

Key aspects briefly summarized

- Zika is a viral disease transmitted by mosquitoes that bite during the day.
- Zika virus infection during pregnancy (any trimester) can cause fetal malformation.
- In areas at increased risk of transmission (epidemic), specific recommendations must be given to women who are – or wish to become – pregnant.
- If you or your partner is pregnant or if you are planning a family, we strongly recommend that you inform yourself in detail about Zika.

Disease

Zika is a viral disease transmitted by mosquitoes that bite during the day. About one in five people develop symptoms such as fever, skin rash, conjunctivitis, joint pain, muscle pain, and sometimes headaches. In general, the disease is mild and heals spontaneously. Rarely, immunological and neurological complications occur. Infection during pregnancy can have serious consequences for the fetus. Pregnant women are advised against travelling to countries with increased risk (current epidemic).

Occurrence / Risk areas

The Zika virus was identified in 1947 in monkeys from the Zika forest in Uganda. Virus circulation has long been limited (a few cases each year) in Africa and South-East Asia. In May 2015, the American continent was affected for the first time, with an epidemic in Brazil that rapidly spread to South America, Central America, and the Caribbean. Since then, the disease has been reported in most tropical and subtropical regions.

The risk of infection is currently low in most regions and does not require specific measures. However, epidemics may occasionally reappear. During epidemics, the risk of transmission is high, and specific recommendations for the traveller are necessary.

Transmission

Zika virus is transmitted by the bites of infected mosquitoes (*Aedes* spp. including 'tiger mosquito'), which bite during the day, with maximum activity at dawn and a few hours before sunset. These mosquitoes are common in cities in tropical and subtropical regions. The virus can be transmitted from person to person, during pregnancy by an infected mother to the fetus, or during unprotected sex with an infected person (with or without symptoms). Transmission by blood transfusion is also possible.

Symptoms

About 80% of infected people have no symptoms. Clinical signs begin within 2 weeks after the bite of an infected mosquito and are generally mild: moderate fever, rash often with itching, conjunctivitis, joint pain, headache, muscle pain, and digestive disorders. In general, the patient heals spontaneously after 5-7 days. Neurological (Guillain-Barré syndrome) and immunological complications can occur, but are rare. Zika virus infection during pregnancy (any trimester) can cause fetal malformation.

Treatment

In case of fever, it is recommended to consult a doctor on site. The symptoms of a Zika virus infection may seem similar to those of malaria, for which urgent treatment is necessary, or dengue fever. Treatment for Zika targets reduction of fever and joint pain (paracetamol). Avoid aspirin and anti-inflammatory drugs (e.g. ibuprofen) as long as dengue fever is not excluded. There is no vaccine available.

In case of pregnancy and fever during or upon return from a Zika virus transmission area, blood and/or urine tests are indicated. In case of confirmed infection, the medical management should be discussed with the gynecologist and infectious/travel medicine specialists.

Prevention

The risk of infection can be reduced by effective protection from mosquito bites during the day and in the early evening (long clothing, mosquito repellents, mosquito net).

When travelling in an area of increased risk (= declared epidemic) and in order to prevent possible sexual transmission of the virus, it is recommended to use a condom / Femidom during the trip and at least 2 months after return.

Due to the risk of fetal malformation, pregnant women are advised against travelling to areas at increased risk (= declared as epidemic) of Zika transmission at any time during pregnancy (in case of essential travel, a consultation with a travel medicine specialist is advised before departure). Women who wish to become pregnant should wait at least 2 months after their return (or that of their partner) from an area at increased risk of Zika transmission.

Of note

- Zika virus infection during pregnancy (any trimester) can cause fetal malformation.
- For most up-to-date information on Zika distribution and / or Zika outbreaks, please consult CDC Zika Travel Information: <http://wwwnc.cdc.gov/travel/page/zika-information>

Further Information

Swiss TPH - Information on the Zika Virus: <https://www.swisstph.ch/en/travelclinic/zika-info/>