Zika virus

Until recently I’d not heard of the Zika virus but WHO have just declared a Public Health Emergency of International Concern in relation to recent outbreaks. What advice should we give to our patients who plan on travelling to countries with Zika virus transmission and how do we manage suspected cases of Zika virus in the UK?


What is Zika virus and how is it transmitted?

- Zika virus is a flavivirus that was first discovered in Africa in 1947. Only a few outbreaks have been documented prior to 2015.
- Zika virus is primarily transmitted by the bite of an infected Aedes mosquito. Aedes mosquitoes bite in the day and are most active midmorning and late afternoon to dusk. They are unlikely to be found at altitudes above 2000m.
- A small number of cases of Zika virus infection have occurred via sexual transmission or mother to baby via the placenta. Apart from in these specific situations, it is NOT passed from person to person.
- There is currently no Zika virus vaccine.

Symptoms of Zika virus disease

- Incubation period is 3-12d but it can be shorter or longer.
- Most people have minimal symptoms with a mild, short lived (2-7d) febrile disease. Typical symptoms:
  - low-grade fever
  - joint pain (may have swelling of smaller joints of the hands and feet)
  - rash, sometimes itchy
  - conjunctivitis
  - headache
  - myalgia
  - eye pain.
- Symptoms are similar to dengue and chikungunya which are also transmitted by the Aedes mosquito.

Geographical spread

The CDC report active transmission of Zika virus in the following countries (http://www.cdc.gov/zika/geo/index.html, accessed 1/2/16):

- Americas: Barbados, Bolivia, Brazil, Columbia, Dominican Republic, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Martinique, Mexico, Panama, Paraguay, Puerto Rico, Saint Martin, Suriname, U.S. Virgin Islands, Venezuela
- Pacific Islands: Samoa
- Africa: Cape Verde

Zika virus and microcephaly

On 1st Feb 2016, the WHO Director General convened an Emergency Committee to assess the health threat associated with the continuing spread of Zika virus disease in Latin America and the Caribbean.

The experts agreed that a causal relationship between Zika virus infection during pregnancy and microcephaly is strongly suspected although not yet scientifically proven. This led to the declaration of a Public Health Emergency of International Concern.

The RCOG algorithm for assessing pregnant women after potential exposure to Zika virus applies to women in all stages of pregnancy but they say that based on current information and experience with other congenital infections, infection with Zika virus in early pregnancy is likely to pose the greatest risk.

Zika virus and Gullian-Barre syndrome

In parallel with the outbreak of Zika virus in Central and South America, several countries have reported an unusual increase in cases of Guillain-Barre syndrome and the association between the two is also being investigated.
Implications for UK

- In relation to the current outbreak, as of 2/2/2016 there have been 5 confirmed cases of Zika virus infection diagnosed in travellers returning to the UK.
- The public health risk of Zika virus infection in travellers returning to the UK is negligible as the UK climate is too cool for the Aedes mosquito to breed so there is no vector for onwards transmission.
- A small number of cases of Zika virus infection have occurred via sexual transmission or mother to baby via the placenta. Apart from in these specific situations, it is NOT passed from person to person.

Advice for travellers to areas of Zika virus transmission

- The WHO emergency committee found no public health justification for restricting travel or trade to prevent the spread of Zika virus.
- Provide advice on mosquito bite avoidance: use an insect repellent containing DEET on exposed skin. Apply the repellent after sunscreen. Cover-up with light clothing. Remember Aedes is a day biting mosquito.

Women who are pregnant or planning pregnancy

- Should consider avoiding travel to areas with active Zika virus transmission.
- If travel is unavoidable then take scrupulous precautions to avoid mosquito bites.
- Avoid conception while traveling in an area with Zika virus transmission. On return to the UK, avoid pregnancy for a further 28d.

Men

- The risk of sexual transmission is very low.
- The virus has been found in semen but it is not yet known how long this can persist.
- If their female partner is at risk of pregnancy or already pregnant, condom use is advised for the male traveller:
  o for 28d after return from Zika virus transmission area if no unexplained fever/rash or
  o for 6m following recovery from illness consistent with Zika virus or laboratory confirmed Zika virus infection.

What about pregnant women returning from areas with Zika virus transmission?

RCOG issued an interim algorithm for assessing pregnant women who have travelled to areas with active Zika virus transmission during pregnancy (PHE 1/2/2016).

Pregnant woman who have travelled to areas with Zika virus during the pregnancy

Asymptomatic women  
(including women with no clinical illness consistent with Zika virus during or within 2 weeks of travel or women with a history of illness consistent with Zika virus disease who’s symptoms have resolved)

Current clinical illness consistent with Zika virus disease

Test for Zika virus (see below)

Negative Zika PCR test  
Manage as for asymptomatic women

Positive (or inconclusive) Zika PCR test  
Refer to foetal medicine for evaluation/follow up and for baseline scan

Offer baseline foetal ultrasound scan

Scan normal  
Consider repeating every 4 weeks throughout pregnancy

Scan abnormal  
or additional concerns, refer to foetal medicine services
What to do if you suspect a case in the UK

<table>
<thead>
<tr>
<th>Consider Zika virus in people WITH FEVER returning from areas with known Zika virus</th>
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<tbody>
<tr>
<td>TEST for Zika</td>
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<tr>
<td>blood (clotted and EDTA) and urine (preservative free container) should be sent to the Rare and Imported Pathogens Laboratory with full clinical history and travel history (there is a specific form for this, see useful websites below).</td>
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<tr>
<td>Diagnosis is by PCR and virus isolation from blood samples. Serology tests are difficult to interpret as the virus can cross react with other flaviviruses e.g. dengue, West Nile and yellow fever.</td>
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<tr>
<td>Treatment</td>
</tr>
<tr>
<td>There is no specific treatment, and in most this is a mild and self-limiting illness. Management is fluids, rest and medications for symptomatic relief.</td>
</tr>
<tr>
<td>There have been a small number of cases of Zika virus infection via sexual transmission and from mother to baby via the placenta. Apart from in these specific situations, it is NOT passed from person to person.</td>
</tr>
<tr>
<td>There is currently no Zika virus vaccine.</td>
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<tr>
<td>If pregnant, follow flow chart above for monitoring etc.</td>
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**Known unknowns**

Key issues that need to be addressed in our understanding of the Zika virus (http://www.who.int/features/qa/zika/en/ accessed 1/2/16)

- Epidemiological characteristics of the virus e.g. incubation period, role of mosquito in transmission, geographical spread.
- Whether specific treatments and vaccines can be developed. (A vaccine is in development that may be available this year (BMJ 2016;352:i630)).
- How Zika virus interacts with other arboviruses e.g. dengue
- Whether specific laboratory tests can be developed for diagnosis that don't interact with other viruses in the sample e.g. dengue.
- Whether there is a causal relationship between Zika virus and microcephaly or Gullian-Barre syndrome.
## Zika virus

- Zika virus is primarily transmitted by the day biting *Aedes* mosquito.
- Recent Zika virus outbreaks in Latin America and the Caribbean have been associated with an increase in cases of microcephaly leading to a strong suspicion of a causal link and WHO declaring a Public Health Emergency of International Concern.
- There is currently no vaccine or treatment for Zika virus.
- Advise pregnant women to consider avoiding travel to areas with Zika virus transmission. If travel is unavoidable scrupulous mosquito bite avoidance is advised.
- Advise women planning pregnancy not to conceive in an area with Zika virus transmission and for 28d after return to the UK.
- Advise men with partners at risk of pregnancy to use a condom for 28d after return from an area with Zika virus transmission if they are asymptomatic or 6m if they have had a clinical illness consistent with, or proven Zika virus infection.
- Pregnant women returning from an area with Zika virus transmission should be offered USS monitoring and be tested for Zika virus if currently symptomatic.
- Zika virus infection can be confirmed by PCR testing by the rare and imported pathogens laboratory.

Are your practice nurses up to date with the advice to give to travellers to areas with Zika virus transmission? Do your midwives know what to do with pregnant women returning from an area of Zika virus transmission?


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*February 2016*
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<tr>
<th>Location</th>
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<tbody>
<tr>
<td>London</td>
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<td>Leeds</td>
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<td>Birmingham</td>
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<td>London</td>
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<td>London</td>
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<td>Manchester</td>
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**The Effective Consultation Course**

The Course focuses on behaviours which enhance effective use of time in the consultation. Efficient consultations reduce clinical risk and lower the risk of complaints and lawsuits. The course uses the rich evidence base on which consultation behaviours enhance effectiveness and how to go about learning them. We focus on actions and you will leave with many practical tips to use in your consulting room the following day.

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<td>London</td>
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**The Medically Unexplained Symptoms Course**

A significant proportion of patients who present to us will turn out to have symptoms that are medically inexplicable. We all know that there is no magic solution with these patients and sometimes they leave us feeling defeated and not sure what to do. However, there is evidence which can help address the issue.

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☐ The Telephone Consultation Course  (location) ........................................................... (date) ......................
☐ The Effective Consultation Course  (location) ........................................................... (date) ......................
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