

Zika Fact Sheet May 2016

Zika virus has emerged in parts of Latin America and the Caribbean, and many people around The Episcopal Church in the United States are asking how it impacts our local mission and ministry.

Episcopal Relief & Development has been working with a circle of advisers to consider the threat of Zika virus in the continental United States. Composed of the organization's US Disaster staff, Diocesan Disaster Coordinators and public health experts, the group worked together to create informational materials with tips and recommendations for Episcopal congregations and other church-related institutions.

The purpose of this fact sheet is to help demystify Zika virus and provide sample language to communicate about transmission, risks and precautions.

Top Level Points:

- **Most people who are infected with Zika do not show symptoms**
- **The greatest risk from Zika is to a developing fetus**
- **Pregnant women and those who may become pregnant should consider avoiding Zika-endemic areas, and should use condoms with male sex partners who may be carrying Zika**
- **Except for women who are pregnant (or may become pregnant), there is no need to cancel summer camp in the United States or mission trip plans if mosquito bite prevention guidelines are practiced**

Zika in Brief:

- **Most people who are infected with Zika have no symptoms;** people who become sick may have a fever and a rash for 7-10 days and recover with rest and fluids.
- **The greatest risk from Zika is to a developing fetus,** therefore the people who need to be most cautious are women who are pregnant or may become pregnant in the near future, and their male sex partners.
- **Normal mosquito bite prevention** (protecting skin with clothing or repellent, installing insect screens or nets, removing standing water) will protect against Zika and other mosquito-borne diseases such as West Nile Virus.
- **Infected men can transmit the virus through sexual contact** before, during and after showing signs of illness (the length of time is still being investigated); abstinence or condoms should be used to prevent transmission.

- Like many illnesses, Zika may cause **more severe complications for those with compromised immune systems**, and these patients are advised to take precautions to prevent Zika and all other mosquito-borne illnesses.

The risk of a broad outbreak in the continental United States is low due to:

- Relatively **brief window** of transmission
- Relatively **small population** that is infected at any one time
- Strong **mosquito control programs** in the United States

Pregnant women should consider altering their travel plans for the duration of their pregnancy, to avoid Zika-endemic areas. **Their male sex partners** should be aware that the virus can be sexually transmitted.

Women who could become pregnant should consider abstaining from sex or practicing birth control if traveling to Zika-endemic areas, or if their male sex partner has traveled to Zika-endemic areas.

Except for women who are pregnant (or may soon become pregnant), there is no need to cancel summer camp or mission trip plans if mosquito bite prevention guidelines are in practice.

Other Frequently Asked Questions

Is the Zika virus new? Where is it found?

In 1952, the first human cases of Zika virus were in Uganda and Tanzania. Today, the virus is present in many parts of the world. Outbreaks of Zika have been reported in tropical areas in Africa, Southeast Asia, the Pacific Islands and, more recently, parts of northern South America, Central America, southern North America (i.e., Mexico), and islands in the Caribbean.

What are the symptoms?

Roughly 80% of those infected with Zika have no symptoms. For the remainder, symptoms are generally mild and consist of fever and a rash lasting 7-10 days. Other symptoms may include rash, joint or muscle pain, conjunctivitis or headache. The CDC and other groups are investigating possible links between Zika and microcephaly in developing fetuses, and between Zika and Guillain-Barré syndrome in the general population.

How is Zika transmitted?

Zika is transmitted to people mainly through the bite of infected *Aedes aegypti* mosquitoes, through sexual transmission, or maternal-fetal transmission. All documented sexual transmission has been from men to their sex partner and not women to their sex partner. There is limited information available on how long a man is contagious after becoming infected, but evidence suggests the virus is present in semen longer than in blood. As of May 2016, all current cases of Zika virus in the US originated abroad (no local transmission of Zika virus by mosquitoes). There have been a few cases of sexual transmission where men returning from Zika-endemic areas have infected their partners.

What precautions should I take?

Individuals traveling to Zika-endemic areas should follow standard guidelines for preventing mosquito-borne illnesses such as malaria and dengue fever – wearing insect repellent, long-sleeved shirts and long pants, and using bed nets in sleeping areas. The mosquitoes that carry Zika virus are “aggressive daytime feeders” though they do bite throughout the day and night.

Preventing Zika transmission through sexual contact involves abstaining from sexual contact or correctly and consistently using condoms. Guidelines can be found at [this CDC site](#). Additional information about Zika transmission is available from [the CDC](#).

But I heard in the media that this could be a MAJOR RISK in my area...

There is still a possibility that we will see isolated outbreaks of Zika in the continental US this summer, but likely not epidemics. If local transmission becomes an issue, Texas, Florida and Hawaii are likely to be the US states with the highest risk of mosquito-based transmission, based on prior experience with similar viruses such as Chikungunya and Dengue. Puerto Rico and other US territories in the Caribbean are already active Zika transmission areas. Local governments are taking action through awareness campaigns, clearing standing water, applying pesticides and participating in mosquito tracking. Broadly speaking, the US has more advanced mosquito control programs and an overall healthier population than many other areas where Zika is found.

Because of the presence of other mosquito-borne illnesses in the United States, such as West Nile, mosquito bite prevention (protecting skin with clothing and/or repellent, installing screens and removing standing water) is important and should be practiced in high-risk areas.

Which ministries should be particularly aware of this disease risk?

Ministries that work with farmworkers and other immigrant communities who may travel to and from Zika endemic countries, as well as ministries that work with homeless populations, should help spread accurate information about prevention and, if possible, increase access to mosquito protection and condoms. If you are interested in organizing Zika health messaging and activities with these ministries in your diocese in the US, please contact Katie Mears (kmears@episcopalrelief.org), who is coordinating response activities.

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Helpful Links from the CDC:

General Information:

<http://www.cdc.gov/zika/index.html>

Zika Prevention:

<http://www.cdc.gov/zika/prevention/index.html>

For Travelers:

http://www.cdc.gov/chikungunya/pdfs/fs_mosquito_bite_prevention_travelers.pdf

http://www.cdc.gov/zika/pdfs/fs_mosquito_bite_prevention_travelers_spanish.pdf

Mosquito Control Tips:

http://www.cdc.gov/chikungunya/pdfs/control_mosquitoes_chikv_denv_zika.pdf

http://www.cdc.gov/chikungunya/pdfs/control_mosquitoes_chikv_denv_zika_spanish.pdf