

Zika virus: general information and advice- for obstetrical healthcare providers

Background

Zika virus, a single stranded RNA virus, is transmitted primarily through infected *Aedes aegypti* mosquitoes. The possibility that Zika may adapt to transmission by *Aedes albopictus*, which is commonly found in Hong Kong, is a concern.

WHO alert

The World Health Organization convened an Emergency Committee on 1 February 2016 and advised 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. At present the most important protective measures are the control of mosquito populations and the prevention of mosquito bites in at-risk individuals, especially pregnant women.

Clinical features of Zika virus infection

1. Incubation period is 3-12 days.
2. Symptoms are present in about 20% only, and nonspecific, including fever, rash, arthralgias and conjunctivitis.

Complications

1. Maternal-fetal transmission can occur in all trimesters. An association with microcephaly, intracranial calcifications and other congenital anomalies is strongly suspected although not scientifically proven.
2. Guillain-Barre Syndrome and other neurological conditions including meningitis, meningoencephalitis and myelitis.

Prevention

1. At present, avoid exposure is the best.
2. Pregnant women should avoid travelling to areas where Zika outbreaks* are ongoing.
3. Women considering pregnancy or assisted reproduction technology should seek medical advice from their doctor before their trips to the outbreak areas
4. During their stay in the outbreak areas, women should strictly follow steps to avoid mosquito bites during day and night including (a) the use and reuse of Environmental protection Agency (EPA)-approved insect repellents with DEET as directed on the product label, (b) wearing light-colored, loose, long- sleeved skirts

and pants to cover exposed skin, (c) avoid using fragrant cosmetics or skin care products, (d) staying in air-conditioned or screened-in areas, and (e) treating clothing (but not skin) with permethrin. Both DEET and permethrin can be used safely during pregnancy.

5. After returning from outbreak areas, women should continue steps to avoid mosquito bites including applying mosquito repellent for 14 days to prevent human-to-mosquito-to-human transmission.

6. Women are advised to adopt contraception for 28 days after returning from outbreak areas. If symptoms, e.g. fever, develop, they should consult their doctor as soon as possible and reveal their travel history.

7. To prevent sexual transmission to a pregnant woman or a woman considering pregnancy, her male partner is advised to use condoms during sexual intercourse for 28 days after returning from an affected area if he had no symptoms or for 6 months following recovery if he had clinical symptoms of or laboratory confirmed Zika virus infection.

8. Zika can be found in breast milk, but in very small amounts which is unlikely to cause harm to the neonate. The current recommendation is to continue breastfeeding because the benefits likely outweigh the potential neonatal risks.

***Countries and territories with active Zika virus transmission (dated on 3 Feb 2016)**

To see the updated list, please visit CHP website <http://www.chp.gov.hk/en>

AMERICAS

- Barbados, Bolivia, Brazil, Colombia, Commonwealth of Puerto Rico, Costa Rica, Curacao, Dominican Republic, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Saint Martin, Suriname, U.S. Virgin Islands, Venezuela

OCEANIA/PACIFIC ISLANDS

- American Samoa, Samoa, Tonga

AFRICA

- Cape Verde

Management

1. Zika virus disease is usually relatively mild and requires supportive treatment which includes rest, fluids, and treating pain and fever with panadol. Aspirin and other non-steroidal anti-inflammatory drugs should be avoided until dengue fever

(with similar symptoms as Zika but with potential bleeding complications) is excluded. If symptoms worsen, seeking medical care and advice is recommended. There is no antiviral agent or vaccine available.

2. For evaluation and management of a pregnant woman with a history of travel to an affected area, please refer to the interim guidelines.

Reporting (a reminder from DH)

With effect from 5 February 2016, "Zika Virus Infection" has been added to the list of infectious diseases specified in Schedule 1 to Cap. 599. For travellers returning from areas with ongoing Zika virus transmission (affected areas) and present with compatible clinical picture which cannot be explained by dengue fever, chikungunya fever or other medical conditions, please consider further investigations of Zika Virus Infection. Laboratory tests can be arranged with the Public Health Laboratory Services Branch (PHLSB) for a clinical suspected case.

References

1. WHO Fact sheet on Zika virus.
<http://www.who.int/mediacentre/factsheets/zika/en/>
2. Schuler-Faccini L, Ribeiro EM, Feitosa IM, Horovitz DD, Cavalcanti DP, Pessoa A, Doriqui MJ, Neri JI, Neto JM, Wanderley HY, Cernach M, El-Husny AS, Pone MV, Seroo CL, Sanseverino MT. Possible Association Between Zika Virus Infection and Microcephaly - Brazil, 2015. *MMWR Morb Mortal Wkly Rep.* 2016;65:59-62.
3. Oduyebo T, Petersen EE, Rasmussen SA, et al. Update: Interim Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure — United States, 2016. *MMWR Morb Mortal Wkly Rep* 2016;65(Early Release):1–6. DOI:
<http://dx.doi.org/10.15585/mmwr.mm6505e2er>
4. Centre for Health Protection Web site
<http://www.chp.gov.hk/en/content/9/24/43088.html>
5. Practice Advisory: Interim Guidance for Care of Obstetric Patients During a Zika Virus Outbreak.
<https://www.acog.org/About-ACOG/News-Room/Practice-Advisories/Practice-Advisory-Interim-Guidance-for-Care-of-Obstetric-Patients-During-a-Zika-Virus-Outbreak>
6. Updated health advice on Zika Virus Infection. Letter to doctors from Center for Health Protection dated 5 February 2016