

**US Department of State, Office of Medical Services Frequently
Asked Questions regarding Zika Virus Infections: All Topic FAQs (Version 10, 8
February 2016)**

Material updated since the last FAQs is in red. See Questions 6,7, 12, 13, 21, 23

1. Where did Zika virus come from?

Zika was first found in a monkey in Uganda's Zika forest in 1947. The first human case was in Nigeria in the 1960s and sporadic cases were reported over the next 50 years. It is likely that cases were more frequent but were attributed to dengue or chikungunya. In 2007 the first large outbreak in humans occurred on the island of Yap in Micronesia and was followed by outbreaks in other Pacific Islands. The 2014 FIFA World Cup in Brazil may have brought Zika to the Americas with an outbreak in Bahia, Brazil in April 2015. (The strain that appeared in Brazil is closely related to the circulating Asian strain.) Subsequently, there has been spread of Zika virus in Brazil northward through South and Central America and into Mexico and the Caribbean. **It is likely that anywhere in the Americas where we have seen dengue and chikungunya we will see Zika virus in the next year** as the virus is carried by the same *Aedes* spp mosquitoes.

2. Where are Zika virus infections occurring now? Where are the CDC Travel Alerts?

As of 8 February 2016, there are 31 countries and overseas territories with local transmission (also known as autochthonous transmission) of Zika Virus. The destinations under the Centers for Disease Control and Prevention (CDC) Travel Alert are American Samoa, Barbados, Bolivia, Brazil, Cape Verde, Colombia, Costa Rica, Curacao, the Dominican Republic, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Puerto Rico, Saint Martin, Samoa, Suriname, Tonga, the U.S. Virgin Islands and Venezuela.

It is expected that the list of countries with local Zika transmission will continue to grow as the [World Health Organization](#) (WHO) said that the virus is likely to reach the United State and all the other countries of the Americas except Canada and Chile – every place that has the *Aedes* mosquitoes that carry the virus.

The CDC reports that the process to add countries to the list of locations under the Zika Travel Alert is quite complicated. CDC consults with staff from the Pan American Health Organization (PAHO), WHO and experts from the Ministry of Health in countries reporting new cases prior to adding a country to the Zika travel alert. A country may be added to the alert when there is laboratory confirmation of a Zika case in a patient with no travel history to an area with known Zika transmission, this is also known as autochthonous (locally acquired) transmission. The timeliness of adding countries to the list is somewhat dependent upon harmonizing CDC's travel alert with information published by PAHO. Removing countries from the travel alert is a very complex process and it is unclear how long countries may remain on the travel alert. In order to be removed from the travel alert, public health experts would examine whether Zika was moving from an epidemic (or outbreak) in country to an endemic (or expected) rate of cases. Other information examined in order to help determine whether the Zika travel alert may be lifted includes the trend in hospital visits for symptoms consistent with Zika virus

and whether there is a decline in the rate of positive laboratory tests for Zika. It is possible that in a small island country such as Barbados that you may expect a majority of local citizens to be exposed to Zika within a shorter amount of time than a large country, such as Colombia, with a variety of terrains, inhabitants and population clustering.

Countries and Territories with Active Zika Virus Transmission (Updated 3 Feb 2016)

From the CDC Website, <http://www.cdc.gov/zika/geo/index.html>



Countries and Territories with A CDC Level 2 Travel Alert (Practice Enhanced Precautions)

From the CDC Website, <http://wwwnc.cdc.gov/travel/page/zika-travel-information>

Caribbean	South America	North & Central America
Barbados	Bolivia	Costa Rica
Curacao	Brazil	El Salvador
Dominican Republic	Colombia	Nicaragua
Guadeloupe	Ecuador	Guatemala
Haiti	French Guiana	Honduras
Jamaica	Guyana	Mexico
Martinique	Paraguay	Panama
Puerto Rico	Suriname	
St. Martin	Venezuela	
U.S. Virgin Islands		Oceania/Pacific Islands
	Africa	Samoa & American Samoa
	Cape Verde	Tonga

3. What are the implications of the WHO (World Health Organization) declaring a Public Health Emergency of International Concern (PHEIC)?

On 1 February 2016, Dr Margaret Chan, Director General of the WHO, declared that the recent cluster of microcephaly cases and other neurological disorders reported in Brazil, following a similar cluster in French Polynesia in 2014, constitutes a Public Health Emergency of International Concern.

The WHO recommends that a coordinated international response is needed to improve surveillance, the detection of Zika virus infections, congenital malformations, and neurological complications, to intensify the control of mosquito populations, and to expedite the development of diagnostic tests and vaccines to protect people at risk, especially during pregnancy.

The Committee found no public health justification for restrictions on travel or trade to prevent the spread of Zika virus.

4. I am pregnant and live in, or will be traveling to, another country that has Zika that is not on the CDC Travel Alert, why is this so? Should I be worried?

In the last nine years Zika has been circulating in a number of other countries in Asia, the Pacific Islands and Africa. Some countries have had large outbreaks, some reported sporadic cases and others have had no cases but have people with antibodies consistent with a prior infection. *While Zika is still a concern in all these areas, the CDC currently does not assess the level of risk as high enough to warrant a Travel Alert to areas outside of the Americas other than to Cape Verde and Samoa and has no special precautions advising pregnant women not to travel to these regions.* Travelers and residents should continue to take measures to prevent mosquito biting. If other countries are added to the CDC Travel Alert on Zika virus additional MED guidance will follow.

If you are pregnant and have traveled to (or are currently posted in) Zika areas that are not in the CDC Alert you should still inform your prenatal medical provider that you have been in an area where Zika virus infections have occurred.

- If a pregnant woman develops an illness with fever and a rash and report symptoms during, or within two weeks of travel, there may be consideration of doing Zika testing (depending on how active Zika has been in the area) in addition to scheduled ultrasound.
- Pregnant women who have had no symptoms consistent with the infection should be offered routine scheduled ultrasound ensuring assessment for microcephaly.

5. I live in a country that has reported Zika cases in the past but it is not included in the CDC Travel Alert. Why isn't my country on the list and should I be worried?

In years past, Zika has been reported from many countries in Africa and Asia including [Thailand](#), [French Polynesia](#) and [Gabon](#). The table below includes a list of countries with past or current evidence of Zika virus. Only the countries highlighted in orange below and listed under question 2 have been included in CDC's travel notice for Zika virus. Countries are included on CDC's Zika travel alert have had recent

laboratory confirmation of autochthonous (locally acquired) transmission of Zika virus within the country. If the country where you live is not on CDC’s travel alert then there is no current information available to indicate that there is autochthonous transmission of Zika virus in that country. For the latest information about CDC’s Zika travel alerts, select this [link](#).

Countries that have past or current evidence of Zika virus transmission

AFRICA	OCEANIA/PACIFIC ISLANDS	AMERICAS/CARIBBEAN
Angola*	Cook Islands	Barbados
Burkina Faso	Easter Island	Bolivia
Cameroon	Federated States of Micronesia	Brazil
Cape Verde	French Polynesia	Colombia
Central African Republic	New Caledonia	Costa Rica
Cote d’Ivoire	Samoa	Curacao
Egypt*	Solomon Islands	Dominican Republic
	Tonga	Ecuador
Ethiopia*	Vanuatu	El Salvador
Gabon	ASIA	French Guyana
Gambia*	Cambodia	Guadeloupe
Kenya*	India*	Guatemala
Nigeria	Indonesia	Guyana
Senegal	Malaysia	Haiti
Sierra Leone*	Pakistan*	Honduras
Somalia*	Philippines	Jamaica
Tanzania*	Thailand	Martinique
Uganda		Mexico
Zambia		Nicaragua
		Panama
		Paraguay
		Puerto Rico
		Saint Martin
		Suriname
		US Virgin Islands
		Venezuela

*Countries with serologic evidence of Zika infections but no active cases reported

 Countries NOT included in the CDC Level 2 Travel Alert for pregnant women

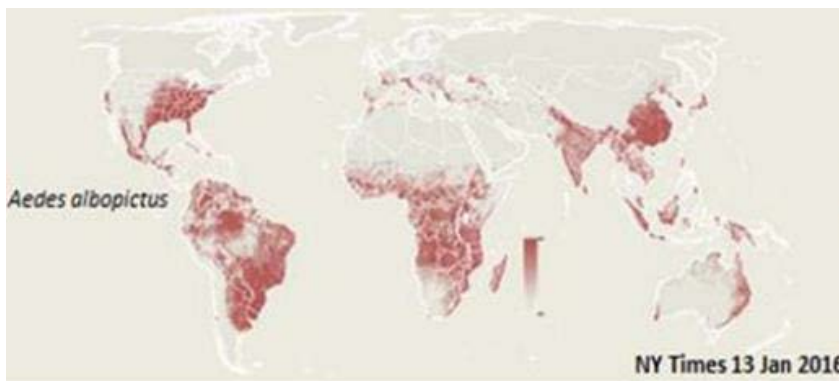
 Countries included in the CDC Level 2 Travel Alert for pregnant women

6. How is Zika virus transmitted and how is it different than dengue and chikungunya?

Zika virus is actually closely related to dengue, it is another of a family of viruses called the flaviviruses that includes dengue, yellow fever, West Nile virus, Japanese encephalitis and others. It is carried by the same mosquitoes, *Aedes aegypti* and *Aedes albopictus*, that can carry Yellow Fever, dengue and chikungunya. As you can see from the maps below, these two mosquitos are found throughout the tropical world but also extend into much of the US. It is very possible for Zika to become established in the US as the weather warms in spring.



Aedes aegypti



Aedes albopictus



The illness is very similar to that caused by dengue and chikungunya but generally milder. A brief review of chikungunya, dengue and Zika viruses can be seen in [Arboviral Disease Threats](#) as well as prevention measures can be found on the MED Website at [Med Alert: Zika](#).

Case reports suggest that Zika virus is transmitted sexually. Two cases had been described in the Journal Emerging Infectious Diseases www.ncbi.nlm.nih.gov/pmc/articles/PMC3321795/. On 2 Feb 2016 a case of sexually transmitted Zika occurred between an infected man and his wife in Texas.

Concerns about someone visiting a Zika affected country and then transmitting the virus to a pregnant woman are obviously a great concern. **The CDC has been updating recommendations about Zika and sexual transmission frequently. There are currently few studies addressing the shedding of Zika virus in body fluids. It is clear that Zika virus may be found in the saliva, urine and semen but it is unclear for how**

long an individual may shed virus and the degree of shedding in those with or without symptoms. Transfusion-derived, placental, and perinatal transmission of Zika virus have been demonstrated, but frequency is unknown.

7. What are the current recommendations regarding sexual transmission of Zika virus?

Sexual transmission occurs uncommonly, but frequency is unknown. Sexual transmission of Zika virus from infected women to their sex partners has not been reported. Reported experience is limited to 3 cases in which men developed symptomatic illness.

At this time, testing of men for the purpose of assessing risk for sexual transmission is not recommended. Current understanding of the incidence and duration of shedding of Zika virus in the male genitourinary tract is limited to 1 case report in which Zika virus may have persisted longer than in blood.

Until more is known, CDC continues to recommend that pregnant women and women trying to become pregnant take the following precautions:

- **Pregnant women** should consider postponing travel to the areas where Zika virus transmission is ongoing. Pregnant women who must travel to one of these areas should talk to their doctor or other healthcare professional first and strictly follow steps to avoid mosquito bites during the trip. Until we know more, if your male sexual partner has traveled to or lives in an area with active Zika virus transmission, you should abstain from sex or use condoms the right way every time you have vaginal, anal, and oral sex for the duration of the pregnancy.
- **Women trying to become pregnant** should consult with their healthcare professional before traveling to these areas and strictly follow steps to prevent mosquito bites during the trip.
- CDC issued interim recommendations for men and their pregnant partners on 5 Feb 2016:
 - Men who reside in or have traveled to an area of active Zika virus transmission who have a pregnant partner should abstain from sexual activity or consistently and correctly use condoms during sex (i.e., vaginal intercourse, anal intercourse, or fellatio) for the duration of the pregnancy.
 - Pregnant women should discuss their male partner's potential exposures to mosquitoes and history of Zika-like illness (<http://www.cdc.gov/zika/symptoms>) with their health care provider; providers can consult CDC's guidelines for evaluation and testing of pregnant women.
- CDC Issued interim recommendations for men and their nonpregnant sex partners 5 Feb 2016:
 - Men who reside in or have traveled to an area of active Zika virus transmission who are concerned about sexual transmission of Zika virus might consider abstaining from sexual activity or using condoms consistently and correctly during sex.
 - Couples considering this personal decision should take several factors into account. Most infections are asymptomatic, and when illness does occur, it is usually mild with

symptoms lasting from several days to a week; severe disease requiring hospitalization is uncommon.

- The risk for acquiring vectorborne Zika virus in areas of active transmission depends on the duration and extent of exposure to infected mosquitoes and the steps taken to prevent mosquito bites (<http://www.cdc.gov/zika/prevention>).
- After infection, Zika virus might persist in semen when it is no longer detectable in blood

8. What are the symptoms of Zika infection?

The exact incubation period for a Zika virus infection is still being determined but appears to be a few days to a week after the bite of an infected mosquito.

Zika infection has often been called “dengue light” causing fever, headache, muscle and joint aches, eye inflammation and a red, raised rash. The symptoms seen in Zika are generally not as severe as dengue or chikungunya. There are no hemorrhagic (bleeding) manifestations and people are rarely ill enough to require hospitalization, there are not long term infections and there have been very rare deaths associated with Zika infection.

Like dengue, serosurveys (blood testing for antibodies) demonstrate that only about 20% of those infected even develop symptoms i.e. ~80% of infections are asymptomatic seroconversions (blood tests show Zika antibodies indicating an infection occurred even though there were no symptoms).

Rarely, some people who have had Zika infection develop Guillain-Barre Syndrome afterwards, this is an autoimmune condition that can cause an ascending paralysis (and follows a number of other common infections as well). This is not directly due to Zika infection but is an abnormal activation of the immune response to the infection called a post infectious sequela. It is typically a reversible condition; a minority of patients develops permanent neurologic problems.



Arm of a patient with Zika virus rash

9. How is Zika infection diagnosed?

Clinical symptoms of Zika are very similar to other related viruses and so blood testing is usually performed to confirm the diagnosis. Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR) is a test for Zika RNA that is the best way to make the diagnosis but most laboratories do not have the capability to do this PCR and testing is usually done in reference clinics. The CDC has recently developed a Triplex PCR that will be able to test for chikungunya, dengue and Zika viruses. This test is being rapidly deployed to national laboratories in the affected areas.

Antibody tests (such as ELISAs) are very difficult to interpret because of previous infections with dengue or immunizations with Yellow Fever or Japanese Encephalitis vaccines are common in patients in the affected areas and they will cross react with Zika antibodies. A technically difficult test called the Plaque Reduction Neutralization Test (PRNT) can be performed at the CDC and is much more specific than the ELISA assays that most countries have. It is unlikely that many smaller countries will have the technical ability to perform this assay.

There is currently no rapid test for Zika like we have for malaria, dengue and chikungunya.

Improvements in diagnostic tests are a focus of the current WHO and CDC Zika virus efforts.

10. How is Zika infection treated?

Like dengue and chikungunya, there are no antiviral therapies available to treat Zika infections. Since the illness is more mild most people can be treated with bedrest and acetaminophen or with ibuprofen or naproxen if dengue has been ruled out. There are no current therapies for a woman who is pregnant to prevent infection of her fetus.

11. Is there a vaccine to prevent infection with the Zika virus?

Currently there is no vaccine for Zika available but since there are excellent vaccines for other cousin flaviviruses like Yellow Fever and Japanese Encephalitis as well as a new dengue vaccine there is a lot of experience in working with this family of viruses and vaccine development could be ramped up quickly. Multiple different agencies are working on Zika vaccines but the most optimistic estimates are for the initial trials in humans no early than the end of 2016.

12. How does the Zika virus affect pregnant women and fetuses?

Pregnant women have the same risk as the rest of the population of being infected with Zika virus and do not appear to have a more severe illness than others. Like the rest of the population only ~25% of pregnant women infected with Zika develop symptoms, and in those with symptoms the illness is usually mild.

As a wave of Zika passed through northeast Brazil in 2015 it was followed by reports of a marked increase in cases of [microcephaly](#). From October 2015 to January 2016, more than [4000 cases of microcephaly](#) have been reported from Brazil which appears to be more than 25 times the number of microcephaly cases seen historically. Intensive research efforts are being focused on what effects Zika can have on fetuses. Brazilian and US investigators have studied tissue from fetuses and newborns that have died and Zika virus was found in their neural tissue.

Pathological changes consistent with viral damage were seen in these brains. The current scientific opinion is that Zika virus was likely to have been involved in causing these brain deformities in fetuses.

According to a preliminary analysis by Brazilian public health, the greatest risk of microcephaly and malformations appears to be associated with infection during the 1st trimester of pregnancy but problems may occur with infection in the 2nd and 3rd trimesters as well. Health authorities in Brazil, Pan American Health Organization (PAHO) and United States Centers for Disease Control and Prevention (CDC) are conducting research to clarify the cause, risk factors, and consequences of microcephaly.

The Colombian Ministry of Health is working with the PAHO and CDC to follow a cohort of 600 pregnant women diagnosed with Zika virus to further understand the relationship between maternal Zika infection and development of microcephaly in the fetus. In addition, CDC reports that research studies are being established in other locations to explore the role Zika virus plays in development of congenital birth defects, if any.

At this time other fetal deformities that have been associated with Zika are cerebral calcifications (calcium deposits in the baby's brain) and possibly some visual changes. The range of potential effects from Zika infection during pregnancy is an evolving subject that is currently being investigated in all the world with Zika infections.

It is important to note that the vast majority of women who had Zika during pregnancy gave birth to healthy babies.

13. What do CDC and MED recommend for pregnant women living in areas where Zika virus is circulating?

MED takes recommendations from the CDC and interprets them for the unique situation of our DoS beneficiaries abroad. If you are pregnant and in one of the Zika affected countries in the CDC Travel Alert you should talk to the medical provider at post about the Zika risk in the specific area in which you are living. Many of the countries with Zika in the Travel Alert have it confined to only a small area while other countries are having a widespread outbreak.

If you are in a Zika threat region you will be asked to come into the Health Unit and discuss Zika and possible effects on your baby. MED is keeping a Registry of pregnant women in the Zika affected areas and you will be asked to sign a statement saying that you have been informed about the Zika risk. This form will then be made as part of your permanent health record in MED. Pregnant women will be offered medical evacuation or curtailment.

If Zika moves into your area later in your pregnancy you will be offered an opportunity to leave then. Women who had traveled to regions in which Zika virus is active and who report symptoms during or within two weeks of travel should be offered a test for Zika virus infection. (Currently these tests are not available in many countries and samples would be sent to the CDC reference lab.)

Pregnant women who had no clinical symptoms associated with the infection should be offered routine scheduled ultrasound to check the fetus' head size or check for calcium, two signs of microcephaly.

- For those **leaving a Zika affected area**: Testing should be offered between 2 and 12 weeks after the pregnant woman returns from travel to areas with ongoing Zika virus transmission.
- For those who **remain in a Zika affected area**: CDC recommends IgM serology at the onset of prenatal care and again in the second trimester.

14. Am I required to leave an area if I am pregnant and living in one of the countries on the CDC Travel Alert?

If there is intense Zika transmission in your area MED will strongly suggest that you return to the US for the duration of your pregnancy. However, *in many areas there is likely to be sporadic Zika cases and it is perfectly reasonable to stay at post while practicing careful attention to prevention of mosquito bites.*

In other areas there will be essentially zero risk of Zika transmission. Although *Aedes* range has extended with climate change and there is some debate as to where they can be found, *Aedes* mosquitos are rare above 1700 meters (5600 feet) and absent above 2000 meters (6500 feet). Some posts that will NOT have a Zika threat due to altitude include:

<u>Location</u>	<u>Altitude</u>
Bogotá, Colombia	2625m
LaPaz,Bolivia	3640m
Mexico City, Mexico	2240m
Quito, Ecuador	2850m
Sucre, Bolivia	2750m

15. What are the best ways to prevent biting from *Aedes* mosquitoes? (See [The Threat from Mosquito borne viral diseases](#))

Everyone, including pregnant women and women of childbearing age, should avoid exposure to mosquito bites by:

- eliminating potential mosquito breeding sites in and around your home. These are illustrated in the prevention guidance above,
- Use air conditioning or window/door screens to keep mosquitoes outside.
- keeping arms and legs covered with long sleeves and pants. Consider spraying clothing with [permethrin](#) which repels and kills insects,
- using [CDC recommended insect repellents](#) on your skin and reapply as directed. (DEET, picaridin and IR3535 are considered safe to use in pregnancy and in children)
- Do not use products containing oil of lemon eucalyptus in children under the age of three years or in pregnant women (not adequately tested yet)
- Repellants containing DEET in concentrations up to 30% are approved by the American Academy of Pediatrics for use in children older than 2 months of age.
- If you use both sunscreen and insect repellent, apply the sunscreen first and then repellent

- using insecticide-treated mosquito nets are more important for night biting malaria carrying mosquitos but they are helpful for preventing *Aedes* mosquitoes bites in those sleeping during daylight hours.

16. What are MED’s recommendations regarding the addition of screens to post’s residential units?

MED concurs with CDC’s current guidance for preventing bites, namely that employees “stay in places with air conditioning *or* that use window and door screens to keep mosquitoes outside”. Use of air conditioning and leaving the windows closed, or screening on windows if the windows are left open should both be effective alternatives.

17. Is there a Department or MED policy on posts supplying insect repellent and/or insect prevention measures?

The Department of State Integrated Pest Management Program is managed by **the** Safety, Health and Environmental Management (SHEM) of the Department of State and the Post Occupational Safety and Health Program (POSHO) at each overseas US mission.

MED supports the principle that post funds could be used to purchase items/medications used to prevent illnesses and diseases which employees and EFMs are at increased risk of contracting due to the specific nature or location of their employment. To prevent mosquito-borne diseases like malaria, chikungunya, dengue and Zika that are not found in the US, MED considers supplying repellents (and, for malaria, bed nets and medications) with post-held funds appropriate. Post supplied preventive measures ensure that the appropriate strength repellants, permethrin and bednets are available for staff as inadequate preparations are common in both the US and abroad.

Some related informational links include:

- [Mosquitoes Integrated Pest Management: Mosquito IPM](#)
- [Pest Management in Your Home: http://obo.m.state.sbu/ops/shem/Documents/Pest%20Management%20in%20you%20home.pdf](#)

IPM Overview: <http://obo.m.state.sbu/ops/shem/Documents/IPM%20overview%208%2014.pptx>

18. What are MED’s recommendations regarding use of insect preventing plug-in devices? Are they safe for continuous, long-term use?

Per SHEM: These devices should not be the first response.

Pellet-heaters can be used to kill the few adult mosquitoes that get indoors. These often contain pyrethroids as the active ingredient. These should be used judiciously as some people, such as asthmatics, may react

Plug in devices are available as pellets, tablets, or liquid that can be used, but post POSHOs should check with SHEM of the particular brands in use to ensure product safety.

These plug-in devices are not recommended for long term use. With this and with sprays, people will be breathing in pesticides. The plug in devices may be harmful for children or those with asthma or respiratory issues and they are ineffective if the root causes are not being addressed, or if used excessively.

19. Should pregnant women travel to areas where Zika is circulating?

The CDC and MED recommend that pregnant women avoid unnecessary travel to these areas.

DoS official travel and PCS should be deferred during pregnancy and direct hires may terminate an assignment. If a pregnant woman must travel to one of the Zika areas then this should be discussed with a medical provider before departure and careful attention to Personal Protective Measures to prevent biting is crucial. Any travel in the Zika areas should be mentioned to the pregnant woman's prenatal provider.

20. Zika is not at my post but my family occasionally travels into areas where Zika is present.

What does MED recommend?

If a member of your family is pregnant she should probably not join the rest of the family on trips to areas where there is active Zika transmission reported. However, the [CDC Zika Travel Alert](#) does not suggest non pregnant individuals avoid traveling to these areas. Zika is a milder illness than dengue or chikungunya, which are often in the same areas and if you are taking precautions to prevent mosquito bites for those illnesses you would also be protected against Zika. If you are very concerned about becoming infected with Zika despite use of personal protective measures then you should avoid travel to those areas.

21. I was in one of the Zika areas while I was pregnant and am concerned about my developing child what should I do?

The most important thing is to recognize that the vast majority of women who are pregnant and get infected with Zika deliver healthy babies. If you were in an area of Zika risk you should inform your prenatal medical provider that you were in a Zika area. Since there is no treatment for Zika virus this would mainly be screening to ensure that your baby is developing normally.

The CDC has recently updated recommendations for pregnant women in the Zika affected areas. **Pregnant women who had no clinical symptoms** associated with the infection should be offered routine scheduled ultrasound to check the fetus' head size or check for calcium, two signs of microcephaly.

- For those **leaving a Zika affected area**: CDC recommends IgM antibody testing at 2-12 weeks of pregnancy should be obtained
- For those who **remain in a Zika affected area**: CDC recommends IgM serology at the onset of prenatal care and again in the second trimester

At this time no more invasive testing (such as amniocentesis) is recommended for those who traveled in a Zika affected area.

The Centers for Disease Control and Prevention (CDC) has published several guidance documents about Zika virus and pregnancy, including [CDC Q and A: Zika Virus and Pregnancy](#) and [Guidance for Obstetrical Health Care Providers and Pediatric Health Care Providers.](#)

22. What does MED recommend to women of childbearing age with respect to becoming pregnant in areas where Zika virus is circulating?

MED follows the CDC recommendations that women considering pregnancy take preventive measures to avoid mosquito bites. If you are very concerned about potential risk then you should consider taking measures to prevent pregnancy until the Zika risk has diminished in the area.

23. I just returned from an area with active Zika virus infections and desire pregnancy. At what point is it safe to become pregnant after my travel?

The CDC and WHO have not yet provided specific guidance to answer this question. Since the incubation period for Zika is up to about a week after being bitten by an infected mosquito and the infection generally lasts a few days, a woman who has remained free of Zika symptoms should be outside a period of Zika infection **4 weeks** after leaving an affected area. There are no known persistent Zika infections in healthy women that should endanger a developing child after a few weeks out of the active Zika areas.

24. I just delivered a baby and am now in a Zika area, is my newborn safe to stay here? Could my baby develop neurologic symptoms if he/she were to be infected with Zika?

Obviously everything should be done to prevent any child from getting Zika or any other circulating mosquito borne illness such as malaria, dengue and chikungunya. The primary prevention is keeping a child covered and when they are sleeping, keeping an impregnated mosquito net over the bassinet or crib.

Fortunately, it appears that even newborns have a mild illness if they should become infected with the Zika virus so there are no recommendations for curtailment of families with newborns or older children.

25. Does Zika virus infection cause Guillain-Barre syndrome (GBS)?

Guillain-Barre syndrome is a rare disorder where a person's own immune system damaged the nerve cells, causing muscle weakness and sometimes, paralysis. These symptoms can last a few weeks or several months. While most people fully recover from GBS, some people have permanent damage and in rare cases, people have died. Both Brazil and El Salvador are reporting an increase in GBS cases among local citizens that have occurred at the same time as their outbreak of Zika virus, and similar increases in GBS have been reported following past outbreaks of Zika in other countries. During an outbreak of Zika in [French Polynesia](#) in 2014, GBS was noted in less than half of one-percent of cases and a causal relationship between Zika and GBS could not be established during this type of epidemiological study (unpublished data). CDC has begun conducting a study in Brazil beginning in late January to determine if any relationship exists between Zika virus infection and Guillain-Barre Syndrome.

26. Where can I find more information?

As the media focuses on Zika there will be attention on only the most devastating cases in Brazil and may not give the most accurate representation of what is going on. You are urged to use reliable sources of information such as your Medical Provider at post and trusted public health authorities below.

[Centers for Disease Control and Prevention Zika Virus](#)

[Pan American Health Organization Zika virus](#)

[Center for Infectious Disease Research and Policy \(CIDRAP\) Zika Virus Super Page](#)

[European Center for Disease Prevention and Control Zika Virus](#)

[*Aedes aegypti* factsheet from CDC](#)

[*Aedes albopictus* factsheet from CDC](#)