

On February 1st 2016, the WHO International Health Regulation Emergency Committee on Zika Virus Disease announced that the recent cluster of neurological disorders and neonatal malformations reported in the Americas region constitutes a Public Health Emergency of International concern, i.e an “extraordinary event” and a public health threat to other parts of the world.

## Facts on Zika

- People catch Zika by being bitten by an infected Aedes mosquito, the same type that transmits dengue, chikungunya and yellow fever.
- Zika occurs in tropical areas where Aedes mosquitoes can live and breed. These mosquitoes are aggressive daytime biters and they can also bite at night. Mosquitoes become infected when they bite a person already infected with the virus. Infected mosquitoes can then spread the virus to other people through bites.
- Women of child-bearing age and pregnant women are the most vulnerable group.
- Though the circulation of the virus was known since 1947, outbreaks of the disease were reported for the first time from the Western Pacific in 2007 and 2013 (Yap and French Polynesia, respectively), and in 2015 from the Americas (Brazil and Colombia) and Africa (Cape Verde).
- According to PAHO/WHO, up to January 30th 2016, 26 countries and territories have reported Zika cases in the Americas, including 12 out of 14 where World Vision has operations.
- List of areas with ongoing Zika transmission is constantly updated and available online (<http://wwwnc.cdc.gov/travel/notices/>).

## Signs and symptoms of Zika

- Only about 1 in 5 people infected with Zika will get sick. For people who get sick, the illness is usually mild and many people might not realize they have been infected. Those who get sick experience flu-like symptoms for two to seven days after being bitten by an infected mosquito. These include slight fever and rash, red eyes, muscle and joint pain, and headache.
- The symptoms usually finish in 2 to 7 days. Neurological complications have been reported but severe cases requiring hospitalization is uncommon and no deaths associated with Zika have been reported.
- The recent cluster of microcephaly cases (abnormally small heads in newborn babies), and other neurological disorders reported Brazil are strongly suspected to have a causal relationship with Zika infection during pregnancy, though not yet scientifically proven.
- Zika is suspected based on the mother's symptoms and recent history (e.g. mosquito bites, or recent travel to an area where Zika is known to be present). Diagnosis can be confirmed by laboratory tests, through isolation of the virus in blood samples.
- If one suspects Zika or displays any of the above symptoms, he should see a doctor and mention a recent travel to an area with Zika transmission.

## How is Zika treated?

- There is currently no specific antiviral cure available for the disease itself, treatment is generally supportive.
- People sick with Zika should get plenty of rest, drink enough fluids, and treat pain and fever with common medicines.
- If symptoms worsen, they should seek medical care and advice.
- In pregnant women, fever should be treated with acetaminophen. Although aspirin and other nonsteroidal anti-inflammatory drugs are not typically used in pregnancy, these medications should specifically be avoided until dengue can be ruled out to reduce the risk for hemorrhage.
- Regular, 3-4 weeks tests should be done to the growing fetus if a woman tests positive to the Zika Virus infection test. Referral to a medical specialist is recommended.

## Key Recommended Strategies for National Offices on Alert, Prevention and Response to Zika

When planning for implementation of alert, prevention and response activities to Zika, WV National Office should consider to establishing contact and collaborate closely with local authorities, including relevant departments within the local Ministry of Health and local representation of WHO or PAHO

- **Health education:** Promote behavior change at household and community level and implement community mobilization to implement the most important protective measures: breeding sites elimination and prevention of mosquito bites in at-risk individuals, especially pregnant women. In addition to traditional media for raising awareness among communities, involve religious leaders and engage schools (teachers, parent and children) in the dissemination of personal protection and environmental prevention messages.
- **Protection:** Support the protection of people at risk especially pregnant women, through prepositioning equipment for protective measures against mosquito, such as insecticide-treated nets, insect repellents, and if appropriate, materials for interventions targeting the removals of breeding sites.
- **Surveillance and Monitoring:** Coordinate with health authorities by ensuring ADPs track and report cases and rumors of infections, newborn with abnormal small heads and sudden paralysis..
- **Diagnosis and Treatment:** Support by facilitating referral to appropriate health care services.
- **Advocacy:** Advocate for acceleration of the development of Zika vaccines and diagnostic tests.

## Preventive recommendations for staff in areas with an ongoing Zika outbreak

- There is no vaccine for preventing Zika.
- The most important protective measures are to reduce the risk of being stung by mosquitoes.
- This relies mainly on two strategies: control of mosquito and prevention of mosquito bites.
- First, the control of mosquito existence consists of eliminating mosquito-breeding sites that are formed in standing water. This includes emptying, cleaning or covering containers that can hold water, such as flower pots, tires, and buckets.
- Second, prevent mosquito bite by: using insect repellent, wearing long-sleeved shirts and long pants, preferably light-colored, using permethrin-treated clothing; staying and sleeping in screened or air-conditioned rooms; using physical barriers such as screens, closed doors and windows; and sleep under insecticide-treated nets.

## Travel advisory for staff travelling to locations affected by Zika

WHO found no public health justification for restricting travel or trade to prevent the spread of Zika. Staff travelling to Zika affected areas should apply the above preventive measures.

## Special Alert for Pregnant Women in relation to the Zika-affected locations

- Women who are pregnant or planning to become pregnant should consult their local health authorities if travelling to an area with an ongoing Zika outbreak.
- CDC recommends that all pregnant women reconsider travel to areas where Zika transmission is ongoing.
- As of the time of writing, officials from Brazil, Columbia, El Salvador, Ecuador, and Jamaica have recommended that women delay getting pregnant until the alert is lifted.
- Health care providers should ask all pregnant women about recent travel. Women who traveled to an area with ongoing Zika virus transmission during pregnancy should be evaluated and tested for Zika infection.

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