

Health advice for women returning from a country or area with risk for Zika virus transmission

This factsheet contains:

1. General advice and information for women returning from a country or area with risk for Zika virus transmission who are pregnant or who are considering 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 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.

Following a large outbreak of Zika virus in the Americas in 2015-16 there is scientific agreement that there is a causal link between Zika virus infection in pregnant women and Congenital Zika Syndrome. This syndrome includes microcephaly (babies with a smaller head than expected, which is associated with reduced brain development) and other developmental problems in 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.

Cases of sexually transmitted Zika virus infection have been reported around the world. 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 the locally acquired Zika virus infection in Brazil, May 2015, and a large outbreak in the Americas and Caribbean between 2015-2016, the infection remains present at a low level in these regions as well as South East Asia and parts of Africa.

Countries with current or past cases of Zika virus transmission have been given 1 of 2 ratings (risk and very low risk). This is based on the reporting of Zika cases and the likelihood of infection in UK travellers. The greatest likelihood of acquiring Zika virus infection is from travelling to a country with risk, however the individual risk of infection may be lower if mosquito bite avoidance measures are followed.

A list of the countries with Zika virus risk and very low risk can be found on the [Public Health England website](#). This list is best viewed online; it is updated frequently.

Zika virus symptoms

After someone has been bitten by an infected mosquito, it can take between 3 and 12 days for symptoms to develop.

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). 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.

Typical symptoms include:

- rash
- itching
- fever
- headache
- muscle and joint pain (sometimes with tissue swelling)
- conjunctivitis/red eyes and/or pain behind the eyes

Laboratory tests are recommended for all pregnant women with suspected Zika virus infection, who have or have previously had symptoms, but not for those who have never had symptoms.

It is rare for there to be serious complications and 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 considering pregnancy returning from a country or area with risk for Zika virus transmission

Advice for women who have recently been to an affected country or area and suspect they have Zika 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, so medical assessment is essential for the correct diagnosis.

Anyone who has recently returned from a country or area at risk for Zika virus transmission and has a fever, rash or flu-like illness, should seek medical attention without delay to exclude Zika and other illnesses.

Specific recommendations for pregnant women considering travel to affected countries or areas can be found in the 'other risks' section of the [NaTHNaC country information pages](#).

Women should avoid becoming pregnant while travelling to a country or area with risk for Zika virus transmission. On returning to the UK, they should avoid becoming pregnant for a further 2 months if only the woman travelled, and for 3 months if both partners or just the male partner travelled. See guidance on [preventing infection by sexual transmission](#).

Advice for pregnant women recently returned from an affected country or area 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 (see Table)

If a female partner is pregnant, condom use is advised for travelling partners to reduce the risk of transmission during travel and for the duration of the pregnancy (see Table).

For couples considering pregnancy, consistent use of effective contraception to prevent pregnancy and barrier methods for vaginal, anal and oral sex are advised during and after travel to reduce the risk of sexual transmission which could result in the developing fetus being exposed to Zika virus (see table).

Table. Advice on prevention of sexual transmission of Zika virus

Country risk rating	Advice for pregnant women and their sexual partners	Advice for couples considering pregnancy
Risk	<p>Pregnant women and their sexual partners should consistently use barrier methods (e.g. condoms) during and after travel 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>If the pregnant woman is the only traveller, barrier methods should be considered for 2 months after travel to prevent sexual transmission to her partner.</p> <p>Couples should use barrier measures even in the absence of Zika symptoms.</p>	<p>Consistent use of effective contraception and consideration of barrier methods for vaginal, anal and oral sex during and after travel is advised to reduce the risk of conception and sexual transmission which could result in the developing fetus becoming infected with Zika virus.</p> <p>These measures should be used while travelling and if:</p> <ul style="list-style-type: none"> • both partners travelled, for 3 months after return or last possible Zika virus exposure • male traveller only, for 3 months after return or last possible Zika virus exposure • female traveller only, for 2 months after return or last possible Zika virus exposure
Very low risk	No specific precautions required	No specific precautions required

Last possible Zika virus exposure is defined as the later of either the date of leaving a country or area with risk for Zika virus transmission, or the date on which last 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 according to the PHE sample testing advice.

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

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 an 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. Available evidence suggests that approximately 1 in 10 pregnant women with confirmed Zika virus infection will have a baby with microcephaly and other problems. 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. 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. Women who have travelled to an affected country or area may be offered an initial fetal ultrasound. For some women who had an illness consistent with Zika virus disease, special blood tests may be done to check if the woman was exposed to Zika virus. Repeat scans throughout pregnancy may 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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