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UPDATE TO FORCE HEALTH PROTECTION MEASURES FOR COUNTRIES

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SUBJ/UPDATE TO FORCE HEALTH PROTECTION MEASURES FOR COUNTRIES
IMPACTED BY CHIKUNGUNYA VIRUS OUTBREAKS IN THE USAFRICOM THEATER
MSGID/GENADMIN/MIL-STD-6040 (SERIES)/B.0.01.10/AFRICOM
J3/-/AUG/-/-/USA/UNCLASSIFIED/-/

SUBJ/(U) UPDATE TO FORCE HEALTH PROTECTION MEASURES FOR COUNTRIES
IMPACTED BY CHIKUNGUNYA VIRUS OUTBREAKS IN THE USAFRICOM THEATER//

REF/A/DOC/-/CDC/15MAY24//
REF/B/DOC/-/DOS/18JUN25//
REF/C/DOC/-/CDC/10JUN25//
REF/D/DOC/-/WRAIR-A/25JUN25//
REF/E/DOC/-/CDC/06DEC24//
REF/F/DOC/-/CDC/15MAY24//
REF/G/DOC/-/CDC/06DEC24//
REF/H/DOC/-/FDA/01AUG25//
REF/I/DOC/-/FDA/01AUG25//
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REF/K/DOC/-/CDC/15MAY24//
REF/L/DOC/-/DHA/26AUG24//
REF/M/DOC/-/AFHSD/11NOV22//
REF/N/DOC/-/USAFRICOM/18MAR25//

NARR/(U)

Ref A is the U.S. Centers for Disease Control and Prevention, Summary of Chikungunya (<https://www.cdc.gov/chikungunya/about/>).

Ref B is the U.S. Department of State Medical Notice 09-25: Chikungunya Outbreak, Embassy Nairobi.

Ref C is the U.S. Centers for Disease Control and Prevention, Travelers' Health Notice Specific to Chikungunya in the Region of the Indian Ocean (<https://wwwnc.cdc.gov/travel/notices/level2/chikungunya-indian-ocean-islands>).

Ref D is the Walter Reed Army Institute of Research Africa (WRAIR-A) Monthly Routine Findings.

Ref E is the Centers for Disease Control and Prevention, Website on Chikungunya Symptoms, Diagnosis, & Treatment (<https://www.cdc.gov/chikungunya/symptoms-diagnosis-treatment/>).

Ref F is the Centers for Disease Control and Prevention Website on Clinical Signs of Chikungunya Virus (<https://www.cdc.gov/chikungunya/hcp/clinical-signs/index.html>).

Ref G is the Centers for Disease Control and Prevention, Website on Transmission of Chikungunya (<https://www.cdc.gov/chikungunya/php/transmission>).

Ref H is the Food and Drug Administration, Package Insert: Full Prescribing Information for the VIMKUNYA vaccine. Retrieved August 1, 2025, (<https://www.fda.gov/media/185477/download>).

Ref I is the Food and Drug Administration, Package Insert: Full Prescribing Information for the IXCHIQ vaccine. Retrieved August 1, 2025, (<https://www.fda.gov/files/vaccines-blood-biologics/published/Package-Insert-IXCHIQ.pdf>).

Ref J is the Food and Drug Administration and the Centers for Disease Control and Prevention Website, FDA and CDC Recommend Pause in Use of IXCHIQ (Chikungunya Vaccine, Live) in Individuals 60 Years of Age and Older While Postmarketing Safety Reports are Investigated, retrieved August 1, 2025, (<https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/fda-and-cdc-recommend-pause-use-ixchiq-chikungunya-vaccine-live-individuals-60-years-age-and-older>).

Ref K is the Centers for Disease Control and Prevention Website on Clinical Testing of Chikungunya (<https://www.cdc.gov/chikungunya/diagnosis-testing/index.html>).

Ref L is Defense Health Agency Memorandum for All Defense Health Agency (DHA) Medical Treatment Facilities (MTFs).

Ref M is the Armed Forces Reportable Medical Events Guidelines and Case Definitions from Defense Health Agency (<https://health.mil/reference-center/publications/2022/11/01/armed-forces-reportable-medical-events-guidelines>).

Ref N is United States Africa Command Instruction 4200.09B (18 Mar 25), Force Health Protection Requirements and Medical Guidance for Entry into the United States Africa Command Theater.//

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GENTEXT/SITUATION/

1. (U) Summary: Chikungunya virus is a mosquito-borne viral disease found in many parts of the world, including Africa (Ref A). While chikungunya is rarely fatal, it can lead to prolonged morbidity and impact mission readiness. In response to an ongoing chikungunya outbreak in the Region of the Indian Ocean, the U.S. Africa Command (USAFRICOM) recommends vaccination for DoD personnel traveling to

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Kenya, Madagascar, Mauritius, Mayotte (France), Reunion (France), and Somalia. Enhanced force health protection measures in these areas, including vector control, wearing permethrin treated uniforms, using insect repellent containing diethyltoluamide (DEET), and sleeping under permethrin treated mosquito netting when possible, should be reinforced to prevent virus transmission and illness.

2. (U) Background.

2.A. (U) Mosquitoes pose major health risks to travelers in Africa because they carry malaria, dengue fever virus, yellow fever virus, West Nile virus, chikungunya virus, and many other viral and parasitic diseases.

2.B. (U) Chikungunya virus belongs to a group of viruses called alphaviruses that are spread through bites of infected mosquitos.

2.C. (U) On 18 Jun 25, the U.S. Embassy Nairobi issued a medical notice for an outbreak of chikungunya virus in Kenya's coastal region (Ref B).

2.D. (U) The U.S. Centers for Disease Control and Prevention (CDC) concurrently issued a traveler health notice for Level 2 - Practice Enhanced Precautions regarding Chikungunya in the Region of the Indian Ocean, which includes: Kenya, Madagascar, Mauritius, Mayotte (France),

Reunion (France), Somalia, and Sri Lanka (Ref C).

2.E. (U) On 14 Jul 25, the Global Emerging Infection Surveillance (GEIS) Armed Forces Health Surveillance Division (AFHSD) detected four

cases of chikungunya in samples from Kenyan personnel on Manda Naval Base (Ref D).

2.F. (U) Following the GEIS surveillance results, Walter Reed Army Institute of Research - Africa (WRAIR-A) submitted a request for outbreak response funds for expanded surveillance during the outbreak (Ref D).

3. (U) Symptoms.

3.A. (U) Symptoms of chikungunya virus usually begin 3-7 days after a bite from an infected mosquito (Ref E).

3.B. (U) The most common symptoms are fever and joint pain, but may also include headache, muscle pain, joint swelling, and/or rash (Ref E).

3.C. (U) While rarely fatal, infection can lead to prolonged morbidity and may impact mission readiness long-term.

3.D. (U) Acute symptoms typically resolve within 7-10 days. However, some patients may have persistence or relapses of rheumatologic symptoms following initial onset of illness (Ref F).

4. (U) Transmission.

4.A. (U) The virus is primarily spread to people through the bite of infected mosquitos (including a. aegypti and ae. albopictus) (Ref G).

4.B. (U) Rare cases can be spread through blood transfusion, handling infected blood in a laboratory, or coming into contact/needle sticks while drawing blood from an infected patient (Ref G).

4.C. (U) Rare in utero transmission has been documented, as well as intrapartum transmission (Ref G).

5. (U) Preventive force health measures.

5.A. (U) Vector control measures should be reinforced, as these are crucial for curbing mosquito populations in areas with DoD personnel.

5.B. (U) Personnel should wear permethrin-treated clothing (military uniforms and civilian attire) while in Africa. For uniforms, the

label indicates whether it is factory treated and for how many washes the treatment is effective. Typically, treated uniforms provide 90% protection for up to 50 washes. When treating civilian clothing, permethrin binds best to clothing containing greater than 50% cotton fibers. Follow the manufacturers' recommendations for reapplication frequency.

5.C. (U) Uniformed personnel should wear uniforms properly to minimize exposed skin (cover, sleeves rolled down, pants tucked into boots, and undershirt tucked into waistband).

5.D. (U) Apply approved insect repellent (containing at least 25% DEET or 20% Picaridin) to exposed skin and outer clothing, unless pre-treated. One application of DEET lasts 6-12 hours and one application of Picaridin lasts 8 hours. More frequent application is required for

personnel experiencing heavy sweating and/or immersed in water.

5.E. (U) Use permethrin or other approved treated bed nets properly (hoisted above and around the bed to the floor so sleeper is not touching netting) in at-risk areas to minimize exposure during rest/sleep periods, to include when staying at a fixed facility.

5.F. (U) Vaccination is an effective preventative measure against chikungunya virus. USAFRICOM recommends, but does not require, vaccination in accordance with CDC Guidelines for personnel traveling to the following countries: Kenya, Madagascar, Mauritius, Mayotte (France), Reunion (France), and Somalia, for any amount of time (regardless of travel duration).

5.F.1. (U) There are two FDA approved options for vaccination: VIMKUNYA and IXCHIQ.

5.F.2. (U) VIMKUNYA is a virus-like particle vaccine.

5.F.2.A. (U) The most common adverse reactions to VIMKUNYA (>10%) in individuals 12 through 64 years of age include: injection site pain (23.7%), fatigue (19.9%), headache (18.0%), and myalgia (17.6%) (Ref H).

5.F.3. (U) IXCHIQ is a live-attenuated vaccine.

5.F.3.A. (U) IXCHIQ may cause severe or prolonged chikungunya-like adverse reactions. Other reactions include: injection site reaction (>10%) including tenderness (10.6%); headache (31.6%); fatigue (28.5%); myalgia (23.9%); arthralgia (17.2%); fever (13.5%); and nausea (11.2%) (Ref I).

5.F.3.A.1. (U) The Food and Drug Administration (FDA) and the CDC recommend a pause in the use of IXCHIQ in individuals 60 years of age and older to investigate reports of serious adverse events, including neurologic and cardiac events, in individuals who have received the vaccine (Ref J).

5.G. (U) Service Components responsible for personnel in outbreak areas should procure chikungunya vaccines to ensure availability.

5.H. (U) Pending future CDC declarations of chikungunya outbreaks, those affected countries not already listed in this GENADMIN would be included in these guidelines and should follow the same preventive force health measures.

6. (U) Suspected/confirmed cases.

6.A. (U) Clinicians should test personnel with relevant travel history

with fever, joint pain, and/or other symptoms of a possible chikungunya infection.

6.B. (U) These symptoms are nonspecific, which means that chikungunya should be considered in any febrile person deployed to or traveling from a country in areas with chikungunya endemicity. Testing

information is included in Section 7 (below).

6.C. (U) Personnel with symptoms should seek medical evaluation and inform the Military Treatment Facilities (MTFs) or healthcare provider(s) of their symptoms/illness if they are currently in Africa or have recently returned from travel to Africa.

6.D. (U) It is crucial to use insect control/prevention measures surrounding the suspected/confirmed patient, as mosquito bites during the first week of illness onset or first week of symptoms perpetuate the cycle of infected mosquitoes and increase the potential spread of the virus (Ref E).

6.E. (U) Those with suspected or confirmed chikungunya should not travel internationally until recommended by a medical provider.

7. (U) Testing.

7.A. (U) Chikungunya virus disease can be diagnosed by nucleic acid testing during the acute phase of infection or by serologic testing after the first week of illness (Ref K).

7.B. (U) During the first 8 days of illness, chikungunya viral RNA can often be identified in serum using Reverse Transcription-Polymerase Chain Reaction (RT-PCR). A culture may detect the virus in the first 3 days of illness. Chikungunya virus should be handled under Biosafety Level (BSL) 3 conditions (Ref K). Consult Public Health or receiving laboratory for sample shipment guidance.

7.C. (U) The BioFire Global Fever Special Pathogens Panel contains two assays for species-level detection of all chikungunya virus strains.

7.D. (U) Lab testing may also be offered by host nation facilities; for further information on accepting laboratories or hospitals contact International SOS (ISOS) Call Center (24/7/365) at +44 20 8762 8384.

8. (U) Case Reporting.

8.A. (U) Clinicians must alert the local Public Health Department or equivalent authority to ensure appropriate testing and facilitate exposure risk assessments for the geographic area. Military Treatment Facilities (MTFs) should respect host nation public health reporting requirements.

8.B. (U) Based on the current CDC case definition, the MTF will report suspected, probable, and confirmed cases of chikungunya within 24 hours (Ref L).

8.C. (U) Chikungunya is considered an Armed Forces Reportable Medical Event (RME). Ensure that for all cases that meet the case definition, the RMEs are reported at the earliest case classification required and updated regularly as more clinical and/or laboratory information becomes available (Ref J).

8.D. (U) Document relevant travel and deployment history occurring within the incubation period and the circumstances under which the case patient was exposed, including duty exposure, occupational activities, environmental exposures, or other high-risk activities (Ref M).

9. (U) Treatment, Medical Consult, and Evacuations.

9.A. (U) There is no specific medical treatment for chikungunya (Ref E).

9.B. (U) Supportive care - including rest, fluids, and pain medication

- may relieve symptoms (Ref E).

9.B.1. (U) Potential chikungunya cases may take medication such as acetaminophen or paracetamol as needed to reduce fever and pain (Ref E).

9.B.2. (U) Do not take aspirin or other Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), such as ibuprofen, until dengue can be ruled out to reduce risk of bleeding (Ref E).

9.C. (U) The Advanced Virtual Support for Operational Forces (AD.VI.S.O.R.) Line provides 24/7 telephonic access for urgent/emergent on-demand consultation services by calling 833-ADVSRN

(833-238-7756) or DSN 213-429-9089. This includes access to specialists in Emergency Medicine and Critical Care.

9.D. (U) Overseas MTFs/locations. If at any time a patient requires a higher level of care, coordinate transfer through the International SOS (ISOS) Call Center (24/7/365) at +44 20 8762 8384.

10. (U) Travel to the USAFRICOM Area Of Responsibility (AOR).

10.A. (U) Travelers to the USAFRICOM AOR should continue to follow the

latest DC guidelines and adhere to the Host Nation requirements found in the Foreign Clearance Guide (FCG).

10.B. (U) Currently there are no USAFRICOM chikungunya vaccine requirements or chikungunya vaccine Host Nation entry requirements.

10.C. (U) Commanders will educate their personnel traveling to countries listed about the risk for chikungunya, how exposure can be avoided, and that it is a vaccine-preventable disease (to encourage by-choice vaccination).

10.D. (U) Units may consult the USAFRICOM Command Surgeon's office or Component Surgeon's Office for additional insight or updates on screening, travel restrictions, and chikungunya vaccine entry requirements.

10.E. (U) Travelers will continue to follow Force Health Protection (FHP) guidance, policies, and procedures IAW (Ref N).

11. (U) Points of Contact.

11.A. (U) USAFRICOM J004 (Office of the Command Surgeon). Ms. Michelle

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12. (U) This GENADMIN approved for release by COL Michael I. Cohen,
USAFRICOM Command Surgeon, J004.//

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