

Zika Fact Sheet August 2016

The first cases of local mosquito-borne transmission of the Zika virus have been confirmed in the United States and the virus continues to be active in parts of Latin America and the Caribbean. Many people within The Episcopal Church, both in the United States and in Province IX and Haiti, are asking how it impacts their local mission and ministry.

Episcopal Relief & Development has been working with a circle of advisers to consider the threat of Zika virus to the people and institutions of The Episcopal Church, focusing especially on the continental United States. Composed of Episcopal Relief & Development staff, US 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 practice safe sex with any sex partners who may be carrying Zika**
- **Except for women who are pregnant or may soon become pregnant and their sex partners, there is no need to cancel travel plans (including summer camp in the United States or mission trips) or ministry 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 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.

- **Infected people 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 safe sex practices should be used to prevent transmission. There is now evidence that female-to-male sexual transmission can occur, in addition to male-to-female and male-to-male transmission previously documented.
- Like many illnesses, Zika can cause **more severe complications for those with compromised immune systems**, and these patients are advised by medical professionals to take precautions to prevent Zika and all other mosquito-borne illnesses.

While Zika transmission is already active in parts of Latin America and the Caribbean, 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 infrastructure and **mosquito control programs** in the United States

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

Women who could become pregnant should consider abstaining from sex or practicing consistent and effective methods of birth control if residing in or traveling to Zika-endemic areas, or if their sex partner resides in or has traveled to Zika-endemic areas or had unprotected sexual contact with someone who has.

On August 1, 2016, the United States Centers for Disease Control (CDC) issued a **travel advisory** for a Miami neighborhood after reports of cases that likely resulted from local mosquito-borne transmission. Please refer to the CDC website for an updated list of travel advisories: <http://www.cdc.gov/zika/geo/index.html>

Except for women who are pregnant or may soon become pregnant and their sex partners, there is no need to cancel travel plans (including summer camp in the United States or mission trips) or ministry 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 South America, Central America, southern North America (i.e., Mexico and South Florida), and islands in the Caribbean. The CDC maintains a map of countries with active Zika transmission here: <http://www.cdc.gov/zika/geo/active-countries.html>

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 says that Zika infection during pregnancy can cause microcephaly and other severe brain defects, and CDC research also suggests that Guillain-Barré Syndrome is strongly associated with Zika, though only a small proportion of people with recent Zika infection get GBS.

How is Zika transmitted?

Zika is transmitted to people through the bite of infected *Aedes* species mosquitoes, through sexual transmission, or maternal-fetal transmission. There is now evidence that female-to-male sexual transmission can occur, in addition to male-to-female and male-to-male transmission previously documented. The CDC advises that Zika can remain in semen longer than in other body fluids, and that transmission is possible even if the infected person does not have symptoms at the time.

What precautions should I take?

Individuals traveling to or living in Zika-endemic areas should follow standard guidelines for preventing mosquito-borne illnesses: applying insect repellent, wearing long-sleeved shirts and long pants, ensuring screens are without holes and placed in all egress areas, and using mosquito nets in sleeping areas. The mosquitoes that carry Zika virus are “aggressive daytime feeders” and bite throughout the day and night, so daytime protections are important and nets are preventive but not fully sufficient to address the transmission.

Preventing Zika transmission through sexual contact involves abstaining from sexual contact or correctly and consistently practicing safe sex. Guidelines can be found at <http://www.cdc.gov/zika/transmission/sexual-transmission.html>. Additional information about Zika transmission is available at <http://www.cdc.gov/zika/index.html>.

Why is the US media concerned about Zika?

There is a possibility that we will see isolated outbreaks of Zika in the continental US this summer – in addition to the outbreaks that have been reported in Latin America and the Caribbean – but likely not epidemics. Florida is experiencing localized mosquito-based transmission and parts of Texas and Hawaii are also at higher risk, based on prior experience with similar viruses such as Chikungunya and Dengue. There are already active Zika transmission areas in parts of Latin America, the Caribbean, Puerto Rico and other US territories. Local governments are taking action through awareness campaigns, clearing standing water, applying pesticides and participating in mosquito tracking. Broadly speaking, the US has advanced mosquito control programs. In the countries and territories of the Caribbean and Latin America, basic awareness on mosquito control has also been refreshed and ramped up.

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

Which church ministries should be particularly aware of this disease risk?

In the territories of The Episcopal Church, both within the United States and in Haiti and Province IX, ministries that work with vulnerable people should help spread accurate information about prevention and, if possible, increase access to mosquito protection and condoms. In the United States, vulnerable populations include farmworkers and immigrant communities who may travel to and from Zika-endemic areas, as well as those who are homeless.

If you are interested in organizing Zika health messaging in your diocese please contact Episcopal Relief & Development at programs@episcopalrelief.org.

With thanks to:

- *Keith Adams (New Jersey)*
- *John D. Clements, PhD (Louisiana)*
- *James Cockey, MD (Easton)*
- *Mike Corey (Connecticut)*
- *Elizabeth Jordan, RN, PhD (Massachusetts)*
- *Tim Kingsley (Minnesota)*
- *The Rev. Karl Lusk (Kentucky)*
- *Tony Powell (Lexington)*
- *Dick Raub (Oregon)*
- *Ed Robertson (Central Pennsylvania)*
- *The Rev. Deacon Mike Sircy (Southwest Florida)*
- *Sharon Tillman (Maryland)*

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