



Zika Virus Disease

Guidance for planning community health and crisis response for Zika

Aim

This document has been developed to guide the IFRC and National Societies' response to the spread of Zika virus infection and its possible association with birth defects and neurologic conditions.

Evidence about Zika virus disease is starting to emerge rapidly; subsequently the guidance and best practices may change. We recommend that you check and recheck the resources below frequently. If in doubt, you can also mail your questions directly to emergency.health@ifrc.org for support.

Areas of focus

Interventions to control the impact of the current outbreak should approach the vector as well as the social impact of the outbreak.

Enhancing our capacity to leverage the power of and employ multiple communication channels, combined with our strong volunteers community work and technical interventions, to engage people and communities will ensure we deliver and sustain effective vector-control programmes that are open, transparent, accountable and can engage communities to drive positive social and behaviour change. Also, we recognize that supporting two-way dialogue and listening to the people we are partnering with in tackling the Zika virus is just as important, if not more so, than providing information and delivering services.

Technical guidance of IFRC has been grouped thematically by following areas of focus (community communication and engagement will be mainstreamed in all areas):

1 Risk communication to general public

In countries affected and at-risk of Zika transmission (with one of the vectors present) the general public will need information that the National Society can

provide. It is important that the National Society engage people and communities through a combination of communication channels: social media, radio and TV, SMS campaigns (among others) to be closely coordinated with community mobilization activities. Intensive public information campaigns should be combined with regular communication and engagement activities (i.e radio call-in programmes, TV debates or mobile cinema and interactive theatre activities).

2 Community-based surveillance

One of the central aims of the declaration of public health emergency of international concern is the strengthening of reporting and surveillance. Red Cross volunteers that are present in the communities equipped with digital data gathering devices using ODK or RAMP and quality-proofed surveys are excellently placed to strengthen the national surveillance systems in collaboration with Ministries of Health. IFRC has made available interim guidance for Community-based Disease Monitoring and Community Event Surveillance, which can be combined with existing capacity for digital data gathering. IFRC Health Department can also support Regions and National Societies with epidemiological analysis and presentation of the data.

3 Community clean-up campaigns

To control the vectors, more than a one off clean up session in affected and at-risk communities will be necessary. The goal will be to clear up, clean up and keep it up meaning that the goal of community campaigns should be to engage people and communities to improve and sustain environmental sanitation and vector control activities, as well as to promote social and behaviour change for household and personal protection.

4 Household and personal protection

Messages and measures for household level and personal protection against mosquito bites focus on keeping the household free from standing water, using correct repellents in a correct way for maximum individual protection, and hanging up and keeping up long-lasting insecticide treated curtains for household level protection. It is important to quality assure the messages in order to avoid putting resources into measures that are ineffective or of limited value in controlling the vector.

5 Chemical vector control

Preventing or reducing Zika virus transmission depends primarily on controlling the mosquito or interruption of human-vector contact. Transmission control activities should target the *Aedes aegypti* in its immature state (egg, larva, and pupa) and adult stages in the household and immediate vicinity. Dosing of larvicide in water tanks attacks the larvae while fogging affects adult mosquitoes. Technically well-planned chemical vector control campaigns using larvicides and insecticides that match the resistance pattern in the area should be supported. It is important that people and communities are informed and engaged in these activities in order to increase acceptance and collaboration.

6 Blood safety

Zika virus disease is predominantly spread by the bite of an infected mosquito of the species *Aedes*. However, there are reports on sexual transmission of the virus during active infection, which raises concerns of transmission of Zika virus through blood transfusions. A number of countries are asking potential donors not to give blood if within the last 3-4 weeks they have visited a Zika affected country. Red Cross Red Crescent activities for increased blood safety should include regular communication with the public and screening activities of voluntary non-remunerated blood donors.

7 Protection for particular settings

Patients staying in hospitals and residents of care institutions, or inmates in a prison, may be in need of specific protection and information. Specific information, clean-up activities as well as vector control campaigns may be needed for facilities in particular settings.

8 Staff and volunteer safety

Zika response is not heavy on personal protective equipment. Most of household and community level activities for cleaning up, covering up and keeping it up up can be carried out with heavy duty protective gloves. Volunteer insurance and the use of regular protective and indicative equipment such as vests and nail-proof boots should be encouraged.

9 Information and commodities for pregnant women in Zika affected countries

Information about causes and effects of the Zika virus is still imperfect and research on consequences of Zika virus infection during pregnancy are intensive. Nevertheless, being pregnant in a Zika affected country is likely to cause high-levels of stress. It is important to inform, communicate and engage pregnant women regularly and identify psychosocial support needs. It is also important to provide pregnant women with the necessary commodities for maximum protection:

- Male and female condoms.
- LLIT bed net.
- Repellent safe for use during pregnancy.
- Basic information on the disease.
- Specific information related to importance of early antenatal care and regular medical check-ups during pregnancy.

10 Psychosocial support for affected families

Giving birth to a child with a malformation - regardless of whether the malformation is caused by Zika virus or not - is a stressful event for a family. Babies with microcephaly can also have multi-organ deformations which may increase the risk of stigma and care needs.

Application of the 10 areas of focus

When trying to determine the appropriate level of activities and an optimal use of resources in a country, the following grid can be of help:

	Aedes + Zika + microcephaly and other neurological disorders	Aedes + Zika	Aedes	Other countries
1 Risk communication to general public	✓	✓	✓	✓
2 Community-based surveillance	✓	✓	✓	
3 Community clean-up campaigns	✓	✓	✓	
4 Household and personal protection	✓	✓	✓	
5 Chemical vector control	✓	✓	✓	
6 Blood safety	✓	✓		
7 Protection for particular settings	✓	✓	✓	
8 Staff and volunteer safety	✓	✓	✓	
9 Information and commodities for pregnant women in Zika affected countries	✓	✓		
10 Psychosocial support for affected families	✓			

More information

Zika page on Fednet with technical guidance packages on each area of focus

<https://fednet.ifrc.org/en/resources/health/health-communications/>

For questions, answers and discussions the Health Department's Zika Network on Yammer

<http://bit.ly/ZikaYammer>

Responsible for information in this document 16/02/2016

Panu Saaristo

Emergency Health Coordinator

Community Health and Crisis Response

Health Department

Geneva Secretariat

panu.saaristo@ifrc.org