***ZIKA VIRUS FACT SHEET*** (01/09/2016)

* **Genre**: Flavivirus
* **Vector**: Aedes mosquitoes – A. Aegypti & A. Albopictus (which usually bite during the morning and late afternoon/evening hours). The same vector that transmits Dengue, Yellow fever and Chikungunya.
* **Transmission**: via infected mosquito bites, unprotected sexual intercourse, vertical transmission (mother to foetus)

Also possible via infected saliva, urine & blood transmission – currently being investigated

(Precaution to ALL bodily fluids should be adhered to)

* **Reservoir**: Unknown
* **Incubation period** (the time from exposure to symptoms) : is not clear, but is likely to be 3-12 days.
* **Symptoms** (usually mild): fever, itchy skin rash, conjunctivitis (red eyes), muscle or joint pain, weakness, headache (Usually lasts for 2-7 days). **Around 80% of infections do not result in symptoms.**
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**Diagnosis**: diagnosed through PCR (polymerase chain reaction) and virus isolation from blood samples. Diagnosis by serology can be difficult as the virus can cross-react with other flaviviruses such as dengue, West Nile and yellow fever.

* **Complications**: Zika infection during pregnancy can cause a birth defect called [microcephaly](http://www.who.int/mediacentre/factsheets/microcephaly/en/) , as well as other severe foetal brain defects. Zika infection is also associated with a neurological disorder [Guillain-Barre](http://www.who.int/mediacentre/factsheets/guillain-barre-syndrome/en/) Syndrome
* **Treatment**
* No vaccine available
* No specific curative treatment available for Zika Virus
* Only symptomatic treatment (although symptoms are usually relatively mild) – eg antipyretics (paracetamol etc) for fever and pain.
* Do NOT take Aspirin or any Non-Steroidal Anti Inflammatory (NSAIDS) drugs until dengue has been ruled out
* Rest & Rehydrate
* If symptoms worsen, seek medical attention.
* All measures should be taken to prevent transmission from patient to others.
* **If pregnant – seek antenatal/ medical attention.**
* **Prevention**
* **Vector control** – source reduction, removal & modification of breeding sites eg.  tyres, flower pots, empty cans, any container with stagnant water should be scrubbed out (eggs can continue to live even when containers have been tipped over or dried out) , larvicide treatment (caution of resistance) or fish  in stagnant water
* **Reducing mosquito bites** (indoors & outdoors) :
* Use an effective insect repellent that contains DEET, Picaridin, PMD, or IR3535. Spraying the clothes you wear gives protection for some 5 hours. Spraying your skin gives protection for about 20 minutes.
  + wearing light- coloured clothes that covers most of your body (long sleeves, long pants, socks).
  + ensure windows and doors are covered with fly-wire/ mosquito netting, otherwise keep them closed
* aerosols / vapour repellent to kill mosquitoes in your room
* Insecticide-treated bed net is likely to have a very limited effect as Aedes Aegypti is a day biting mosquito.
* Choose air conditioned accommodation if possible.
* Pregnant women are advised to consider postponing any travel to any area where Zika virus transmission is ongoing. In addition to the infectious risks of any destination, it is important to consider the standard of available healthcare, and the availability of obstetric and neonatal specialist support (should it be required).
* **Do not donate blood** within 28 days after returning from a country with Zika outbreak.
* **Abstinence or safe sex** (using condoms)
* **What can we do?**
* **“CLEAN UP, COVER UP, KEEP IT UP!” - 10 key areas of focus documented within the** [**Guidance for planning community health and crisis response**](https://fednet.ifrc.org/FedNet/Resources_and_Services/Health/Health%20communications/Zika%20health%20planning%20guidance%20%20version%2015022016.pdf)
* **Inform all staff / volunteers** about the virus, key facts, what is yet unknown & ways to protect themselves.
* Keep up-to-date with the plan of action of the MOH & other agencies, and look out for opportunities to collaborate.
* Keep up-to-date with facts on Zika Virus as much is currently unknown and will unfold in the future
* **Awareness campaigns** – radio/ tv talk shows, social media alerts , GDPC hazard ap alert, print & distribute IEC materials
* Mobilise volunteers to enhance **prevention efforts** – eg community clean up, vector control, environmental sanitation, larvicide treatment, safe sex messaging etc
* **Scale up ongoing CBHFA** **or current dengue prevention programmes** (adapt to include IEC materials on Zika)
* **Scale up ECV roll out** – create Zika Virus info sheet (modify dengue info sheet), train volunteers & mobilize
* **Surveillance** – Report any cases or complications noticed during community / field visits to the authority & IFRC
* **PSS services** can be adapted to deal with public fear and worried mothers to be , along side community engagement for behaviour change activities
* **RMNCH –** Sexual, reproductive & maternal health activities to create awareness and educate of the risk of transmission
* **VNRBD** – safe practices to prevent transmission via blood products
* **Clinical services –** National societies with clinical services that include diagnosing and treating patients will need to ensure measures to prevent in hospital/ clinic transmission .
* **HR: Travel & Antenatal precautions** - Precautions to be taken when travelling to areas with known cases of Zika virus or tropical countries with Aedes mosquitoes. Antenatal advise & precautions for pregnant staff and volunteers.
* **Share** best practices with IFRC & other National Societies to learn from each other
* Focal Contact Person

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