

## QUESTION AND ANSWERS: ZIKA AND PREGNANCY

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### How does Zika virus affect pregnant women and fetuses?

Pregnant women have the same risk as the rest of the population of being infected with Zika virus, which is transmitted by the bite of infected Aedes mosquitoes. Many women may remain unaware they have the virus, as they may not develop any symptoms. Only one in four people infected with Zika develops symptoms, and in those with symptoms the illness is usually mild.

The most common symptoms are slight fever and exantema, or rash. Zika also can cause conjunctivitis, muscle and joint pain, and general malaise, which begins 2 to 7 days after the bite of an infected mosquito.

Research is being done to determine what effects Zika can have on fetuses. On 28 November 2015, the Ministry of Health of Brazil established a relationship between an increase in cases of microcephaly in newborns and Zika virus infections in the country's northeast. According to a preliminary analysis of research carried out by Brazilian authorities, the greatest risk of microcephaly and malformations appears to be associated with infection during the first trimester of pregnancy. Health authorities, with support from PAHO and other agencies, are conducting research to clarify the cause, risk factors, and consequences of microcephaly.

### Is there a treatment for Zika?

There is no vaccine or specific treatment for Zika virus infection. Therefore, treatment for everyone, including pregnant women, is directed at alleviating symptoms.

PAHO/WHO urges women who are pregnant or planning to become pregnant to seek prenatal care to receive information and monitoring of their pregnancy and to follow their doctors' recommendations.

### What does PAHO recommend for pregnant women living in areas where Zika virus is circulating?

Everyone, including pregnant women and women of childbearing age, should avoid exposure to mosquito bites, for example, by wearing long sleeves and long pants, using insecticide-treated mosquito nets and using insect repellents indicated by health authorities and according to the instructions on the label. In every home and its surroundings, it is very important to identify and eliminate potential mosquito breeding sites.

### Should pregnant women travel to areas where Zika is circulating?

Before traveling, pregnant women should consult a doctor to get advice in this regard. The most important thing is to avoid mosquito bites to prevent infection with Zika, dengue or chikungunya. In this respect, pregnant women and women of reproductive age should follow the same recommendations as all travelers:

- Protect skin from exposure to mosquitoes by wearing long sleeves, long pants and hats
- Use mosquito repellent as indicated by health authorities and according to instructions on the label
- If you sleep during the day, protect yourself with insecticide-treated mosquito netting
- Identify and eliminate possible mosquito breeding sites.

Pregnant women who travel to areas where Zika virus is circulating should mention this during their prenatal check-ups.

## **What does PAHO recommend to women of childbearing age with respect to becoming pregnant in areas where Zika virus is circulating?**

PAHO/WHO recommends they take preventive measures to avoid mosquito bites, which in addition to Zika can also transmit diseases such as dengue and chikungunya.

## **Can mothers transmit Zika virus to their babies during pregnancy or childbirth?**

Currently information on transmission from mothers to babies during pregnancy or childbirth is very limited. Perinatal transmission has been reported with other mosquito-borne viruses such as dengue and chikungunya. Research is currently under way on possible mother-to-child transmission of the virus and its effects on babies. Pregnant women in general, and particularly those who develop symptoms of Zika virus infection, should be closely monitored by health providers.

## **Can Zika virus cause congenital malformations, such as microcephaly?**

In some Brazilian states where Zika virus has been circulating in recent months, there has been a marked increase in cases of newborns with microcephaly. According to a preliminary analysis of research carried out by Brazilian authorities, the greatest risk of microcephaly and malformations is associated with infection during the first trimester of pregnancy. Health authorities, with support from PAHO and other agencies, are conducting research to clarify the cause, risk factors, and consequences of microcephaly.

PAHO/WHO recommends that countries continue to provide access to prenatal care for pregnant women. Women who are pregnant or of childbearing age should avoid exposure to mosquito bites.

## **What is congenital microcephaly?**

Microcephaly is an uncommon condition whose causes can be genetic or environmental (related to toxicity, radiation or infection). It is defined as a condition at birth in which the newborn's head circumference is less than expected for age and sex. Microcephaly can present as an isolated condition or may be associated with other symptoms such as convulsions, developmental delays or feeding difficulties. These symptoms have varying degrees of severity and in some cases may be life-threatening.

It is very difficult to predict the consequences of microcephaly at the time of birth, so that close follow-up is needed through check-ups to monitor and evaluate affected babies. There is no specific treatment for microcephaly. Care is centered on follow-up, promotion and maximization of the child's abilities.

## **How can microcephaly be confirmed in a baby?**

The most reliable way to assess whether a baby has microcephaly is to measure head circumference at birth and again 24 hours after birth. Once a baby is diagnosed with microcephaly, a multidisciplinary health team should begin a process of follow-up and monitoring of the child.

Pregnant women should attend regular prenatal check-ups and receive whatever tests their health providers deem necessary at each stage of pregnancy.

## **What is PAHO doing to determine the relationship between Zika and these congenital conditions?**

PAHO is supporting Brazil's Ministry of Health in monitoring and responding to the outbreak of microcephaly. Several investigations have been commissioned by the Ministry of Health to clarify the causes, risk factors, and consequences of microcephaly. All hypotheses are being rigorously tested, including those related to toxicity, medicines, genetic factors and other



infectious causes. To date the most plausible is an association with Zika virus, among other factors, because of the temporal and spatial association between outbreaks of Zika and microcephaly.

PAHO is communicating with all its member countries in the region and promoting messages about prevention and control of vector-borne diseases, with emphasis on personal protection measures that should be taken by pregnant women.

For more information on Zika: [www.paho.org/zikavirus](http://www.paho.org/zikavirus)