Annexure I

Fact Sheet : Zika virus Disease*

Key facts

- Zika virus disease is caused by a virus transmitted primarily by *Aedes* mosquitoes.
- People with Zika virus disease can have symptoms including mild fever, skin rash, conjunctivitis, muscle and joint pain, malaise or headache. These symptoms normally last for 2-7 days.
- There is scientific consensus that Zika virus is a cause of microcephaly and Guillain-Barré syndrome. Links to other neurological complications are also being investigated.

Introduction

Zika virus is a mosquito-borne flavivirus that was first identified in Uganda in 1947 in monkeys through a network that monitored yellow fever. It was later identified in humans in 1952 in Uganda and the United Republic of Tanzania. Outbreaks of Zika virus disease have been recorded in Africa, the Americas, Asia and the Pacific. From the 1960s to 1980s, human infections were found across Africa and Asia, typically accompanied by mild illness. The first large outbreak of disease caused by Zika infection was reported from the Island of Yap (Federated States of Micronesia) in 2007. In July 2015 Brazil reported an association between Zika virus infection and Guillain-Barré syndrome. In October 2015 Brazil reported an association between Zika virus infection and microcephaly.

Signs and Symptoms

The incubation period (the time from exposure to symptoms) of Zika virus disease is not clear, but is likely to be a few days. The symptoms are similar to other arbovirus infections such as Dengue, and include fever, skin rashes, conjunctivitis, muscle and joint pain, malaise, and headache. These symptoms are usually mild and last for 2-7 days.

Complications of Zika virus disease

Based on a systematic review of the literature up to 30 May 2016, WHO has concluded that Zika virus infection during pregnancy is a cause of congenital brain abnormalities, including microcephaly; and that Zika virus is a trigger of Guillain-Barré syndrome. Intense efforts are continuing to investigate the link between Zika virus and a range of neurological disorders, within a rigorous research framework.

* Source : WHO ; Updated 6 September 2016

Transmission

Zika virus is primarily transmitted to people through the bite of an infected mosquito from the *Aedes* genus, mainly *Aedes aegypti* in tropical regions. *Aedes* mosquitoes usually bite during the day, peaking during early morning and late afternoon/evening. This is the same mosquito that transmits Dengue, Chikungunya and yellow fever. Sexual transmission of Zika virus is also possible. Other modes of transmission such as blood transfusion are being investigated.

Diagnosis

Infection with Zika virus may be suspected based on symptoms and recent history of travel (e.g. residence in or travel to an area with active Zika virus transmission). A diagnosis of Zika virus infection can only be confirmed through laboratory tests on blood or other body fluids, such as urine, saliva or semen.

Treatment

Zika virus disease is usually mild and requires no specific treatment. People sick with Zika virus should get plenty of rest, drink enough fluids, and treat pain and fever with common medicines. If symptoms worsen, they should seek medical care and advice. There is currently no vaccine available.

Prevention

Mosquito bites

Protection against mosquito bites is a key measure to prevent Zika virus infection. This can be done by wearing clothes (preferably light-coloured) that cover as much of the body as possible; using physical barriers such as window screens or closing doors and windows; sleeping under mosquito nets; and using insect repellent containing DEET, IR3535 or icaridin according to the product label instructions. Special attention and help should be given to those who may not be able to protect themselves adequately, such as young children, the sick or elderly. Travellers and those living in affected areas should take the basic precautions described above to protect themselves from mosquito bites.

It is important to cover, empty or clean potential mosquito breeding sites in and around houses such as buckets, drums, pots, gutters, and used tyres. Communities should support local government efforts to reduce mosquitoes in their locality. Health authorities may also advise that spraying of insecticides be carried out.

Sexual transmission

Zika virus can be transmitted through sexual intercourse. This is of concern due to an association between Zika virus infection and adverse pregnancy and fetal outcomes.

For regions with active transmission of Zika virus, all people with Zika virus infection and their sexual partners (particularly pregnant women) should receive information about the risks of sexual transmission of Zika virus. WHO recommends that sexually active men and women be correctly counselled and offered a full range of contraceptive methods to be able to make an informed choice about whether and when

to become pregnant in order to prevent possible adverse pregnancy and fetal outcomes. Women who have had unprotected sex and do not wish to become pregnant due to concerns about Zika virus infection should have ready access to emergency contraceptive services and counselling. Pregnant women should practice safer sex (including correct and consistent use of condoms) or abstain from sexual activity for at least the whole duration of the pregnancy.

For regions with no active transmission of Zika virus, WHO recommends practicing safer sex or abstinence for a period of six months for men and women who are returning from areas of active transmission to prevent Zika virus infection through sexual intercourse. Sexual partners of pregnant women, living in or returning from areas where local transmission of Zika virus occurs should practice safer sex or abstain from sexual activity throughout the pregnancy.