

Zika Virus

Frequently Asked Questions: Zika Virus and Pregnancy Version

What is Zika?

Zika is a viral infection that usually causes a mild illness that typically lasts between 2 and 7 days. 80% of people who become infected by Zika virus have no symptoms. Zika virus is spread through the bite of a mosquito that is found in certain countries and through sexual contact with an infected person.

Infection with Zika virus during pregnancy has been strongly linked with a serious birth condition called microcephaly. Microcephaly means a baby born with an unusually small head. In these cases, the baby's brain may not have formed properly during pregnancy. Cases of a neurological illness (called Guillain Barre Syndrome) possibly caused by Zika virus infection are also being studied.

For general information on Zika virus, please see FAQs on HPSC website (<http://www.hpsc.ie/a-z/vectorborne/zika/factsheet/factsheetforthegeneralpublic>).

What are the symptoms of Zika?

An estimated three out of four people infected with Zika virus do not have symptoms at all. For those who have symptoms, Zika virus generally causes a mild illness that lasts for between 2 and 7 days. The time between being infected by a mosquito bite and developing symptoms is usually between 3 and 12 days. Elderly people and those with weakened immune systems e.g. people living with cancer, may have more severe symptoms, but full recovery is usually the rule.

The most common symptoms include:

- mild fever
- muscle or joint pains
- headache
- itchy rash
- conjunctivitis (sore eye)

How is Zika spread?

Zika virus is spread when an infected mosquito bites a person or through unprotected sex (without a condom) with an infected partner.

Other less common forms of transmission include:

- From mother to baby during pregnancy or childbirth
- From a blood transfusion

Zika virus is not spread by the following:

- regular social contact
- usage of communal household utensils
- caring for someone with Zika virus

How is Zika spread from mother to baby?

It is currently thought that Zika virus may be transmitted from mother to baby from their shared blood supply during pregnancy.

How is Zika spread through sexual contact?

Zika virus can be passed between sexual partners. This is more likely if the man had symptoms of Zika virus infection. For this reason, it is important to practice safe sex (by wearing a condom) with a partner who has recently returned from or is living in an affected area (<https://www.hpsc.ie/a-z/vectorborne/zika/factsheet/listofaffectedcountries>).

For advice on how to prevent sexual transmission see information in the next page graphic.

How is Zika diagnosed?

Zika virus infection can be diagnosed in a patient who has Zika symptoms and a relevant travel history to an affected area. Laboratory tests are currently available for blood and urine for symptomatic patients recently returned from an affected area.

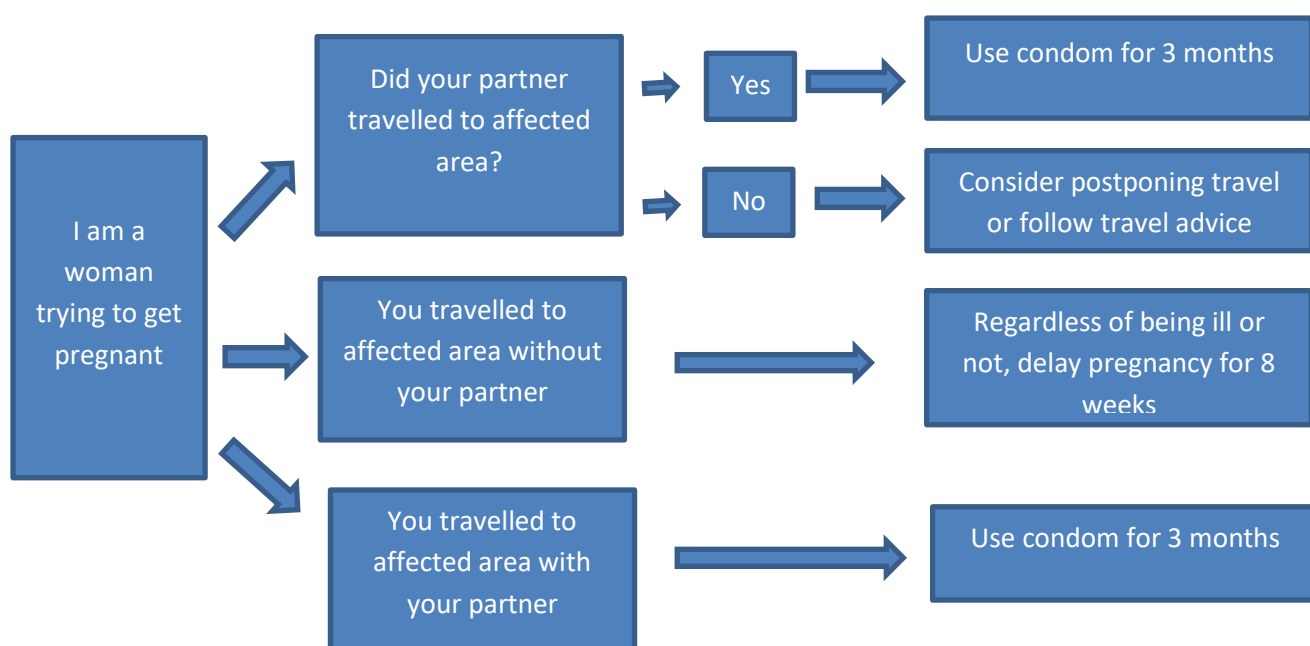
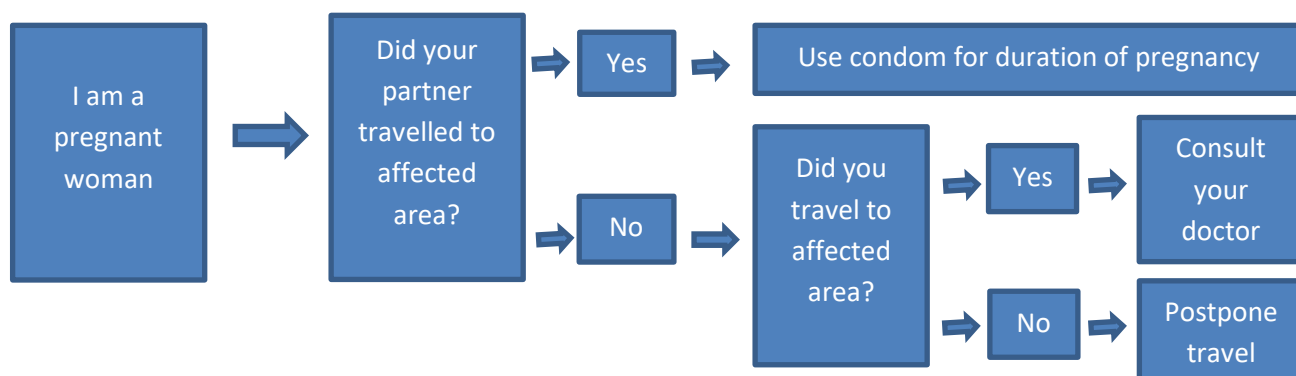
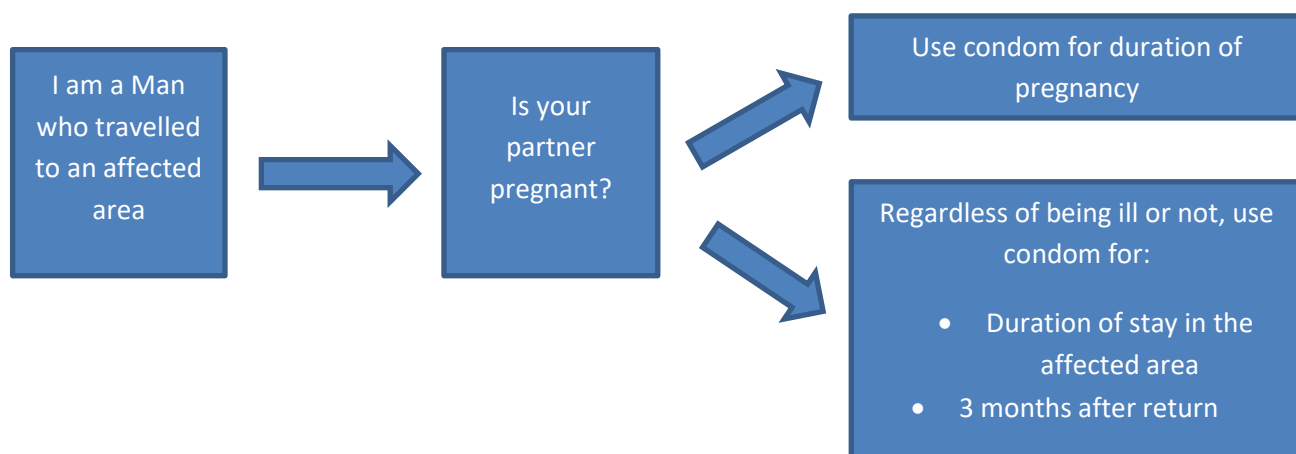
Have cases of Zika been diagnosed in Ireland?

Zika virus infection has been diagnosed in a small number of travellers returning from affected areas. All have recovered fully.

Is there a treatment for Zika during pregnancy?

There is no vaccine or specific treatment for Zika virus infection. Treatment for everyone, including pregnant women, is by relieving pain, fever and any other symptoms. To prevent dehydration, patients should control the fever, rest and drink plenty of water.

How can I prevent spreading Zika through sexual contact?



These recommendations are precautionary and may be revised as more information on sexual transmission becomes available.

Can a pregnant woman or a woman who is trying to get pregnant be tested for Zika after being in a country with Zika?

If you are pregnant or trying to become pregnant and you develop symptoms within 10 days of returning from an affected area, you should contact your antenatal doctor/nurse for assessment and let them know of recent travel history. Your doctor may suggest a Zika virus test.

You should contact your antenatal doctor for assessment if:

- you were pregnant in an affected area

Or

- you became pregnant after returning from an affected area

How does Zika virus affect pregnant women and their babies?

Zika virus can damage a developing baby's brain, eyes, joints and possibly leading to developmental and intellectual impairment.

Recently some countries affected by Zika virus have reported an increase in the number of babies born with serious birth defects of the brain called "microcephaly". The mothers of these babies with microcephaly were infected with Zika virus. The link between Zika virus infection and cases of microcephaly has been confirmed by the Centre for Disease Control (CDC) and further research is on-going.

Currently, the greatest risk of microcephaly and birth defects is thought to be associated with Zika virus infection during the first three months of pregnancy. However, the risk does not fall to zero later in pregnancy. A recent study found that the chance of microcephaly was 8% in first three months of pregnancy, 5% between 4-6 months of pregnancy and 4% between 7-9 months of pregnancy. This means that travel to an affected country presents a risk to an unborn baby throughout the whole pregnancy.

What is microcephaly?

Microcephaly means a baby born with an unusually small head. Microcephaly can cause seizure, developmental delays or feeding difficulties in a baby. Occasionally microcephaly can develop after birth as the baby grows.

Microcephaly is defined as a condition at birth in which the baby's head measurement is less than expected for age and sex. Microcephaly can present on its own or may be associated with other symptoms such as convulsions, developmental delays, learning difficulties, hearing loss or feeding difficulties. These symptoms have varying degrees of severity and in some cases may be life threatening.

It is very difficult to predict the consequences of microcephaly at the time of birth, so close follow-up is needed through check-ups to monitor and evaluate affected babies. There is no specific treatment

for microcephaly. Care is centred on follow-up, promotion and maximization of the child's abilities.

How can microcephaly be confirmed in a baby?

The most reliable way to assess whether a baby has microcephaly at birth is to measure head circumference. Once a baby is diagnosed with microcephaly, a health team will begin a process of follow-up and monitoring of the child. Microcephaly can sometimes be detected before the baby is born on an ultrasound scan. Pregnant women should attend regular prenatal check-ups and receive whatever tests their health providers deem necessary at each stage of pregnancy.

What is the current travel advice for women who are pregnant or trying to become pregnant?

You should consider postponing your travel to affected area. If your travel is unavoidable, you should consult your doctor or seek advice from a travel clinic **two months before travelling** to a country affected by Zika virus.

If your travel is unavoidable, the most important thing is to avoid mosquito bites to prevent infection with Zika virus or other infections spread by mosquitos. The mosquito that spreads Zika virus is active during the day as well as at night so it is important to protect yourself from mosquito bites at all times. See the HPSC website for advice on reducing the chances of being bitten by a mosquito whilst travelling.

It is important for pregnant women and women who are trying to become pregnant to prevent sexual transmission of Zika by following the advice in the graphic on previous page.

Pregnant women/women who are trying to become pregnant should follow the same recommendations as all travellers:

- Protect skin from exposure to mosquitoes by wearing long sleeves, long trousers and hats
- Use mosquito repellent as indicated by health authorities and according to instructions on the label
- A suitable mosquito repellent (such as DEET) can be obtained from your local pharmacy
- DEET is safe to use during pregnancy and while breastfeeding but only in concentrations less than 50%.The risk to a pregnant woman's unborn baby from Zika virus would outweigh any potential risk from DEET.
- DEET is only safe for babies aged 2 months and older
- If using sunscreen, mosquito repellent should be applied after sunscreen
- If you sleep during the day, protect yourself with insecticide-treated mosquito netting
- Identify and eliminate possible mosquito breeding sites, such as standing collections of water
- Pregnant women who travel to areas where Zika virus is circulating should mention this during their antenatal check-ups.

For further information on safe use of insect repellents during pregnancy, please see Best Use of Medicines in Pregnancy (BUMPS) website (<http://www.medicinesinpregnancy.org/Medicine--pregnancy/Insect-repellents>).



Is it safe to become pregnant in areas where Zika virus is circulating?

No. Given the confirmed link between Zika virus infection in pregnancy and microcephaly, it is not currently advisable to become pregnant while you are in an area affected by Zika virus. Pregnancy should be delayed after your return to Ireland by following the advice for preventing sexual transmission.

What should pregnant women do when returning to Ireland from an area where Zika virus is circulating?

You should mention your travel to an affected area during antenatal visits in order to be assessed and monitored appropriately. However, if you become ill upon your return to Ireland, you should tell your antenatal doctor/nurse of your recent travel history to an affected area. **Pregnant women whose male partner travelled to affected areas should use condoms for the duration of their pregnancy.**

What is the Advice for women and Their Partners who are trying to become pregnant when returning to Ireland from an area where Zika virus is circulating?

You should contact your doctor for assessment and let him/her know of your recent travel history to an affected area. Pregnancy should be delayed following below guideline:

If only the male partner travels to an area with risk of Zika: The couple should use condoms or not have sex for at least **3 months***

- After the male partner returns, even if he doesn't have symptoms, or
- From the start of the male partner's symptoms or the date he was diagnosed with Zika

If only the female partner travels to an area with risk of Zika: he couple should use condoms or not have sex for at least **2 months**

- After the female partner returns, even if she doesn't have symptoms, or
- From the start of the female partner's symptoms or the date she was diagnosed with Zika

If both partners travel to an area with risk of Zika: The couple should use condoms or not have sex for at least **3 months**

- After returning from an area with risk of Zika, even if they don't have symptoms, or
- From the start of the male partner's symptoms or the date he was diagnosed with Zika

*The timeframes that men and women should consider waiting are different because Zika can stay in semen longer than in other body fluids.

What should a man do after returning from an affected area, if their partner is trying to become pregnant?

Men returning from affected area should follow the advice on preventing sexual transmission by using condoms and their partners should delay pregnancy as follows:

- A man who was **ill with Zika** should delay pregnancy with their partner for **3 months after symptoms end**.
- A man who travelled to an affected area but was **not ill with Zika** should delay pregnancy with their partner for **3 months after return from an affected area**.

What countries are affected by Zika?

Currently, outbreaks of Zika virus are occurring in some countries in South and Central America, South East Asia, the Caribbean and the Pacific Islands. It is likely that Zika virus will spread to other countries where the Aedes mosquito that transmits the infection is found. For an up to date list of countries affected by Zika virus please refer to the HPSC website. Of note, when a country is classified as an affected country, the risk is considered to be the same for any part of the country.

Are people in Ireland at risk of Zika?

No. Zika virus infection can be imported into Ireland in a traveller returning from an affected area. The virus is mainly spread through the bite of an infected Aedes mosquito, which is not present in Ireland. This type of mosquito is unlikely to establish in Ireland in the near future as the Irish temperature is not consistently high enough for it to breed.

What activities are not a risk?

Zika virus is not spread by regular social contact or caring for someone with Zika virus.