



# Department of Health

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**TO: Healthcare Providers, Hospitals, and Local Health Departments (LHDs)**

**FROM: New York State Department of Health (NYSDOH)  
Bureau of Communicable Disease Control (BCDC)**

## HEALTH ADVISORY: CHIKUNGUNYA VIRUS

*Please distribute to the Infection Control Department, Emergency Department, Infectious Disease Department, Obstetrics/Gynecology (including Nurse Practitioners and Midwives), Family Medicine, Travel Medicine Service, Pediatrics, Director of Nursing, Medical Director, Laboratory Service, Pharmacy, and all patient care areas.*

- The New York State Department of Health (NYSDOH) is advising healthcare providers on procedures to test and report suspected cases of chikungunya (CHIK) virus.
- Locally-acquired cases of CHIK have recently been [reported](#) in France and Italy and [outbreaks](#) have been reported in several other areas including China, several countries in Africa, and Sri Lanka.
- Réunion (an island near Madagascar) has also experienced significant morbidity recently, although case counts are declining.
- The Centers for Disease Control and Prevention (CDC) has issued Level 2 Travel Health Notices for Bolivia, the Indian Ocean region, and China, encouraging travelers to these countries to practice enhanced precautions because of CHIK outbreaks.
- While CHIKV is not routinely found in the United States, there is a risk that the virus can be imported to new areas by infected travelers and in recent years, there have been cases of locally-acquired CHIK in the United States.
- To date, no locally transmitted cases have been reported in NYS. Two cases have been reported in travelers returning to NYS in 2025.
- Clinicians are reminded that:
  - Prompt diagnosis of CHIK is important in returning travelers
  - Vaccination should be considered for some people planning travel to areas with CHIK activity
  - Patients should be counseled about precautionary measures they can take to protect themselves from CHIK
- A map of the current geographic distribution of CHIK can be found at: <https://www.cdc.gov/chikungunya/data-maps/index.html>
- Chikungunya virus (CHIKV) is transmitted to people by certain types of mosquitoes, most commonly *Aedes aegypti* and *Aedes albopictus*.
- *Aedes aegypti* mosquitoes are not found naturally in NYS. *Aedes albopictus* mosquitoes are established in southeastern NYS; however, the risk of local transmission remains low.

## **CLINICAL EVALUATION AND DISEASE**

CHIK is most often characterized by acute onset of fever and polyarthralgia following an incubation period typically lasting 3-7 days. Joint symptoms are generally bilateral and symmetric and can be severe and debilitating. Other symptoms may include headache, myalgia, arthritis, and rash. While rare, CHIKV can also cause viral encephalitis. Clinical laboratory findings can include lymphopenia, thrombocytopenia, and elevated creatinine. There is no specific treatment for CHIK and the disease is usually self-limited although some patients may experience persistent arthralgia.

Several other arboviruses should be considered in the differential diagnosis depending on travel history and exposures. Dengue, Zika, and CHIK viruses are transmitted by the same mosquitoes and have similar clinical features. These viruses can circulate in the same area and can cause occasional co-infections in the same patient. CHIKV infection is more likely to cause high fever, severe arthralgia, arthritis, rash, and lymphopenia, while dengue virus infection is more likely to cause neutropenia, thrombocytopenia, hemorrhage, shock, and death. Ruling out dengue virus infection is important because proper clinical management of dengue can improve the disease outcome. In general, the signs and symptoms of Zika virus are mild, though maternal infections can cause congenital infections.

## **PREVENTION**

Patients who are travelling to areas with CHIK activity should be counseled to protect themselves by preventing mosquito bites. Patients should be advised to consider the use of EPA-registered insect repellent, wear long sleeves and pants, and stay in places with air conditioning or that use window or door screens.

Travelers should be reminded to visit the CDC Travel Notice page prior to travel as the page informs travelers and clinicians about current health issues that impact travelers' health, like disease outbreaks, special events or gatherings, and natural disasters, in destinations around the world. Currently, the CDC has issued Level 2 Travel Health Notices for CHIK in Bolivia, the Indian Ocean region, and China. Additional information is available at <https://wwwnc.cdc.gov/travel/notices>.

Patients diagnosed with CHIK should be reminded to protect themselves from mosquito bites in order to prevent possible local mosquito-borne disease transmission.

## **VACCINATION**

A CHIK virus-like particle vaccine (VIMKUNYA) is available in the United States. The vaccine is licensed for people aged 12 years and older. Vaccination should be considered for some travelers at higher risk of exposure to CHIKV and for some laboratory workers. Please note, the FDA removed the vaccine IXCHIQ on August 22, 2025. <https://www.fda.gov/safety/medical-product-safety-information/fda-update-safety-ixchiq-chikungunya-vaccine-live-fda-suspends-biologics-license-fda-safety>

## **REPORTING CASES OF CHIKUNGUNYA VIRUS**

Under NYS Public Health Law 2102 and 10 NYCRR 2.10, health care providers must **immediately report** by telephone any patient with suspected viral encephalitis. The report should be made to the LHD of the patient's county of residence. Viral meningitis is also reportable under public health law, but immediate notification is not required.

Other suspected presentations of arboviral infection, including those associated with CHIK, are also reportable. Prompt reporting of suspected cases with no travel history is particularly important as these may indicate local transmission and the need for public health intervention.

Provider reporting requirements also apply to patients who are diagnosed and treated based solely or in part on clinical presentation and history.

### **SPECIMEN COLLECTION AND REFERRAL FOR TESTING**

CHIK testing is available through a number of NYS-permitted commercial laboratories and the Wadsworth Center. CHIK can be diagnosed by nucleic acid testing during the acute phase of infection or by serologic testing after the first week of illness. CHIKV antibodies normally develop toward the end of the first week of illness. Therefore, to definitively rule out the diagnosis, convalescent-phase samples should be obtained from patients whose acute-phase samples test negative. Positive CHIKV-specific IgM antibody results should be confirmed by neutralizing antibody testing at a state public health laboratory or CDC, as false positive IgM results can occur.

Information about online test requests for testing at the Wadsworth Center, supporting information, and report access can be found here:

<https://www.wadsworth.org/programs/id/electronic-test-request-reporting-new>

**In all cases where clinicians are seeking testing through Wadsworth Center, it is imperative that specimens be sent to Wadsworth Center only after consultation with the LHD of the patient's county of residence or BCDC.**

### **ADDITIONAL INFORMATION**

<https://www.health.ny.gov/diseases/communicable/chikungunya/>

<https://www.cdc.gov/chikungunya/hcp/clinical-signs/index.html>

If you have any questions regarding this information, please contact your LHD or the NYSDOH Bureau of Communicable Disease Control at (518) 473-4439 or via email at

[bcdc@health.ny.gov](mailto:bcdc@health.ny.gov) Contact information for LHDs is available at

[https://www.health.ny.gov/contact/contact\\_information/](https://www.health.ny.gov/contact/contact_information/)