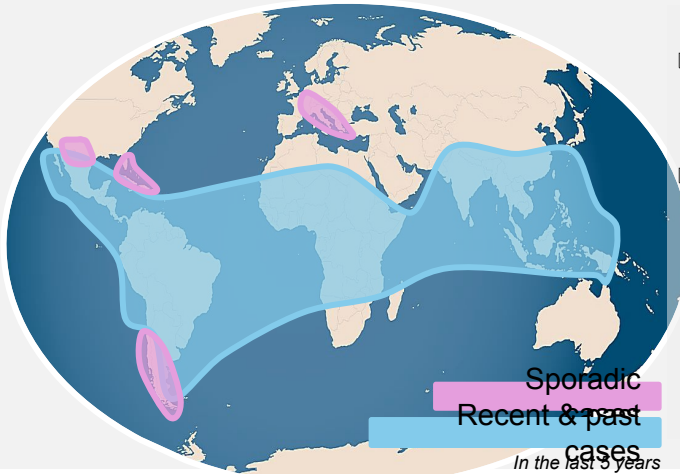
During your trip, reduce the risk of mosquito bites by using:

- Mosquito nets and window screens
- EPA-registered mosquito repellents on skin
- Insecticides (i.e., permethrin) on clothes
- Long-sleeved shirts and long pants
- Loose-fitting, light-colored clothes.

Also, cover containers and regard pooled water.



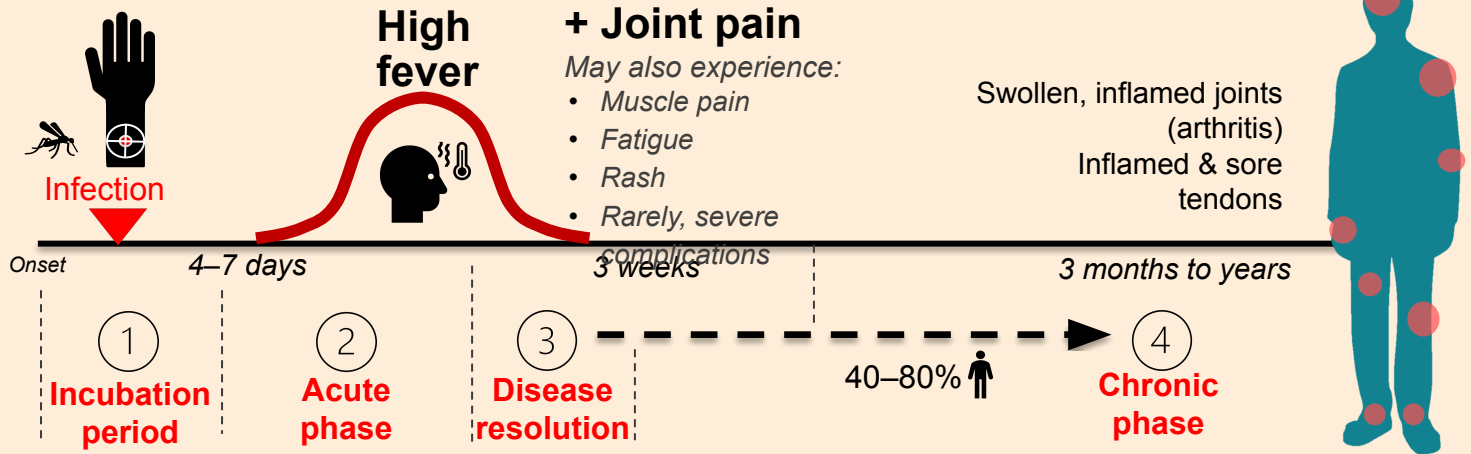
Chikungunya globally^{5,6}



Areas at risk:⁷

- Chikungunya virus circulates in tropical and subtropical areas.
- Outbreaks have occurred in most parts of the world, including Africa, the Americas, Asia, Europe, and islands in the Indian and Pacific Oceans.

Disease progression^{4,8}



Risk factors for severe disease:⁹⁻¹¹

- Age ≥65 years
- Newborns
- People with underlying medical conditions

Risk factors for chronic disease:^{12,13}

- Age >45 years
- Severe or long-lasting acute disease
- High viral load during acute phase
- Intense immune response in post-viremic phase
- People with underlying medical conditions



If you think you are at risk, go to the nearest clinic right away.

After your trip: even if you are not sick, prevent mosquito bites for 3 weeks after your trip to avoid spreading the virus.¹

Talk to your doctor if you need more information



References: 1. CDC – Preventing mosquito bites while traveling. Available from: www.cdc.gov/mosquitoes/prevention/preventing-mosquito-bites-while-traveling.html. Accessed 2025, May 3.

2. CDC – Preventing mosquito bites. Available from: www.cdc.gov/mosquitoes/prevention/index.html. Accessed 2025, May 3. 3. CDC – About chikungunya. Available from: www.cdc.gov/chikungunya/about/index.html. Accessed 2025, May 3. 4. Grabenstein JD, Tomar AS. *Travel Med Infect Dis.* 2023;54:102603. doi: 10.1016/j.tmaid.2023.102603. 5. Weaver SC, et al. *Annu Rev Med.* 2018;69:395–408. doi: 10.1146/annurev-med-050715-105122. 6. CDC – Areas at risk for chikungunya. Available from: www.cdc.gov/chikungunya/data-maps/index.html. Accessed 2025, May 3.

7. Bartholomeeusen K, et al. *Nat Rev Dis Primers.* 2023;9(1):17. doi: 10.1038/s41572-023-00429-2. 8. Freppel W, et al. *Virulence.* 2024;15(1):2396484. doi: 10.1080/21505594.2024.2396484. 9. WHO – Chikungunya. Available from: www.who.int/news-room/fact-sheets/detail/chikungunya. Accessed 2025, May 3. 10. PAHO – Chikungunya. Available from: www.paho.org/en/topics/chikungunya. Accessed 2025, May 3. 11. CDC – Chikungunya CDC Yellow Book 2026. Available from: www.cdc.gov/yellow-book/hcp/travel-associated-infections-diseases/chikungunya.html. Accessed 2025, May 3.

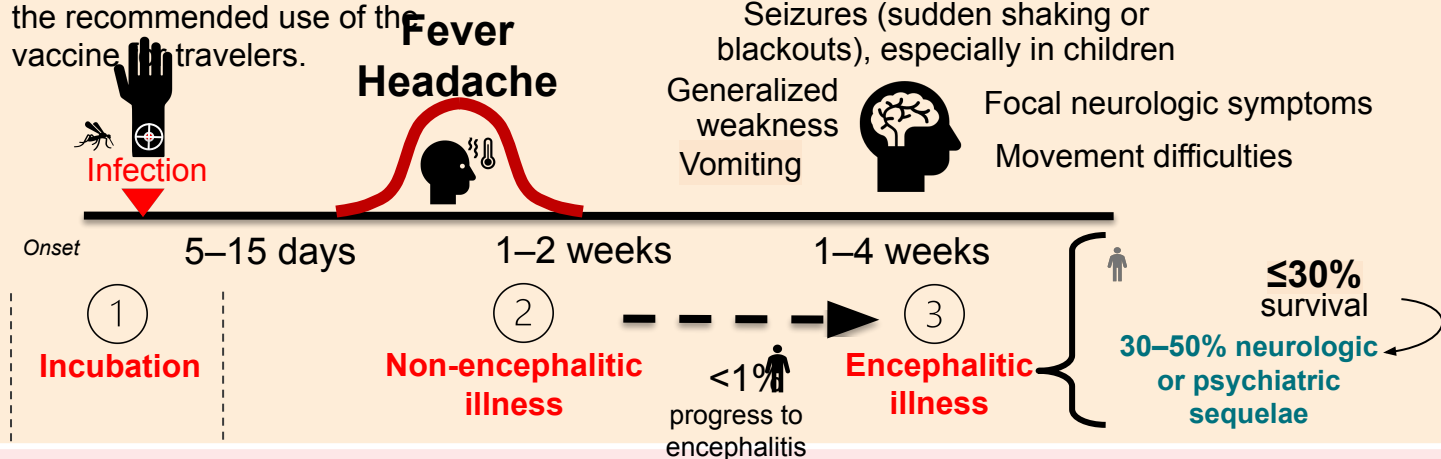
12. Ng WH, et al. *QJM.* 2024;117(7):489–494. doi: 10.1093/qjmed/hcae028. 13. Silva LA, Dermody TS. *J Clin Invest.* 2017;127(3):737–749. doi: 10.1172/JCI84417.

Stay safe from JAPANESE ENCEPHALITIS

FAST FACTS ABOUT JAPANESE ENCEPHALITIS VIRUS (JEV)^{3,4}

- Japanese encephalitis is caused by the bite of mosquitoes that carry the JEV, especially transmitted by the *Culex* species.
- Most infections occur with no or minor symptoms like sudden high fever and headache. In <1% of cases, encephalitis (brain inflammation) may occur, which can be fatal in 20–30% of cases or cause long-term neurologic complications in up to half of survivors.
- There are no specific medicines to treat Japanese encephalitis disease.
- JEV is the leading cause of vaccine-preventable encephalitis in

Disease progression^{3,7–10}
See more information on the recommended use of the vaccine for travelers.



Although most travelers are at low risk of infection (<1%).^{7,8,11,12}

- Most adults living in endemic areas have developed immunity through infection or vaccination, but travelers are at risk of Japanese encephalitis at any age.
- The risk of developing Japanese encephalitis in travelers is hard to determine, however:
 - Although progression to encephalitis is rare, non-endemic travelers may be at a higher risk of severe illness than endemic residents
 - The ratio of symptomatic to asymptomatic infections has been reported to be as high as 1 in 25 (non-immune adults) to 1 in 250–1,000 (children)
 - The elderly may be more susceptible to developing encephalitis.

If you think you are at risk, go to the nearest clinic right away.

Talk to your doctor if you need more information



Quick Tips for Mosquito Bite Prevention^{1,2}

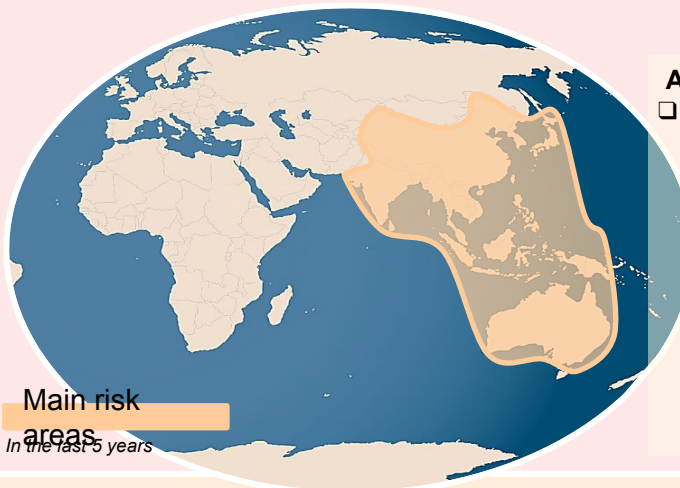
FLASH CARD 2 of 2 – flip over to find out more!

If you suspect you have been infected:

- See a doctor right away. Explain your symptoms and provide details of any recent travel.
- Avoid self-medicating.
- Stay well hydrated by drinking plenty of fluids.



Japanese encephalitis globally^{5,6,7}



Areas at risk: 4,7,8

- Japanese encephalitis historically found in Asia and Oceania. The virus spreads seasonally in some regions, while in others, it occurs throughout the year.