Statement of the Standing Vaccination Committee at the Robert Koch Institute (RKI)

STIKO recommendation on vaccination against chikungunya

At its 111th meeting on 17/18 June 2025, the German Standing Committee on Vaccination (STIKO) adopted a recommendation on vaccination with the vaccines Ixchiq and Vimkunya for certain travelers prior to exposure in chikungunya endemic areas and for persons who carry out specific activities involving chikungunya viruses in accordance with the German Biological Agents Ordinance. This was preceded by discussions at several meetings of the joint working group consisting of members of STIKO and the German Society for Tropical Medicine, Travel Medicine and Global Health (Deutsche Gesellschaft für Tropenmedizin, Reisemedizin und Globale Gesundheit, DTG). In addition, statements from the Joint Federal Committee, the highest health authorities of the federal states and relevant professional associations were also considered.

Background

In the European Union (EU), the live-attenuated vaccine *Ixchiq* against chikungunya was approved by the European Medicines Agency (EMA) for persons ≥18 years of age.¹ The application for extension

of marketing authorisation² submitted by Valneva to the EMA was approved: Since 1 April 2025, Ixchiq can also be used in adolescents ≥12 years of age.3 The virus-like particle vaccine Vimkunya, an inactivated vaccine, distributed by Bavarian Nordic, was approved in the EU on 28 February 2025 for persons ≥12 years of age. 4 At the time of publication, both vaccines are available on the German market. Both vaccines were developed to protect against all currently known genetically distinct circulating chikungunya genotypes. The genotypes were initially classified according to their original distribution into a West African, a Central African, an East and South African, an Indian Ocean and an Asian variant. Due to travel, different genotypes are now circulating in the same endemic region.⁵ The virus is transmitted by mosquitoes of the genus Aedes and is endemic in most tropical and subtropical countries.

For both vaccines, the basic immunization consists of one dose. The aim of the STIKO recommendation is to prevent illness, severe disease and death from chikungunya virus infection.

Vaccination against	Category	Indications	Comments (see package insert/professional information)
Chikungunya	R	Persons ≥ 12 years of age who are travelling to an area with a known outbreak of chikungunya. who are planning a longer stay (> 4 weeks) or repeated short stays in areas where chikungunya is endemic and who have an increased risk of disease chronification or severe progression (e. g. age ≥ 60 years or a severe underlying medical conditions).	One dose of the live-attenuated vaccine or the inactivated vaccine. Only the inactivated vaccine should be used for persons aged 60 years or older. At this point, no statement can be made about the necessity or timing of a booster vaccination. For further information, including contraindications and vaccine profiles, as well as information for professional travelers (e.g. military personnel), please refer to the scientific justification for vaccination against chikungunya and the travel vaccination recommendations of STIKO and DTG.
	В	People who carry out specific activities involving chikungunya viruses in accordance with the German Biological Agents Ordinance (e. g. in research facilities or laboratories), considering the age groups for the respective vaccines.	

Excerpt from Table 2 | Recommendations for standard vaccinations in adults and for vaccinations indicated (occupational and travel vaccinations) and booster vaccinations for all age groups

Recommendation

The STIKO recommends one of the two available vaccines against chikungunya: the live-attenuated vaccine Ixchiq for individuals aged 12 to 59 years, or the inactivated vaccine Vimkunya for individuals aged 12 years and older as a travel vaccination (R): the attenuated live vaccine Ixchiq for persons aged 12 to 59 years or the inactivated vaccine Vimkunya for persons \geq 12 years of age,

- who are travelling to an area with a known outbreak of chikungunya,
- who are planning a longer stay (>4 weeks) or repeated short stays in areas where chikungunya is endemic and who have an increased risk of disease chronification or severe progression (e.g. age ≥60 years or a severe underlying medical conditions).

Persons who carry out specific activities involving chikungunya viruses in accordance with the German Biological Agents Ordinance (e.g. in research facilities or laboratories) should receive one of the two vaccines, taking into account the respective age groups, as a vaccination indicated for occupational reasons **(B)**.

The scientific background paper with the rational for the recommendation can be found in Epidemiologisches Bulletin 28/2025.

References

- 1 EMA. Ixchiq 2024. https://www.ema.europa.eu/ en/medicines/human/EPAR/ixchiq
- Valneva. Valneva Reports Positive Three-Year Antibody Persistence Data for its Single-Shot Chikungunya Vaccine IXCHIQ 2024. https://valneva.com/press-release/valneva-re-ports-positive-three-year-antibody-persistence-data-for-its-single-shot-chikungunya-vaccine-ixchiq/
- 3 Valneva. Valneva's Chikungunya Vaccine IXCHIQ® Now Authorized in EU for Adolescents Aged 12 and Above 2025. https://valneva.com/press-release/valnevas-chikungunya-vaccine-ix-chiq-now-authorized-in-eu-for-adolescents-aged-12-and-above/?lang=dehttps://portal.rki.local
- 4 Bavarian Nordic. Bavarian Nordic Receives
 Marketing Authorization in Europe for Chikungunya
 Vaccine for Persons Aged 12 and Older 2025.
 https://www.bavarian-nordic.com/investor/news/
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- 5 Cunha MS, Costa PAG, Correa IA, de Souza MRM, Calil PT, da Silva GPD, et al. Chikungunya Virus: An Emergent Arbovirus to the South American Continent and a Continuous Threat to the World. Frontiers in Microbiology. 2020;11(no pagination)