

ZIKAVIRUS



FAMILY PLANNING



Updated July 29, 2016

Background

ZIKA virus was first discovered in 1947 in the jungles of Uganda, Africa. Since 1952, human cases have been detected in tropical Africa, Southeast Asia, and the Pacific Islands. In May of 2015, the first confirmed case of Zika infection was identified in Brazil. Active transmission has been reported across Central America, Mexico, Puerto Rico, the Caribbean, Bahamas, and a specific area in Florida (Wynwood).

How is Zika transmitted?

The most common mechanism of Zika virus transmission is through the bite of a mosquito. It can also be passed by a perinatal route from mother to fetus, or by contact with infected semen. It is thought to be transmitted sexually via semen by vaginal, anal or oral route. It most likely can be transmitted through a blood transfusion. It can be transmitted sexually both before symptoms start and after symptoms resolve. There is also concern that the virus may also be spread in patients infected with Zika, but without clinical symptoms. This is especially problematic in that 80% of patients' infected with Zika are without clinical symptoms. How long the Zika virus persists in semen after the initial infection is unknown, making conception planning difficult.

What are symptoms of Zika?

The incubation period of the Zika virus is felt to be 3-14 days after exposure. The viremia is felt to last one to two weeks. Typical symptoms include two or more of the following: fever, rash, arthralgia, myalgia, conjunctivitis, and headache. Guillain-Barre syndrome (when a patient's immune system attacks the peripheral nervous system) although infrequent, has been associated with Zika infection.

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Does Zika cause birth defects?

In pregnant patients, miscarriage, fetal microcephaly, and fetal brain and eye abnormalities have been described after congenital exposure. The exact risk of an abnormality following exposure or infection is not known. There is presently no evidence that Zika will cause congenital infection in pregnancies initiated after the resolution of the maternal Zika viremia.

Are all infected patients symptomatic?

No. Eighty percent (80%) of people infected with Zika demonstrate no symptoms. Therefore, any individual who has traveled to a Zika alert area should be considered possibly exposed, and capable of transmitting the disease. As such these individuals should avoid conception for a period of eight (8) weeks after possible exposure. It is recommended that individuals with possible exposure use condoms during this restrictive period to avoid transmission of the virus and prevent unintended pregnancy.

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DEMONSTRATE NO SYMPTOMS

Is testing for Zika available?

Testing for Zika using a RT-PCR (reverse transcriptase polymerase chain reaction) to detect Zika virus in both serum and urine is now commercially available through a reference laboratory. This can be ordered on any patient who is concerned about recent exposure. Serum testing is most accurate within the first week of symptom onset. Urine testing is recommended by the CDC as it should detect the virus within 14 days of symptom onset. A positive test is diagnostic for Zika. However, a negative test result confirms that there is no detectable virus present at the time the test was performed, but does not rule out Zika infection.

The use of serum IGM antibody testing can only be performed in certain clinical situations with prior authorization of the Dade County Health Department.

Is there a vaccine available for Zika?

Potential vaccines are still in the development or research stage, and not presently available.

WILL GUIDELINES CHANGE IN THE FUTURE

Research and information on Zika is constantly being updated and changing. These recommendations are valid as of July 29, 2016 and will probably be modified as time goes on. Please check with your treating obstetrician, gynecologist or reproductive endocrinologist and infertility specialist to insure that you have the most up to date guidelines.



Recommendations for Pregnant Patients

1. CDC recommends that travel to a high-risk Zika area be avoided.
2. If you have to travel to such an area, then latex condoms should be utilized while there. In addition, if the male partner has traveled to such an area, then condoms should be used throughout the remainder of the pregnancy. This recommendation holds even if the male partner has no symptoms or history of mosquito bites.
3. All pregnant patients who have traveled to an at risk area, or who have a male sexually intimate partner who has traveled to such an area, should immediately notify their obstetrician so appropriate testing (blood and urine testing in addition to fetal ultrasounds) can be coordinated.

What if I am presently in fertility treatment or do not want to delay?

In a situation where only the male partner is traveling, it would be recommended to cryopreserve (freeze) a sample of his sperm. This sperm can be used during the restrictive period so that fertility care is not postponed. None the less, it is important to use condoms during the restrictive period.

Patients who do not follow these guidelines are more at risk of developing Zika or transmitting it sexually to their partner, or if pregnant to their developing embryo/fetus. In the latter case, significant birth defects including but not limited to effects on neurological development and microcephaly may occur. These defects are chronic lifelong issues.

How do I plan a healthy pregnancy?

The Center for Disease Control (CDC) has established medical recommendations and guidelines to minimize the risk to patients, particularly those thinking about conception or who are pregnant:

1. If sexually active while traveling to a high-risk Zika country, contraception should be practiced. Avoid getting pregnant until the CDC recommended restricted period has passed.
2. Possible Exposure. Any person who has traveled to a high-risk Zika country is considered to have possible exposure. In the absence of clinical illness consistent with Zika, it is recommended to avoid conception for eight (8) weeks after returning from such travel.
3. Suspected Zika Viral Disease - females with clinical symptoms of Zika, or documented Zika by blood or urine testing, should avoid conception for eight (8) weeks after the viremia has resolved. Men with symptoms or documented Zika should avoid impregnating their female partner for a period of six (6) months after the viremia has resolved.
4. If in a Zika environment (or South Florida becomes one), take preventative measures to avoid mosquito bites. Avoid areas where mosquitoes are more prevalent or more active. Wear long-sleeved shirts and pants; and use insect repellents that are safe to use during pregnancy (those containing DEET, picaridin, IR3535 or oil of eucalyptus). Condoms should be used throughout pregnancy.