Dear Colleague,

**Re: ZIKA VIRUS – AN UPDATE FOR CLINICIANS**

**Multiple countries** are currently experiencing outbreaks of Zika virus infection, particularly countries in South and Central America and the Caribbean. Zika virus is transmitted primarily by *Aedes aegypti* mosquitoes, which are not present in the UK; almost all cases will be associated with transmission by mosquito bites in countries with active Zika virus transmission.

Most people infected with Zika virus will have no symptoms, or will experience a mild, short-lived illness that resolves spontaneously, following an incubation period of up to 14 days. However, some countries with active Zika virus transmission, particularly Brazil, have reported an increase in the number of babies being born with microcephaly and other congenital malformations, while Zika virus transmission is also occurring.

It is not yet proven that Zika virus infection of pregnant women causes microcephaly and other congenital defects, but the scientific evidence is sufficient to act on a precautionary basis and there is enough concern about the association between Zika virus infection and microcephaly for the World Health Organization (WHO) to have declared a **Public Health Emergency of International Concern**. Additionally, Guillain-Barré syndrome and other neurological and autoimmune syndromes are being reported in areas where Zika outbreaks have occurred although this appears to be considerably rarer.

**Pregnant women and Zika virus infection**

Efforts are focussed on trying to prevent Zika virus infections in pregnant women or in women who are planning pregnancy. Such women should have pre-departure travel advice that includes considering avoiding non-essential travel to countries with active transmission until after pregnancy is concluded, and advice on measures that can be taken to limit infection risk when travel is unavoidable. Clinicians will also need to know what to do should a woman who is pregnant or planning pregnancy develops symptoms suggestive of Zika virus infection, or if they are asymptomatic but have travelled to a country with active Zika virus transmission during their pregnancy. **Specific information and guidance about Zika virus and pregnancy is available**, along
with general guidance on Zika virus and travel (see annex for links). A small number of cases of male-to-female sexual transmission of Zika virus have been reported, and advice about preventing sexual transmission is also available.

Other groups and Zika virus infection

Other travellers to, or other people arriving from countries with active Zika transmission may present with symptoms suggestive of Zika virus infection, or have concerns about Zika virus risks associated with travel. Guidance has been produced to assist clinicians when assessing and advising patients (see links in annex). Advice has also been produced for members of the public.

I reiterate that the risk to the UK population is very low, and that our efforts should be focussed on preventing Zika virus infection in pregnant women or women planning to become pregnant, associated with travel to countries with active Zika virus transmission. Additionally, women who may have been exposed to Zika virus and who are pregnant or who are planning pregnancy require appropriate assessment and advice. Please refer to the range of guidance listed in the annex for further information.

Yours sincerely

[Signature]

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ANNEX

Clinical advice on Zika: assessing pregnant women following travel; symptoms, transmission (including sexual transmission), epidemiology
http://www.gov.uk/guidance/zika-virus
Public Health England (PHE) has produced a general guidance page on Zika virus infection for healthcare professionals, including links to specific guidance, information about diagnostic testing, and a frequently updated list of countries with active Zika virus transmission.

Zika virus: interim algorithm for assessing pregnant women with a history of travel
A flowchart for healthcare professionals assessing pregnant women with a history of travel during pregnancy to areas with active Zika virus transmission. Produced by PHE in collaboration with the Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Midwives, Health Protection Scotland (HPS) and NHS national Services Scotland.

Interim clinical guidelines on Zika virus infection and pregnancy
Detailed advice on Zika virus infection and pregnancy for healthcare professionals from the RCOG, in collaboration with PHE and HPS. Also contains links to related guidance about women who are pregnant or who are planning pregnancy.

Zika virus - a briefing for midwives
The Royal College of Midwives’ guidance on zika virus infection and pregnancy. Also contains links to related guidance from RCOG, PHE and others.

Zika virus infection: guidance for primary care
Guidance written specifically for those working in primary care. Produced by PHE in collaboration with the RCOG and the British Medical Association.

Zika virus – update and advice for travellers including pregnant women
Travel-related guidance from the National Travel Health Network and Centre (NaTHNaC).

Insect bite and tick avoidance
http://travelhealthpro.org.uk/insect-tick-bite-avoidance/
Guidance on how to prevent insect bites, including bites from the day-biting mosquitos that transmit Zika virus, Dengue virus and Chikungunya.
NHS Blood and Transplant response to the Zika virus
A statement from NHS Blood and Transplant about deferral of blood donation in relation to Zika virus infection or travel to an area with active Zika virus transmission.

Zika virus and transplantation of solid organs from deceased donors
Guidance regarding Zika virus and solid organ transplantation, from the NHS Blood and Transplant Organ Donation and Transplantation group.

Zika virus and semen donation
Interim guidance on Zika virus and semen donation is included in PHE’s guidance for primary care.

All guidance listed is current and up to date, as of 05 February 2016. Please note that guidance may change as we learn more about Zika virus and its relationship with reported medical conditions. Clinicians are advised to check the publication date of individual documents and check host organisations’ websites for further updates.