



## ZIKA VIRUS FAQ

### *What is it?*

[Zika virus](#) is **transmitted to humans through the bite of an infected *Aedes* species mosquito**. Transmission from mosquito insects is occurring in US Territories, not the US. The **incubation period** of Zika virus is not known, but **estimated to be a few days to a week**. Approximately **1 in 5 people infected will become symptomatic**; the **majority of infection is asymptomatic** and **symptomatic disease is generally mild**. Clinical symptoms include acute onset fever with maculopapular rash, arthralgia, conjunctivitis, myalgia, and headache. Less common, but more severe adverse events include Guillain-Barre syndrome, poor pregnancy outcomes, fetal intracranial calcifications, and fetal microcephaly (head smaller than expected).

### *How is it transmitted?*

While transmission is primarily through mosquito bites, during outbreaks **transmission can occur via human-to-human, perinatal, and *in utero* routes, as well as semen**. Case reports and laboratory testing of bodily fluids suggest transmission may also occur through blood product transfusions.

### *Who is at risk?*

While anyone living in or traveling to a known area where the Zika virus is endemic may be at risk for exposure to the virus, the **greatest risk for severe complications from the virus is thought to be to the fetus of an infected woman**.

### *Is there guidance on avoiding travel?*

The CDC advises **women who are pregnant or who could become pregnant to [delay travel](#) to destinations with risk of Zika virus transmission**. Although women may be infected at any stage of pregnancy, it is unknown at which stage(s) transmission to the fetus occurs, but ongoing evidence suggests an **increased risk of microcephaly by 1% if exposure within first trimester**. Refer to the [CDC travel health notices](#) for the most up-to-date recommendations.

### *What are the best ways to prevent transmission?*

The primary focus of transmission prevention is **protective measures for mosquito bites throughout the day**. [Mosquito prevention strategies](#) include: wearing long-sleeved shirts and long pants, using U.S. Environmental Protection Agency (EPA)–registered insect repellents (repellents containing DEET, picaridin, and IR3535 are safe in pregnancy), using permethrin-treated clothing and gear, and staying in screened or air-conditioned rooms. If using sunscreen, **apply sunscreen first, and insect repellent second**. **[Do not donate blood](#) for 28 days** after returning from an endemic area to avoid risk of transmission to others.

### *What is the guidance surrounding sex and virus transmission?*

Men who have traveled to areas with Zika transmission should either **[abstain from sexual activity](#)** or **consistently and correctly wear a condom** during sex for the duration of the pregnancy. It is currently **unknown how long the virus remains in semen**. Sexual transmission from infected women to their sexual partners has not yet been reported.

### *Who should be screened, and how?*

**Any patient with clinical symptoms of infection OR travel to a known area of virus transmission** should be screened. Testing and offering of serial ultrasound are recommended in **all pregnant women with a history of travel to a Zika virus transmission area, regardless of the presence of symptoms**. Infants who were diagnosed with microcephaly or intracranial calcifications or have mothers with positive/inconclusive test results should also be tested. **The CDC recommends that RT-PCR be performed on urine collected <14 days after onset of symptoms in patients with suspected Zika virus disease**, and be considered for additional testing of other mosquito-transmitted viruses.

### *What is the United States government doing to prevent the spread of the virus?*

The [federal government](#) is working with the [CDC](#), international public health partners and state health departments to provide accurate and updated guidance around travel, diagnostics, communication and community information.

### *What should healthcare providers do?*

With no vaccine or medication to treat Zika virus currently available, **[treatment is supportive care and symptom management](#)**. For fever symptoms, acetaminophen is recommended (acetaminophen only for pregnant women; aspirin or NSAIDs may be appropriate in all other patients after infection with dengue fever is ruled out). Measures should be taken to **avoid additional mosquito bites** to prevent continued spread of the virus. **In pregnant women with confirmed Zika virus, serial ultrasounds may be recommended** to monitor fetal growth and development. Maternal Fetal Medicine specialist care may be required during and post pregnancy. Health care providers **must report suspected Zika infection cases to the local and state health departments** who in turn will notify confirmed cases to the CDC.

*For detailed references and guidance, please refer to the [Knowledge Center evidence summary document](#) on Zika Virus, the [CDC section for Healthcare Providers](#), and the [U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response](#). The CDC also provides a vast array of updated [fact sheets and posters](#) for the community in various languages.*

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