

Health advice for women returning from areas with active Zika virus transmission

This factsheet contains:

1. General advice and information for women returning from areas with active Zika transmission who are pregnant or who are planning a pregnancy
2. Advice for pregnant women who are diagnosed with Zika virus
3. Advice for pregnant women whose baby is thought to be affected

Background

Zika virus infection is caused by a virus that is transmitted by a particular type of mosquito. Zika virus was first isolated from a monkey in the Zika forest in Uganda in 1947. Infection in humans was first reported in 1952.

In October 2015, Brazilian authorities reported an apparent increase in the number of babies born with a condition called 'microcephaly' (babies with a smaller head than expected, which is associated with reduced brain development). Based on a growing body of research there is scientific agreement to support a link between Zika virus infection in pregnant women and microcephaly and other developmental problems in their babies.

How the virus spreads

Zika virus is spread by the bite of an infected female Aedes mosquito, most commonly Aedes aegypti. The mosquito that transmits the virus is not found in the UK. Therefore, if a person acquires Zika virus abroad and becomes ill on their return to the UK, the risk to the wider population is considered negligible. Globally, cases of sexual transmission of Zika virus have been reported. Most cases have involved male-to-female spread but male-to-male and female-to-male transmission have also been reported as a very rare occurrence. [Information on how to prevent sexual transmission is available on the Public Health England website](#). Zika virus does not spread by social contact, for example kissing, hugging, or shaking hands.

Areas affected by active Zika virus transmission

Since the report of the first locally acquired confirmed case of Zika infection in Brazil in May 2015, many countries in South and Central America, the Caribbean and Oceania have reported Zika virus outbreaks. As people's awareness of Zika increases, further cases are expected to be reported in these regions and previously unaffected countries. A list of countries currently reporting Zika virus cases can be found on the [Public Health England website](#) and is best looked at online because it is updated frequently.

Zika virus symptoms

After an infected mosquito bites someone, the first symptoms of Zika virus infection can develop in three days but can be up to 12 days in some people.

The majority of people infected have minimal symptoms or no symptoms. For those with symptoms, Zika virus generally causes a mild, short-lived illness (2-7 days). Typical symptoms include:

- rash
- generalised itching
- fever
- headache
- joint pain (sometimes with tissue swelling, around the ankles and other joints)
- muscle pain
- conjunctivitis/red eyes
- lower back pain
- pain behind the eyes

The symptoms of Zika virus infection can be similar to dengue (caused by a related virus) or chikungunya, illnesses which often occur in the same areas as Zika virus. Laboratory tests are recommended for all patients with suspected Zika virus infection, who have or have previously had symptoms, but not for people who have never had symptoms.

For the vast majority of people, Zika virus infection is a very mild disease. However, apparent increases in birth defects (particularly microcephaly), and other neurological and immune conditions, such as Guillain-Barré syndrome, are being reported in areas where there is active Zika virus transmission.

Serious complications and deaths from Zika are not common. However, based on a growing body of research there is scientific consensus that Zika virus is a cause of microcephaly and other congenital anomalies (also referred to as congenital Zika syndrome) and Guillain-Barré syndrome. Further information about these findings is available from the World Health Organization.

Treatment for Zika virus

There is no specific treatment for Zika virus infection; supportive care and relief of symptoms are the standard treatment

Vaccination for Zika virus

There is currently no vaccine to prevent Zika infection. The best way to avoid Zika virus infection is by avoiding mosquito bites. www.gov.uk/government/publications/mosquito-bite-avoidance-for-travellers

1. Advice for women and their partners returning from areas with active Zika virus transmission who are pregnant, or planning a pregnancy

Advice for women who have recently been to an affected country and suspect they have the virus

The symptoms of Zika virus infection can be similar to other mosquito-borne infections, such as dengue, chikungunya and malaria, and also more common infections seen in pregnancy that are not related to travel, so medical assessment is essential for the correct diagnosis.

Anyone who has recently returned from an area with active Zika transmission and has a fever, rash or flu-like illness, should seek medical attention without delay to exclude Zika and other, more serious, mosquito-borne diseases such as malaria, as well as more common illnesses that may include rash and fever. Travel history should be mentioned to the GP or midwife.

Women should avoid becoming pregnant while travelling in an area with active Zika virus transmission. On returning to the UK, they should avoid becoming pregnant for a further eight weeks. See guidance on [preventing infection by sexual transmission](#) where a male partner has travelled to an area with active Zika virus transmission.

Advice for pregnant women recently returned from an affected country who have not experienced symptoms

Any woman who is worried should contact their GP or midwife. They will advise on what assessments are required; these might include ultrasound scanning and taking a blood sample.

If a sexual partner has been to a Zika-affected country

If a female partner is pregnant, condom use is advised for a male traveller to reduce the risk of transmission during travel and for the duration of the pregnancy.

If a female partner is at risk of getting pregnant, or is planning pregnancy, effective

contraception is advised to prevent pregnancy AND condom use is advised for a male traveller to reduce the risk of transmission during travel and for six months after symptom onset or last possible Zika virus exposure. Last possible Zika virus exposure is defined as the date of leaving an area with high or moderate Zika virus risk, or the date on which unprotected sexual contact with a potentially infectious partner took place.

There is a theoretical risk of female to female transmission of Zika virus. To reduce the risk of transmission to their partner, females with Zika symptoms may consider using condoms or other barrier methods during sexual activity.

PHE may revise this [sexual transmission advice](#) as more information becomes available. Anyone with concerns regarding potential sexual transmission of Zika virus should contact their GP for advice.

Testing for Zika virus

The GP or midwife will ask questions about symptoms and travel history. They will advise whether further assessments are needed, including laboratory tests.

The GP or midwife will also discuss ultrasound scanning. Some women may also require referral to a fetal medicine unit.

Level of risks to a baby from testing

Blood samples and ultrasound scans are often taken during pregnancy as part of routine care. There are no risks to a pregnant woman or the baby from these procedures.

2. Advice for pregnant women who are diagnosed with Zika virus infection

Positive laboratory test result for Zika virus infection – what it means

If a pregnant woman requires a laboratory test for Zika virus infection and the result is positive or inconclusive, they will be referred to their local specialist fetal medicine unit and a consultant will advise on next steps. If a problem with their baby's development is detected, they may be offered a further test called 'amniocentesis'. This procedure involves removing a small sample of amniotic fluid from the womb so the cells it contains can be tested. Before the woman has amniocentesis, a healthcare professional will explain the procedure, including why they think it's necessary and the benefits and risks of this test.

The potential risks to a baby from Zika virus infection

If someone has been diagnosed with the virus, this does not necessarily mean the virus has affected the baby. They will be cared for and monitored throughout their pregnancy by the fetal medicine unit and their midwife.

3. Advice for pregnant women whose baby is thought to be affected

Diagnosing microcephaly during pregnancy

Some babies born to women infected with Zika virus may develop congenital Zika syndrome (CZS). These babies may develop microcephaly but other malformations and neurological conditions have been reported. The entire spectrum of this condition is not yet known. All women who have travelled to an affected country will be offered an initial fetal ultrasound. For some women who had an illness consistent with Zika virus disease, special blood tests can be done to check if the woman was exposed to Zika virus. Repeat scans throughout pregnancy will be offered if Zika virus infection cannot be excluded. If there are concerns, a pregnant woman may be referred to a fetal medicine unit for more specialised care.

Treatment and follow-up

There is currently no specific treatment for Zika virus infection. Expert care and advice are available through the fetal medicine unit throughout pregnancy and beyond, via general practice surgeries, midwives and health visitors.

For further advice

A GP surgery or midwife should be the first point of contact for anyone who has been to a Zika-affected country and needs advice. Further information can also be found at www.nhs.uk.

Travel advice can be found at NaTHNaC's website www.travelhealthpro.org or Health Protection Scotland websites [TRAVAX](#) and [fitfortravel](#).

This document provides supporting information and should not take the place of a face-to-face consultation with a GP or midwife.

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