

Health advice for women returning from areas with high or moderate risk of Zika virus transmission

This factsheet contains:

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

Background

Zika virus infection is caused by a virus that is transmitted by a 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). There is scientific agreement that Zika virus infection in pregnant women is a cause of 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 *Aedes* mosquito 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 sexually transmitted Zika virus infection 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. There is also a theoretical risk of female-to-female transmission. [Information on how to prevent sexual transmission is available on the Public Health England website](#). Zika virus is not spread by social contact, for example kissing, hugging, or shaking hands.

Areas affected by Zika virus transmission

Since the first report of locally acquired Zika virus infection in Brazil, May 2015, many countries in South and Central America, the Caribbean, Asia, Africa and Oceania have reported Zika virus transmission.

Countries with current or past cases of Zika virus transmission have been given one of three risk ratings (high, moderate, or low). This is based on the reporting of Zika cases and the risk to UK travellers. The greatest likelihood of acquiring Zika virus infection is in a country with high or moderate risk, however the individual risk of infection may be lower especially if **mosquito bite avoidance measures** are followed.

A list of countries and their Zika virus risk can be found on the [Public Health England website](#). This list is best looked at online because it is updated frequently.

Zika virus symptoms

After someone has been bitten by an infected mosquito, it can take between three and 12 days for symptoms to develop.

The majority of people infected have minimal 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.

It is rare for there to be serious complications or deaths from Zika, however the World Health Organization 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, which affects the nerves. 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. See leaflet:

www.gov.uk/government/publications/mosquito-bite-avoidance-for-travellers

1. Advice for pregnant women and couples planning pregnancy returning from areas with high or moderate risk of Zika virus transmission

Advice for pregnant women or those planning pregnancy who have recently been to an affected country and suspect they have Zika virus infection

The symptoms of Zika virus infection can be similar to other mosquito-borne infections, such as dengue, chikungunya and malaria, as well as 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 high or moderate risk of Zika transmission and has a fever, rash or flu-like illness, should seek medical attention without delay to exclude Zika and other illnesses. Travel history should be mentioned to the GP or midwife.

Women should avoid becoming pregnant while travelling in an area with high or moderate risk of Zika virus transmission. On returning to the UK, women should avoid becoming pregnant for a further eight weeks if only the woman travelled, and for six months if they travelled with their male partner or just the male travelled. See guidance on [preventing infection by sexual transmission](#).

Advice for pregnant women recently returned from a high or moderate risk 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 high or moderate risk Zika country (see Table)

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

For couples planning pregnancy, effective contraception is advised to prevent pregnancy AND condom use is advised for the male partner 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.

Table. Advice on prevention of sexual transmission of Zika virus

Country risk rating	Advice for pregnant women and their sexual partners	Advice for couples planning pregnancy
High to Moderate	<p>Consistent use of barrier methods (e.g. condoms) during and after travel is advised to reduce the risk of the developing fetus being exposed to Zika virus</p> <p>Barrier methods should be continued for the duration of the pregnancy if the couple both travelled, or if just the male partner travelled</p> <p>The couple should use barrier measures even in the absence of Zika symptoms</p>	<p>Consistent use of effective contraception and barrier methods (e.g. condoms) during and after travel is advised to reduce the risk of conception and the developing fetus being exposed to Zika virus.</p> <p>These measures should be used while travelling and if:</p> <ul style="list-style-type: none"> • both partners travelled, for 6 months after return • male traveller only, for 6 months after return • female traveller only, for 8 weeks after return
Low	No specific precautions required	No specific precautions required

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

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 testing according to the PHE [sample testing advice](#).

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 is detected with their baby's development, 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.

Potential risks to a baby from Zika virus infection

If someone has been diagnosed with a Zika virus infection during pregnancy, 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 virus syndrome (CZVS). These babies may develop microcephaly but other malformations and neurological conditions have also 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 infection, 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

Your 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 does not take the place of a face-to-face consultation with a GP or midwife.

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