



## Zika Virus

### Public Information Update/phone script

Date: June 10, 2016

Time: 8:00 a.m.

**\*\* Highlighted text indicates new, revised or updated information**

**Note to operators: When people call asking questions that are specific to their personal situation,** tell them that we cannot provide advice about how to manage a particular individual. The decision on how best to manage a particular individual must be made in conjunction with the individual's health care provider.

### ZIKA VIRUS

#### What is Zika?

Zika is a viral infection that is primarily spread by the bite of an infected mosquito. Zika virus can also spread when an infected man has sex with his partners. Outbreaks typically occur in tropical Africa and southeast Asia. In May 2015, Brazil reported the first outbreak of Zika in the Americas. Zika is now present in many countries and territories.

#### What are the countries and territories that have reported ongoing transmission in the Americas Region?

Since this is an evolving situation, the list of affected countries is likely to change. For up-to-date lists of countries please visit the CDC website at [www.cdc.gov/zika/geo](http://www.cdc.gov/zika/geo) or the Pan American Health Organization at [www.paho.org](http://www.paho.org). As of **May 26, 2016** the countries and territories have reported ongoing transmission of Zika include: American Samoa (Oceania/Pacific Islands), **Argentina**, Aruba, Barbados, Belize, Bolivia, Bonaire, Brazil, Cape Verde (Africa), Colombia, Costa Rica, Cuba, Curacao, Dominica, Dominican Republic, Ecuador, El Salvador, Fiji (Oceania/Pacific Islands), French Guiana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Kosrae, Federated States of Micronesia (Oceania/Pacific Islands), Marshall Islands (Oceania/Pacific Islands), Martinique, Mexico, New Caledonia (Oceania/Pacific Islands), Nicaragua, Panama, Papua New Guinea (Oceania/Pacific Islands), Paraguay, Peru, Puerto Rico, Saint Barthelemy (St. Barts), Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Samoa (Oceania/Pacific Islands), Suriname, Tonga, Trinidad & Tobago, U.S. Virgin Islands, and Venezuela.

### **Are there any people with Zika in the US or New Jersey?**

Locally transmitted cases of Zika by mosquitoes have not been identified in the United States, although the potential for local transmission exists, as *Aedes aegypti* and *Aedes albopictus* mosquitoes (the mosquitoes that transmit Zika) are present in many states. In late December 2015, the NJDOH identified New Jersey's first laboratory-confirmed case of Zika in a Bergen county woman exposed in Colombia. Since then, NJ has had a number of confirmed Zika cases – none of which have been locally acquired via mosquito bites. While there is little local public health risk associated with these travel-related cases of Zika, the NJDOH informed local health departments and health care providers to increase awareness of the risk of Zika in travelers to South and Central America and the Caribbean.

### **Why has the CDC issued a travel alert for Zika if there is no transmission in the US?**

Zika virus can be spread from a pregnant woman to her unborn baby. Zika virus infection during pregnancy is a cause of a serious birth defect of the brain called microcephaly and other severe brain defects. Knowledge of the link between Zika and these outcomes is evolving, but until more is known, CDC recommends special precautions for the following groups:

Women who are pregnant (in any trimester):

- Consider postponing travel to any area with ongoing Zika virus transmission.
- If you must travel to one of these areas, talk to your doctor first and strictly follow steps to prevent mosquito bites during your trip.

Women who are trying to become pregnant:

- Before you travel, talk to your doctor about your plans to become pregnant and the risk of Zika virus infection.
- Strictly follow steps to prevent mosquito bites during your trip.
- Avoid pregnancy for 8 weeks following your trip. Pregnancy should be prevented either by abstinence or consistent and reliable contraception.

### **What can we expect in the near future?**

Specific areas with ongoing Zika virus transmission are often difficult to determine and are likely to change over time. As more information becomes available, travel notices will be updated.

### **Is the U.S. at risk of a widespread outbreak?**

*Aedes aegypti* mosquitoes most commonly transmit Zika virus. *Aedes albopictus* mosquitoes can also transmit Zika virus. While these species of mosquitoes are present in many U.S. states, a widespread outbreak is not expected. If U.S. mosquitoes become infected with the virus, it will likely result in localized outbreaks which can be controlled through good surveillance and mosquito control efforts. Additionally, in the U.S there is widespread use of window screens and air conditioning which reduce exposure to mosquitoes. The CDC's assumption is based on studies of other mosquito-borne diseases, such as dengue and Chikungunya, that had localized transmission in the U.S but did not expand to large, uncontrollable outbreaks.

### **What is Guillain-Barré syndrome (GBS)?**

Guillain-Barré syndrome (GBS) is an uncommon sickness of the nervous system in which a person's own immune system damages the nerve cells, causing muscle weakness, and sometimes, paralysis. About 3,000 to 6,000 people develop GBS each year in the U.S. GBS symptoms include weakness of the arms and legs that is usually the same on both sides of the body. These symptoms can last a few weeks or several months. Most people fully recover from GBS, but some people have permanent damage, and in 1 out of 20 cases people have died.

Most cases of GBS tend to occur for no known reason. Researchers do not fully understand what causes GBS. Most people with GBS report an infection before they have GBS symptoms. Rarely, vaccination has also been associated with the onset of GBS.

### **Does Zika virus infection cause GBS?**

Currently, it is not known if there is a **definite** connection between Guillain-Barré syndrome (GBS) and Zika virus infection. It is difficult to determine if any particular pathogen or germ plays a role in developing GBS. The Brazil Ministry of Health has reported an increased number of people who have been infected with Zika virus who also have GBS. **GBS is very likely triggered by Zika in a small number of infections, much as it is after a variety of other infections.**

### **Is there a link between pesticides and microcephaly?**

Several media reports in February 2016 suggested that a pesticide called pyriproxyfen might be linked with microcephaly. Pyriproxyfen is a registered pesticide in Brazil and other countries that has been used for decades and is added to drinking water in Brazil. Pyriproxyfen has not been linked to microcephaly and the World Health Organization (WHO) has approved the use of pyriproxyfen for the control of disease-carrying mosquitoes.

## **ZIKA TESTING**

### **Who should be tested for Zika virus?**

The criteria below are intended for individuals who do not reside in a Zika-affected area, but may have been exposed during travel. Individuals with frequent travel (i.e., daily or weekly) to Zika-affected areas should be evaluated according to CDC guidelines for patients who reside in areas with active Zika transmission:

<http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e3.htm>

- Acutely symptomatic individuals (including pregnant and non-pregnant persons and children) who present with at least one symptom of Zika (fever, rash, arthralgia, and/or conjunctivitis) and who within the past two weeks:
  - Traveled to a Zika-affected area OR

- Had unprotected sex (i.e., vaginal intercourse, anal intercourse, or oral sex) with a man who traveled to or resides in a Zika-affected area
- All pregnant women (symptomatic and asymptomatic) who during the 8 weeks before conception (counted as 6 weeks prior to the first day of the last menstrual period) or at any point during the current pregnancy:
  - Traveled to a Zika-affected area OR
  - Had unprotected sex (i.e., vaginal intercourse, anal intercourse, or oral sex) with a male partner who has been diagnosed with Zika or traveled to a Zika-affected area and has symptoms of Zika

NOTE: If asymptomatic, preferred specimen collection date is 2-12 weeks after travel or sexual exposure

- Infants with microcephaly, intracranial calcifications, or brain or eye abnormalities detected prenatally or at birth, and whose mother traveled to or resided in an area with Zika transmission while pregnant
- Infants born to mothers with a positive or inconclusive Zika virus test result while pregnant
- Symptomatic infants, who within the first 2 weeks of life develop at least one symptom of Zika (fever, rash, arthralgia and/or conjunctivitis), and whose mothers traveled to a Zika-affected area within two weeks of delivery
- Individuals with Guillain-Barré syndrome (GBS) who traveled to a Zika-affected area and have no other suspected cause of GBS

Considerations for follow up: asymptomatic pregnant women with a history of travel to a Zika-affected area while pregnant, regardless of past symptoms, should consult with their health care providers. Providers may refer to the CDC MMWR Interim Guidelines for Pregnant Women During a Zika Virus Outbreak: <http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1er.htm>.

#### **Can a pregnant woman be tested for Zika weeks or months after being in a country with Zika?**

Testing for asymptomatic pregnant women with travel to a country with current Zika transmission should be offered between 2 and 12 weeks after pregnant women return from travel to areas with ongoing Zika virus transmission. Testing for a pregnant woman with symptoms should happen as soon as possible, but no later than 12 weeks after symptoms.

#### **Can a man's semen be tested for Zika virus?**

At this time, testing of men for the purpose of assessing risk for sexual transmission is not recommended; although, this may change as we learn more. There are tests to detect Zika virus in semen, but they are not widely available and the test results are difficult to interpret. As more is learned, recommendations for the prevention and treatment of Zika virus through sexual transmission will be updated.

## ZIKA SIGNS / SYMPTOMS / SEVERITY

### **What are the signs and symptoms of this virus in people?**

The most common symptoms of Zika include:

- Fever
- Rash
- Joint pain (arthralgia)
- Conjunctivitis (red eyes)

Other common symptoms include:

- Muscle pain
- Headache

### **How severe is illness associated with Zika?**

Most people do not develop symptoms. In the 20% of people who do get symptoms, the illness is usually mild. The biggest concern is the chance for a serious birth defect if a pregnant woman becomes infected.

### **What is the rash type and distribution?**

At this point in time, the type of rash commonly seen with Zika is still being defined. Maculopapular (flat and bumpy areas) rash is reported most often. This rash is often pruritic (itchy). Additionally, rash on the trunk and face have been described, but we cannot rule out the possibility that a rash will distribute differently. CDC would like healthcare providers to document all rash information so we can learn more about this symptom.

## ZIKA VIRUS TRANSMISSION / INFECTIVITY

### **Is Zika contagious? How does it spread?**

Most people who are infected were bitten by an infected mosquito. There has been one report of possible spread of the virus through blood transfusion. Although mosquito bites are the main way that Zika virus is spread, Zika virus can also spread when an infected man has sex with his partners.

### **What is the incubation period for Zika?**

Symptoms usually begin 2-7 days after being infected and last several days to a week.

**Who is at highest risk for getting infected with Zika?**

Anyone who is living in or traveling to an area where Zika virus is found, who has not already been infected with Zika virus, is at risk for infection. All travelers should continue to take steps to prevent mosquito bites for 3 weeks after they leave an area with Zika, even if they do not feel sick.

**Are you immune for life once infected?**

Once a person has been infected, he or she is likely to be protected from future infections.

**Can mothers pass Zika on to babies?**

Zika virus can be passed from mother to her baby during pregnancy. This mode of transmission is being investigated. To date, there are no reports of infants getting Zika through breastfeeding, although the virus has been identified in breast milk. Because the benefits of breastfeeding outweigh the risk of acquiring Zika, mothers are encouraged to breastfeed, even in areas where Zika virus is found.

**Can Zika be spread during breastfeeding?**

To date, there are no reports of infants getting Zika through breastfeeding. Because of the benefits of breastfeeding, mothers are encouraged to breastfeed even in areas where Zika virus is found. Mothers who are breastfeeding in areas where Zika virus is found should practice mosquito prevention measures such as using insect repellent.

**Can Zika be sexually transmitted?**

Spread of the virus through sexual contact has **occurred**. Zika can be spread during sex from a man who has Zika in his semen to his sex partners. The primary method of transmitting Zika is through the bite of an infected *Aedes* mosquito. The risk for sexual transmission of Zika virus can be eliminated by abstinence and reduced by correct and consistent use of condoms. Given the potential risks of maternal Zika virus infection, pregnant women whose male partners have or are at risk for Zika virus infection should consider using condoms or abstaining from sexual intercourse. Only people whose male sexual partners have traveled to or live in an area with active Zika transmission, or have been confirmed to have Zika virus, need to be concerned about potential sexual transmission of Zika virus.

**What are the recommendations about the sexual transmission of Zika virus for men and their pregnant partners?**

Sexual transmission of Zika virus is possible, and is of particular concern during pregnancy. The CDC recommends that men who live in or have traveled to an area where Zika is found and who have a pregnant partner should abstain from sexual activity or consistently and correctly use condoms during sex (i.e., vaginal intercourse, anal intercourse, or oral sex) throughout the entire pregnancy. Pregnant women should talk to their health care provider about their male partner's possible exposures to mosquitoes and history of Zika-like illness. If a man develops symptoms of Zika virus illness during his travel or within 2 weeks after he returns, he should see his healthcare provider.

### **What are the recommendations about the sexual transmission of Zika virus for men and their non-pregnant partners?**

CDC recommends that men who live in or have traveled to an area where Zika is found and who have non-pregnant sex partners who are concerned about sexual transmission of Zika might consider abstaining from sexual activity or using condoms consistently and correctly during sex.

For women and men who have been diagnosed with Zika virus or who have symptoms of Zika including fever, rash, joint pain or red eyes after possible exposure to Zika virus, CDC recommends:

- Women wait at least 8 weeks after their symptoms first appeared before trying to get pregnant.
- Men wait at least 6 months after their symptoms first appeared to have unprotected sex.

For men and women without symptoms of Zika virus but who had possible exposure to Zika from recent travel or sexual contact, CDC recommends to wait at least 8 weeks after their possible exposure before trying to get pregnant in order to minimize risk.

Couples with men who have confirmed Zika or symptoms of Zika should consider using condoms or not having sex for at least 6 months after symptoms begin. This includes men who live in and men who traveled to areas with Zika.

Couples with men who traveled to an area with Zika but did not develop symptoms of Zika should consider using condoms or not having sex for at least 8 weeks after their return in order to minimize risk.

Couples with men who live in an area with Zika but have not developed symptoms might consider using condoms or not having sex while there is active Zika transmission in the area.

Couples who do not want to get pregnant should use the most effective contraceptive methods that they can use consistently and correctly, and they should also use condoms to prevent the sexual transmission of Zika. Couples who are trying to get pregnant should consult with their healthcare provider.

All persons living in or traveling to areas with Zika virus should take steps to prevent Zika virus infection through prevention of mosquito bites. If a man develops symptoms of Zika virus illness during his travel or within 2 weeks after he returns, he should see his healthcare provider.

### **Can a previous Zika virus infection cause someone who later becomes pregnant to have an infant with microcephaly?**

We do not know the exact risk to the baby if a woman is infected with Zika virus while she is pregnant. However, Zika virus infection does not pose a risk of birth defects for future

pregnancies. Zika virus usually remains in the blood of an infected person for about a week. Zika virus has been found in semen for at least two weeks after symptoms of infection began in one report. Another report found the virus in semen at least 62 days after symptoms of infection began. It is not known how long Zika virus can stay in semen. There is no evidence the virus will cause infections in a baby that is conceived after the virus is cleared from the blood.

**If a woman who is not pregnant is bitten by a mosquito and infected with Zika virus, will her future pregnancies be at risk?**

If infected, Zika virus usually remains in the blood of an infected person for about a week. There is currently no evidence to suggest that Zika virus infection poses a risk of birth defects in future pregnancies.

**If a woman has traveled to an area with Zika transmission, should she wait to get pregnant?**

We do not know **how great** the risk to a baby **is** if a woman becomes infected with Zika virus while she is pregnant. Zika virus usually remains in the blood of an infected person for up to a week. Zika virus has been found in semen for at least two weeks after symptoms of infection began in one report. Another report found the virus in semen at least 62 days after symptoms of infection began. It is not known how long Zika virus can stay in semen. There is currently no evidence that Zika virus infection poses a risk of birth defects in future pregnancies. A woman thinking about pregnancy, who has recently traveled to an area with local Zika transmission, should talk to her healthcare provider after returning.

<b>Recommended Timeframe to Wait Before Trying to Get Pregnant</b>		
<b>After a Possible Zika Virus Exposure*</b>		
	<b>Women</b>	<b>Men</b>
<b>Zika symptoms</b>	Wait <b>at least 8 weeks</b> after symptoms started	Wait <b>at least 6 months</b> after symptoms started
<b>No Zika symptoms</b>	Wait <b>at least 8 weeks</b> after exposure	Wait <b>at least 8 weeks</b> after exposure  Talk with your healthcare provider

\*Possible Zika virus exposure is defined as travel to or residence in an area of active Zika virus transmission, or sex (vaginal intercourse, anal intercourse, or fellatio) without a condom with a man who traveled to or resided in an area of active Zika virus transmission.

For women and men who have been diagnosed with Zika virus or who have symptoms of Zika including fever, rash, joint pain or red eyes after possible exposure to Zika virus, CDC recommends:

- Women wait at least 8 weeks after their symptoms first appeared before trying to get pregnant.
- Men wait at least 6 months after their symptoms first appeared to have unprotected sex.

For men and women without symptoms of Zika virus but who had possible exposure to Zika from recent travel or sexual contact, CDC recommends to wait at least 8 weeks after their possible exposure before trying to get pregnant in order to minimize risk.

Couples with men who have confirmed Zika or symptoms of Zika should consider using condoms or not having sex for at least 6 months after symptoms begin. This includes men who live in and men who traveled to areas with Zika.

Couples with men who traveled to an area with Zika but did not develop symptoms of Zika should consider using condoms or not having sex for at least 8 weeks after their return in order to minimize risk.

### **Can Zika be spread through blood transfusions?**

There is a strong possibility that Zika virus can be spread through blood transfusions. Since most people (80%) infected with Zika do not show symptoms, they may not know they have been infected. It is not known how long Zika virus can stay in blood, but scientists and researchers believe it is less than 28 days. To date, there have not been any confirmed cases of blood transfusion transmission in the U.S. Multiple reports of Zika being spread through transfusions in Brazil are being investigated.

### **I was in a place with Zika recently—can I donate blood?**

The U.S. Food and Drug Administration (FDA) is closely monitoring the spread of Zika virus.

In areas without active Zika virus transmission, the FDA and blood collection establishments (blood centers) are asking that blood donors possibly at risk for Zika virus infection wait four weeks (28 days) before donating.

Individuals possibly at risk include:

- Those who have been to an area with active transmission of Zika virus within the past four weeks
- Those who have exhibited signs and symptoms suggestive of Zika virus infection within four weeks prior to donating
- Those who have had sexual contact with a person who has traveled to, or resided in, an area with active Zika virus transmission or has been diagnosed with/had symptoms suggestive of Zika virus infection during the prior three months

CDC maintains a current list of areas with active transmission of Zika virus at [www.cdc.gov/zika/geo](http://www.cdc.gov/zika/geo).

In areas with active Zika virus transmission, the FDA recommends that Whole Blood and blood components for transfusion be obtained from areas of the U.S. without active transmission.

### **What if I was in a place with Zika recently, or I got symptoms, and I already donated blood?**

Blood centers request that if a donor gives blood and later realizes that they should have waited, he or she should immediately notify the blood center where they donated so the product can be removed. Removal could be due to:

- 1) possible Zika virus exposure (see above) or
- 2) because they develop symptoms consistent with Zika virus infection within 14 days of donation

### **Can Zika be spread through kissing?**

Zika virus has been found in saliva (spit). It is unknown if Zika can be spread through kissing and this is being investigated. Remember that Zika is a mosquito-borne disease and most people who are infected were bitten by an infected mosquito.

## **U.S. ZIKA PREGNANCY REGISTRY**

### **What is the purpose of the US Zika Pregnancy Registry?**

CDC developed the US Zika Pregnancy Registry to learn more about the effects of Zika during pregnancy and to learn more about the growth and development of babies whose mothers had Zika while pregnant. The registry is a database of health information without names attached to it. CDC will collect health information about Zika among pregnant women and babies across the United States for the registry. CDC and health departments will use the information from this registry to help pregnant women and families affected by Zika. The knowledge gained from this registry will help doctors and other healthcare providers care for pregnant women and their babies.

### **Who is being included in the registry?**

Women living in the United States who have been infected with Zika during pregnancy and their babies will be included in the registry. Puerto Rico is establishing a separate Zika pregnancy surveillance system. If a patient is eligible for the registry, their healthcare provider will be contacted for follow up.

### **What will be done with the information collected?**

The identity of people in the registry will be kept private and secured. The information a doctor or other healthcare provider shares will be added to the registry with information about other pregnant patients with Zika and the babies born to these mothers. This information will help CDC and state health departments better understand how Zika affects pregnant women and their babies.

### **What do I have to do to be in the registry?**

If your healthcare provider is participating in this Registry, she/he will let you know you have been included and will share information about your health with your health department and the CDC. You will not need to do extra paperwork, go to extra appointments, or have extra tests to be part of the registry. Your health department and CDC will work with your doctor and other healthcare providers to collect all of the information needed. For this registry, your health department and CDC will:

- Collect information about your pregnancy,
- Collect information about you and your baby around the time the baby is born, and
- Contact the baby's doctor or other healthcare provider to collect information about the baby's growth and development up to his or her first birthday.

If you change doctors or healthcare providers, please request that your new provider contact registry staff by e-mailing [ZIKApregnancy@cdc.gov](mailto:ZIKApregnancy@cdc.gov). As established in the HIPAA Privacy Rule, you have the right to request from your healthcare provider restrictions to, access to, amendments to, and accounting of the disclosure of your protected health information at any time.

### **How much does this cost?**

Being in the registry does not cost any money.

### **What if I have questions about being in the registry?**

For more information, call 770-488-7100 or send questions to [ZIKApregnancy@cdc.gov](mailto:ZIKApregnancy@cdc.gov).

## **VECTOR CONTROL FOR THE GENERAL PUBLIC**

Here's what you can do outside of your home:

- Install or repair and use window and door screens. Do not leave doors propped open.
- Once a week, empty and scrub, turn over, cover, or throw out any items that hold water like tires, buckets planters, toys, pools, birdbaths, flowerpot saucers, or trash containers. Mosquitoes lay eggs near water.
- Tightly cover water storage containers (buckets, cisterns, rain barrels) so that mosquitoes cannot get inside to lay eggs.
- For containers without lids, use wire mesh with holes smaller than an adult mosquito.
- Use larvicides to treat large containers of water that will not be used for drinking and cannot be covered or dumped out.

- Use an outdoor flying insect spray where mosquitoes rest. Mosquitoes rest in dark, humid areas like under patio furniture, or under the carport or garage. When using insecticides, always follow label instructions.
- If you have a septic tank, repair cracks or gaps. Cover open vent or plumbing pipes. Use wire mesh with holes smaller than an adult mosquito.
- Consult with a pest control expert to inspect your yard and outdoor areas, make recommendations regarding mosquito control and, if appropriate, treat areas with insecticides. Visit the NJ Department of Environmental Protection website to find contact information for your local mosquito control agency: <http://www.nj.gov/dep/mosquito>.

Here's what you can do inside your home:

- Use air conditioning when possible.
- Keep mosquitoes from laying eggs inside your home. Once a week, empty and scrub, turn over, cover or throw out any items that hold water like vases and flowerpot saucers.
- Kill mosquitoes inside your home. Use an indoor flying insect fogger\* or indoor insect spray\* to kill mosquitoes and treat areas here they rest. These products work immediately, but may need to be reapplied. Always follow label directions. Only using insecticide will not keep your home free of mosquitoes.
  - Mosquitoes rest in dark, humid places like under the sink, in closets, under furniture, or in the laundry room.
  - Use an indoor fogger\* or indoor insect spray\* to reach and treat areas where mosquitoes rest inside the home.

#### Do-It-Yourself products\*

Product	Active Ingredient	Brand name examples**	How long it works
Indoor flying insect spray	Imidacloprid, $\beta$ -Cyfluthrin	Home Pest Insect Killer, Raid, Ortho, Hot Shot, EcoLogic	7-10 days
Indoor flying insect fogger	Tetramethrin, Cypermethrin	Hot Shot, Raid, Real Kill, Spectracide	Up to 6 weeks

\*\*Insecticide brand names are provided for your information only. The Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services cannot recommend or endorse any name brand products.

## TREATMENT

### **What is the treatment for people with Zika?**

There is no specific treatment for Zika. Symptoms are treated by getting rest, drinking fluids to prevent dehydration and taking medicines such as acetaminophen or paracetamol to relieve fever and pain. Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs), like ibuprofen and naproxen, should be avoided until dengue can be ruled out to reduce the risk of increased bleeding.

### **Is there a vaccine for Zika?**

No, there is currently no vaccine to prevent Zika.

### **What is New Jersey doing in response to this situation?**

The NJ Department of Health is communicating with local health departments and health care providers through health alert messages and conference calls to increase their awareness. Updated information will be posted to the NJDOH website as updates become available.

### **What would we do if there was a case of Zika in New Jersey?**

All travelers should continue to take steps to prevent mosquito bites for 3 weeks after they leave an area with Zika, even if they do not feel sick. While a widespread Zika outbreak in the U.S. is not expected, this will help prevent the mosquitoes here in NJ from getting infected by a sick traveler. Remember, most infected people do not develop symptoms. In the 20% of people who do get symptoms, the illness is usually mild.

## ZIKA TRAVEL ISSUES AND CONCERNS

### **Can I travel to countries affected by the outbreak?**

Since Zika is primarily spread by mosquitoes, CDC recommends that travelers to areas with ongoing transmission protect themselves from mosquito bites:

- Cover exposed skin by wearing long-sleeved shirts and long pants.
- Use EPA-registered insect repellents containing DEET, picaridin, or IR3535. Always use as directed. Oil of lemon eucalyptus was removed-safety in pregnant women is unknown.
- Pregnant and breastfeeding women can use all EPA-registered insect repellents, including DEET, according to the product label.
- Most repellents, including DEET, can be used on children aged >2 months.
- Use permethrin-treated clothing and gear (such as boots, pants, socks, and tents). You can buy pre-treated clothing and gear or treat them yourself.
- Stay and sleep in screened-in or air-conditioned rooms.

Women who are pregnant (in any trimester) should consider postponing travel to any area where Zika virus transmission is ongoing. If you are pregnant and must travel to one of these areas, talk to your doctor first and strictly follow steps to prevent mosquito bites during your trip. Women who are trying to become pregnant should talk to their doctor about plans to become pregnant and the risk of Zika virus infection before travel and strictly follow steps to prevent mosquito bites during travel. All women of child bearing age who choose to travel should follow steps to prevent mosquito bites in the event of an unplanned pregnancy.

**Is it safe to get pregnant after traveling to a country with Zika virus?**

We do not know the risk to a baby if a woman is infected with Zika virus while she is pregnant. Zika virus usually remains in the blood of an infected person for up to a week. Zika virus has been found in semen for at least two weeks after symptoms of infection began in one report. Another report found the virus in semen at least 62 days after symptoms of infection began. It is not known how long Zika virus can stay in semen. There is currently no evidence that Zika virus infection poses a risk of birth defects in future pregnancies. A woman thinking about pregnancy, who has recently traveled to an area with local Zika transmission, should talk to her healthcare provider after returning.

<b>Recommended Timeframe to Wait Before Trying to Get Pregnant</b>		
<b>After a Possible Zika Virus Exposure*</b>		
	<b>Women</b>	<b>Men</b>
<b>Zika symptoms</b>	Wait <b>at least 8 weeks</b> after symptoms started	Wait <b>at least 6 months</b> after symptoms started
<b>No Zika symptoms</b>	Wait <b>at least 8 weeks</b> after exposure	Wait <b>at least 8 weeks</b> after exposure  Talk with your healthcare provider

\*Possible Zika virus exposure is defined as travel to or residence in an area of active Zika virus transmission, or sex (vaginal intercourse, anal intercourse, or fellatio) without a condom with a man who traveled to or resided in an area of active Zika virus transmission.

For women and men who have been diagnosed with Zika virus or who have symptoms of Zika including fever, rash, joint pain or red eyes after possible exposure to Zika virus, CDC recommends:

- Women wait at least 8 weeks after their symptoms first appeared before trying to get pregnant.
- Men wait at least 6 months after their symptoms first appeared to have unprotected sex.

For men and women without symptoms of Zika virus but who had possible exposure to Zika from recent travel or sexual contact, CDC recommends to wait at least 8 weeks after their possible exposure before trying to get pregnant in order to minimize risk.

Couples with men who have confirmed Zika or symptoms of Zika should consider using condoms or not having sex for at least 6 months after symptoms begin. This includes men who live in and men who traveled to areas with Zika.

Couples with men who traveled to an area with Zika but did not develop symptoms of Zika should consider using condoms or not having sex for at least 8 weeks after their return in order to minimize risk.

### **Should I avoid contact with people that have recently traveled to affected countries?**

Zika is not an airborne disease and cannot be spread by coughing, sneezing or talking. However, Zika virus has been found in semen and person-to-person sexual transmission has been documented.

### **What if I am elderly or have a chronic illness and have plans to travel?**

There is currently no evidence that Zika causes more serious illness in the elderly or people with chronic illnesses. It is recommended that all travelers consult with their healthcare providers to be sure they are well enough to travel. In most cases, Zika virus causes a mild illness. Providers should consider the patient's ability to withstand all vector-borne diseases, including but not limited to dengue, Chikungunya, and malaria, which can cause severe illness. Other travel-related illness, such as diarrhea, should also be considered. If a person chooses to travel, they should take steps to avoid mosquito bites, (read steps from the first question in this section).

## **ADDITIONAL ZIKA INFORMATION/RESOURCES**

### **Where can I learn more?**

The CDC Zika web address is: <http://www.cdc.gov/zika/index.html>

The web address for CDC travel health notices is: <http://wwwnc.cdc.gov/travel/notices>

For NJ information, go to: <http://www.nj.gov/health/cd/izdp/vbi.shtml>

The NJ Department of Environmental Protection Mosquito Control web address is: <http://www.nj.gov/dep/mosquito>