

## International travel and health

### Travel health advice on Zika virus

11 April 2016

#### 1. Overview

Since 2007 more than 62 countries and territories have reported transmission of Zika virus. This number is likely to increase to include other countries with *Aedes* mosquitoes and other potential competent vectors.

Increases in cases of congenital malformations such as microcephaly, and neurological syndromes such as Guillain-Barré syndrome, have recently been associated with Zika virus outbreaks. New research has strengthened these associations; however more investigation is needed to establish causal relationships. Other potential causes are also being investigated.


This website will be regularly updated with advice to national authorities and health care practitioners on travel health issues related to Zika virus.

#### 2. National authorities

In the context of Zika virus, countries are advised that:

- There should be no general restrictions on travel or trade with countries, areas and/or territories with Zika virus transmission.
- Standard WHO recommendations regarding vector control at airports should be implemented in keeping with the IHR (2005). Countries should consider the disinsection of aircraft.

With regard to surveillance, health workers and the health sector should be on alert specifically for Zika virus disease in travellers returning from affected countries. It is important that travellers and health care practitioners are informed on a range of issues before, during and after travel to areas with Zika virus transmission. Health authorities should:

- Provide up-to-date advice to travellers on how to reduce the risk of becoming infected, including preventing mosquito bites and practicing safer sex. 
- Advise travellers from areas with ongoing Zika virus transmission to practice safer sex and not to donate blood for at least 1 month after return, to reduce the potential risk of onwards transmission.
- Advise pregnant women not to travel to areas with ongoing Zika virus transmission.
- Advise pregnant women whose sexual partners live in or travel to areas with ongoing or recent Zika virus transmission to ensure safe sexual practices or abstain from sex for the duration of their pregnancy.
- Alert health care practitioners to the possibility of Zika virus infection in symptomatic travellers with a recent history of travel to areas of known, ongoing Zika virus transmission and areas at risk of

transmission.

- Provide health care practitioners with clear guidance on how to refer travellers with suspected Zika virus infection to appropriate management and testing.

### 3. Health care practitioners

Health care practitioners advising travellers should:

- Provide travellers to areas with ongoing Zika virus transmission with up-to-date advice on how to reduce the risk of becoming infected, including preventing mosquito bites and practicing safer sex.
- Advise travellers to practice safer sex and not to donate blood for at least 1 month after return, to reduce the potential risk of onwards transmission.
- Advise pregnant women not to travel to areas with ongoing Zika virus transmission.
- Advise pregnant women whose sexual partners live in or travel to areas with ongoing Zika virus transmission to ensure safer sexual practices or abstain from sex for the duration of their pregnancy.

Health care practitioners treating patients who have returned from areas with ongoing Zika virus transmission should:

- Consider Zika virus infection in patients with acute fever, rash, arthralgia, or conjunctivitis, who have travelled to countries affected by Zika virus in the 2 weeks prior to onset of illness.
- If Zika virus is suspected, send appropriate samples for testing (together with a full travel and clinical history with relevant dates) as early as possible to the relevant reference laboratory.
- Report suspected cases of Zika virus disease to the relevant state or local health authorities.
- Be alert for any increase in neurological syndromes, autoimmune syndromes or congenital malformations in neonates born to parents with a history of travel to areas with Zika virus transmission.
- Assess and monitor pregnant women who have travelled to areas with Zika virus transmission.
- Evaluate fetuses and infants of women infected with Zika virus during pregnancy for possible neurological syndromes or congenital malformations.

#### Related links

- [Zika virus and potential complications](#)
- [Second meeting of IHR Emergency Committee on Zika virus and observed increase in neurological disorders and neonatal malformations, 8 March 2016](#)

#### Publications and technical guidance

- [Zika virus case definition](#)
- [Laboratory testing for Zika virus infection](#)
- [Pregnancy management in the context of Zika virus:](#)
- [Assessment of infants with microcephaly in the context of Zika virus](#)
- [Breastfeeding in the context of Zika virus](#)
- [Identification and management of Guillain-Barré syndrome in the context of Zika virus](#)
- [Prevention of potential sexual transmission of Zika virus](#)
- [Maintaining a safe and adequate blood supply during Zika virus outbreaks](#)
- [Psychosocial support for pregnant women and for families in the context of Zika virus](#)

- Risk communication in the context of Zika virus
  - All publications and technical guidance on Zika virus
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