Zika Virus Infection
Information for Clinicians

**KEY POINTS**

1. There is no recognised risk of Zika virus transmission by mosquitoes in WA.
2. Zika virus infection is typically asymptomatic or causes only mild illness. It should be considered in patients with a combination of fever, rash, arthralgia, myalgia, headache, conjunctivitis, eye-pain and lethargy within two weeks of travel to affected countries.
3. All travellers to affected countries should avoid mosquito bites so as to prevent mosquito-borne diseases, including Zika, dengue, chikungunya and malaria.
4. Until more is known about the relationship between Zika virus and microcephaly, pregnant women and women planning pregnancy should consider deferring travel to any area with known Zika virus transmission.
5. Men who have travelled to areas with ongoing Zika virus transmission (irrespective of illness history) and whose partner is pregnant should abstain from all penetrative sexual activity or consistently use condoms for the duration of the pregnancy.
6. Men who have had a confirmed Zika virus infection, whose partner is not pregnant, should abstain from all penetrative sexual activity or consistently use condoms for 3 months following the resolution of symptoms.
7. The algorithm for testing of pregnant women who have travelled in an area with Zika virus transmission depends on the time of presentation in relation to potential exposure and whether or not the woman is or was previously symptomatic.
8. Pregnant women who have a positive or indeterminate test result for Zika virus infection should be referred for specialist obstetric management.
9. Testing is available at PathWest for symptomatic travellers and exposed pregnant women – suitable specimens are serum for PCR & antibodies and urine for PCR.

**BACKGROUND**

Zika virus is transmitted by *Aedes* mosquitoes, which also transmit other important mosquito-borne diseases in tropical and sub-tropical areas, including dengue fever, yellow fever and chikungunya. Recent reports suggest that Zika virus may also be transmitted sexually, or via infected donated blood products.

Only around 20% of persons infected with Zika virus develop symptoms, in which case illness is usually mild and lasts only a few days. The estimated incubation period is 14 days, and characteristic symptoms include fever, headache, joint and muscle aches, conjunctivitis, retro-orbital pain, lethargy and a rash.

Zika virus has been known in Africa and Asia for several decades, but until recently the virus has had little impact on human health. However, Zika virus has extended its range dramatically in the past decade, causing outbreaks in several Pacific island countries during 2007, 2013 and 2014, and in many South American, Central American and Caribbean countries since 2015.

Brazil has reported an alarming increase in the incidence of fetal microcephaly since October 2015, corresponding with a large outbreak of Zika virus infection. Additionally, an increased incidence of Guillain–Barré syndrome has also been reported in several countries experiencing Zika virus outbreaks. Research is underway to determine whether or not Zika virus infection is the cause of the observed increases in microcephaly and neurological disorders.

**WA IMPLICATIONS**

Only two cases of Zika virus infection have been confirmed in WA, in travellers returning from Polynesia and Central America. *Aedes* mosquitoes are not found in WA, and there is no known risk of local transmission by mosquitoes. Infectious persons should not travel to northern Queensland, where transmission is possible.

Until more is known, it is recommended that pregnant women or women planning pregnancy should defer travel to affected countries, or practise rigorous mosquito avoidance, both during day and night. There is no vaccine against Zika virus and treatment is symptomatic, with analgesics and antipyretics, as appropriate.

Further details, including a list of countries experiencing outbreaks of Zika virus, and specific advice for testing and management of pregnant women, is available at:


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